

Your Program of Recovery after Surgery

What to Do If Food Gets “Stuck”

When food is not passing through the pouch you may experience any or all of the following symptoms:

- Excessive Salivation (Frothing) Heartburn
- Nausea
- Cramping
- Vomiting / Dry Heaves
- Pain
- Thirst

In this case, the following steps can be taken to alleviate the discomfort as quickly as possible:

Relax!

Stress will only increase the discomfort. Lie down if you can.

Don’t eat anything.

Drink sips of water. Warm beverages seem to help relax the stomach best.

Stay on liquids for several hours.

Remember if you cannot take in liquids for 24 hours you should contact us for further advice.

Did I Chew My Food Well? Did I Take Too Big of a Bite?

If you do not chew your food well enough, the bites you swallow will be too large to pass easily from the gastric pouch. The un-chewed bites will remain in the pouch and are more likely to cause discomfort. Your food should be cut the same size as your “pinky” nail to be small enough.

Nausea and Vomiting

It is very common for post-operative patients to feel nauseated during the first few months. If this nausea causes frequent vomiting, this necessitates a phone call or visit to the office for follow-up.

When you feel full, stop eating and put the food away. Don’t pick at it if you are still at the table. A meal should take no longer than 15 – 20 minutes to finish. If it is taking longer, you are probably waiting too long between bites, or getting full and waiting for it to pass through to give you more room. The goal is not to finish your meal; it is to learn what full means and feels like.

One of the causes of nausea and vomiting is noncompliance with nutritional guidelines; therefore, following the provided guidelines is very important.

Any problems with nausea or vomiting should prompt the following questions and necessary changes to avoid further pain and discomfort:

- How long am I taking to eat and/or drink?
- Did I drink fluids with my meal or too soon before/after the meal?
- Am I eating more than I should?
- Am I chewing solid foods until they resemble a pureed consistency?
- Did I lie down too soon after my meal?
- Did I eat hard-to-digest foods such as tough meat or fresh bread?
- Did I eat foods from the next stage of the menu plan before being cleared by the physician to do so?

If vomiting persists throughout the day, do not eat solid foods. Sip on clear liquids (stage one). If vomiting occurs for more than 24 hours, contact the surgeon immediately.

Frothing

As the new pouch heals, mucous sometimes is excreted to help break down food. With some patients, this mucous will back up in the esophagus and causes frothy clear vomiting. This is short lived and usually resolves by the 3rd month. Frothing is not a complication, so try drinking hot water 1/2 hour prior to your meal to emulsify the mucous. Your meal should then be better tolerated.

Gas Pains

Gas pains are common in the first few weeks after surgery. Sometimes these pains can be severe and more uncomfortable than the “surgical” pain. To help relieve these pains, try to increase your activity level to include some walking. You can also try anti-gas over-the-counter preparations such as Mylanta, Maalox and Gaviscon.

Gas pains or spasms may occur months or even years after your bypass operation. The cause for random episodes of gas or spasms is often unknown, and this discomfort will usually relieve itself in a short time. If the discomfort from gas or spasms persists, contact your surgeon for evaluation and possible treatment with medication to relax the intestine.

Hair Loss

If you notice hair loss/thinning, especially around the third month after surgery, you should consult with our dietitian to help increase your protein intake. Hair loss is often attributable to protein deficiencies, and by increasing your protein intake, you may reduce hair loss.

There are no “guarantees,” however. Hair re-growth frequently occurs after several months. We recommend 70-80Gm protein each day.

Bowel Habits

It is common to have some temporary bowel changes following surgery. These changes range from constipation to diarrhea. If you do not move your bowels by the first or second day at home, you may try a mild laxative such as Milk of Magnesia. Follow the bottle instructions.

Maroon or blood-tinged stools should be reported to your surgeon, as they may indicate the need for additional medication to reduce the chance of ulcers.

Constipation

After surgery, constipation may occur. Remember that food intake now is very small compared to that before surgery; therefore, bowel movements will be decreased. Many people report having a bowel movement every two to three days. If stools are hard, be sure to drink an adequate amount of fluid (48 to 64 ounces per day) between meals. Also, when appropriate, include more fiber-containing foods in the meal plan such as oatmeal, bananas, fruits, and fiber products. You may also try Smooth Move, Apricot or Prune juice, unsweetened, Milk of Magnesia or Miralax.

Diarrhea

Immediately following surgery, there may be some diarrhea. This should be temporary. If diarrhea occurs more than 3 times in a day, you may take Imodium or over the counter equivalent. If diarrhea persists and adequate hydration is not possible, contact the office.

You may have bloody stools (black tarry) the first 1-2 bowel movements. If this persists, please call the office.

Sleeping

You may sleep in whatever position is comfortable when you get home. Many people find that sleeping on their stomach may not be comfortable for many weeks due to abdominal discomfort. If you are having difficulty sleeping, this is normal and most likely due to the busy 24-hour schedule of the hospital environment. Some people find that taking their pain medication before sleep will help them feel more comfortable and get to sleep. You may also try a mild crushed sleeping aid such as “Tylenol PM” to help you rest if the problem persists.

Headaches



Some of you who were without anti-depression medication for several days may have migraine type headaches as a withdrawal effect. Please resume these medications ASAP. (No extended or time released medications.)

Returning to Work

You should plan on taking 7-14 days off work. We recommend to those who must return to work before 2 weeks, begin with a less than full time schedule and work slowly back to full time. You will need to be sure your employer will allow you to take time to eat your meals slowly at work to ensure proper nutrition. If you need "return-to-work" or other insurance papers completed, please bring them to the office at the one-week visit and we will be happy to assist you with their completion. Remember, NO lifting over 25lbs. For 4 weeks...NO EXCEPTIONS.

Activity

It is important to be up out of bed or chair and active when you return home. You might notice that you tire easily and need to take frequent rest periods.

You can resume sexual relations when desirable, keeping the restrictions on other physical activity in mind.

Exercise

Exercise is one of the most important things you can do for yourself after surgery to keep healthy, increase your energy level and lose the maximum amount of weight. Walking will burn about 200 calories per mile (there are 3,500 calories in one pound). When you get home, you should start a walking program to your tolerance. In addition to the walking program, you should be active and walking as you would normally around your house. If you begin to feel short of breath, tired or exceed your target heart rate during the walking program, slow your pace or stop.

After the first couple weeks, you can substitute another type of exercise you enjoy for the walking program if you are feeling strong enough. The exercise should have an aerobic component that raises heart rate to a healthy target heart rate.

It is also very important to add in resistance training to your workout routine prior to your cardio/aerobic workout. You may use resistance bands or hand weights that you can purchase at your local retail stores (Wal-Mart, Dicks, Target, and Sport's Authority)

Pregnancy after Surgery

Women of childbearing age should be on a reliable method of birth control until their weight has stabilized for at least 12-18 months. We DO NOT recommend pregnancy until at least 12 months after surgery! If pregnancy does occur, a detailed consultation with your bariatric surgeon and obstetrician will be necessary to assess your nutritional status. After delivery, weight loss will resume.



The Internet

The Internet has a wealth of information and online support groups for bariatric surgery patients. Support group members have recommended searching under “Gastric Bypass” to find a wide selection of sites. You can post messages and ask questions of former patients from a variety of programs across the nation.

Support Groups

One of the assets of the Bariatric Surgery Program is the post-operative care provided to our patients. Medical studies on Gastric Bypass patients conclude that the most successful patients are those who adhere to and take advantage of the follow-up activities provided by comprehensive programs.

Monthly Support Group programs not only offer you the opportunity to compare your experience with the patients in one-on-one, informal setting, but they strive to provide educational sessions each month on topics of interest to Gastric Bypass patients. We strongly encourage you to attend support groups, which are posted on the website. Remember, one of the lifestyle commitments you made when you decided to have surgery was adherence to follow-up (the other two were diet and exercise.)

Advancing Your Diet After Weight Loss Surgery

The First Four Weeks And Beyond

Stage 1- Week 1: Clear Liquid Diet

Clear Liquid Diet to begin post-op Day 1 if no nausea or vomiting.

You must sip fluids all day. The goal should be 4-8 ounces per hour for a total of at least 64 ounces of clear liquids per day.

Start a chewable multiple vitamins with iron on the first day home (2 per day), along with calcium, and B-12.

Recommended Sugar-Free Clear Liquids:

- Clear Broth or Bouillon – Chicken, Beef, or Vegetable, can add protein powder
- Crystal Light or sugar-free Kool-Aid
- Decaf tea and coffee (NutraSweet, Splenda, Sweet-n-Low, Stevia allowed, non-dairy creamer is ok)
- Fruit juice sweetened with Splenda or other artificial sweetener. Avoid citrus (orange, grapefruit, and pineapple) and tomato. Grape, apple and cranberry are okay.
- Herbal Tea or un-sweet tea – Caffeine Free
- Jello
- Non-Carbonated beverages
- Propel Water by Gatorade or PowerAde Zero
- Sugar free drinks including Diabetic Breeze
- Sugar-free Carnation Instant Breakfast
- Sugar-free popsicles, Sugar Free Italian Ice, Sugar Free Sherbet
- Water
- Ocean Spray

Take Supplements – Exercise Daily – Extra Protein – Drink Fluids

Stage 2- Week 2: Full Liquid Diet

Start high Protein Full Liquids (Pro-complex, Body Fortress, etc.) in addition to Sugar Free Clear Liquids.

RECOMMENDED FOODS:

- All food from previous stages • Cream of Wheat
- If protein powder with clear liquid is tolerated, then mix protein powder of choice with non-fat milk or Almond Breeze. If Lactose intolerant, use non-fat Lactase-Enzyme treated
- milk.

- Low Fat creamed soups – thinned (no chunks), check useful websites for recipes.
- Natural applesauce
- Non-fat Yogurt (sugar-free), Greek Yogurt
- Sugar-free Carnation Instant Breakfast- made with skim milk • Sugar-free Fudgesicles
- Sugar-free pudding- make with skim milk and add protein power
- Sugar-free yogurt (no chunks) – made with Nutrasweet or Splenda. Greek yogurt
- Unsweetened 100% Fruit Juice diluted with water without pulp (no orange juice, grapefruit or tomato juice). Limit to 4 ounces per day.
- V-8 juice (low sodium), V8 Fusion fruit juices. Try light versions sweetened with Splenda.
- Thinned Oatmeal
- Soups with soft noodles

Stage 3 – Week 3: Pureed Diet to Soft Diet

Pureed Diet to Soft Diet Add one new food at a time

Aim for 48 to 64 ounces of fluid per day to prevent dehydration. Avoid drinking 30 minutes before and after meals.

Avoid starchy foods like white rice, pasta, breads

Chew completely and slowly

Continue full liquids to pureed adding one new food at a time, as tolerated.

Eat three (3) meals a day and (2) two snacks. Limit fats and avoid sugars.

Protein is the priority (70-80 grams per day).

RECOMMENDED FOODS:

- All foods from previous stages.
- Baked potatoes (no butter), sweet potato
- Blended protein shakes with non-fat, sugar-free frozen yogurt, pureed fruit
- Box mashed potatoes
- Canned peaches, apricots, mandarin oranges or pears (sweetened with splenda)
- Cream of Wheat, Grits or Cream of Rice cereal. Start with 1-2 Tbsp. at a meal.
- Dried beans and peas-navy beans, kidney beans, low fat refried pinto beans, lima beans, lentils, split peas cooked without added fat until very tender (remember that these foods may cause abdominal discomfort and/or gas). • Eggs scrambled or egg whites

- Hummus
- Lean meats (fish, tuna fish, chicken, turkey) make sure the meats are moist and very chewed up before swallowing
- Low fat cheese containing less than 6 grams of fat per ounce (most 2% cheese), Low fat or nonfat cottage cheese (1/4 cup), ricotta cheese
- Oatmeal
- Smoothies, watch sugar content!
- Soft canned fruits (pears or peaches) sweetened with splenda
- Soft cooked vegetables (avoid asparagus and celery)

Stage 4 – Week 4: Add new foods one at a time SOFT TO REGULAR DIET

Aim for 64 ounces of fluids to prevent dehydration. Avoid drinking 30 minutes before and after meals.

Continue drinking fluids especially water between meals and throughout the day.

Three (3) meals a day, plus two (2) snacks, if needed. No more than two oz's of meat and 1 oz. of other food for a meal and 1-2oz for snacks.

RECOMMENDED FOODS:

- All foods from previous stages.
- Avoid fibrous vegetables (raw cabbage, celery, asparagus and lettuce)
- Avoid fruit with membranes (oranges, grapefruit, pineapple, grapes)
- Avoid tough meats (steak, roast, pork chops)
- Cheese containing less than 5 grams of fat per ounce (most 2% cheese), Laughing Cow cheese, cheese sticks
- Dried beans and peas-navy beans, kidney beans, low fat refried pinto beans, lima beans, lentils, split peas cooked without added fat until very tender (remember that
- these foods may cause abdominal discomfort and/or gas).
- Lean meats (fish, tuna fish, chicken, turkey) make sure the meats are moist and
- very chewed up before swallowing
- Low fat or nonfat cottage cheese (1/4 cup)
- or canned in juice
- Soft canned fruits (pears or peaches) sweetened with splenda, sugar free
- Soft cooked vegetables

****Remember:**

Add one new food at a time

Avoid starchy foods like white rice, pasta, breads

Chew completely and slowly

Continue supplemental protein (70-80 grams of protein is the daily goal)

You are recommended to avoid the following food for the long term.

- Foods high in carbohydrates: allowed to eat once per month (Pasta, Rice, breads, Crackers, Potatoes)
- Foods high in saturated fats and avoid trans fats
- Fried foods
- Sugar beverages such as juice and soda.

Helpful Hints for Success:

- Avoid time release or extended release forms of medications
- Begin with chewable, liquid, or crushable vitamins, you may progress to whole vitamins after 6 months
- Choose a multivitamin with at least 18mg of iron, 400mcg of folic acid, and some selenium and zinc
- Continue to take in 60-80grams of protein per day
- DO NOT EAT/DRINK at the same time. Stop drinking 30 minutes prior to eating and wait 30 minutes after eating to resume drinking
- Don't worry: as long as you continue your follow up visits, we will make sure you're not lacking any of your vital nutrients
- Exercise a minimum of 3 times per week, making sure to do resistance training prior to cardio.
- Fluid 64oz. per day (four 16 oz. bottles or eight 8 oz. bottles)
- Maintain a food diary that includes water intake and exercise log
- No NSAIDS, example: Aspirin, Ibuprofen, Advil, Motrin, unless approved on individual basis
- Take vitamins close to or at mealtime to help intolerance
- Taking supplements will promote and help maintain weight loss, so continue for life.

General Dietary Guidelines for Life for Bariatric Patients

Beyond The First Four Weeks

Choose foods high in proteins, moderate to low in carbohydrates, and moderate to low in fat.

“HEALTHY CHOICES”

- Avoid carbonated beverages and alcohol. • Avoid greasy or spicy foods.
- Avoid or limit whole milk.
- Baked, broiled, barbecued chicken (without skin), turkey, fish, shellfish.
- Canned water packed tuna (1/4 cup = 1 oz. meat)
- Chopped cooked chicken or turkey (make with diet Mayo or dressing) or use for stir fry.
- Egg / egg whites / egg substitute (1 egg = 1 oz. meat = 7gm protein)
- Ground white meat chicken and turkey – use for hamburger patties, casseroles, etc.

Drink water between meals. Remember 64 ounces or 2 liters per day (at a minimum). Remember to avoid drinking 30 minutes before and after your meal.

Eat 2 – 3 meals per day. 2-3 snacks daily. Do not force a meal if you are full. No more than 3-4 ounces at a meal and 1-2 ounces at snacks.

REMINDER: Chew, chew, chew so that they can pass through small stomach opening. Eat slowly and chew foods well to avoid pouch distress.

LEAN PROTEIN SOURCES: (your new favorite foods)

- Lean red meats and pork – ground will be best tolerated.
- Liver
- Proteins should always be eaten first at every meal.
- Take nutritional supplements as directed.
- Tofu – use in stir-fry, soups, add to scrambled eggs (2 1/2 x 2 inch square = 1 oz. meat). Tofu takes on the flavor of whatever it is cooked with.

How Do I Get The Recommended Amount of Protein I Need?

*It is recommended that you get an average of 60-80gm of protein/day. This should be broken up into 3 meals, 2 snacks.

*You can determine the protein amount with packaged/labeled foods, but foods without labels can be tricky.



Remember these rules of thumb:

1 ounce of protein = 7gm of protein

1 egg = 7gm protein

*Serving of protein 3oz = (size of palm of your hand or deck of cards) = 25gm protein

Protein-Rich Foods and Amount of Proteins in Each

BEEF

Hamburger patty, 4oz-28 grams of protein Steak, 6oz-42 grams

Most cuts of beef-7 grams of protein per ounce

CHICKEN

Chicken breast, 3.5oz-30 grams of protein

Chicken thigh-10 grams (for average size) Drumstick-11grams

Wing-6 grams

FISH

Most fish fillets or steaks are about 22 grams of protein for 3 1/2 oz of cooked fish.

Tuna, 6oz can-40 grams

PORK

Pork chop, average-22 grams of protein

Pork loin or tenderloin, 4 oz-29 grams Ham, 3oz serving-19 grams

Ground pork, 3 oz-22 grams Bacon, one slice-3 grams

Canadian-style bacon, one slice-5 to 6 grams

EGGS AND DAIRY

Egg, large-6 grams of protein Milk, 1 cup-8 grams

Cottage cheese, 1/2 cup-15 grams

Yogurt, 1 cup-usually 8 to 12 grams, check label

Soft cheeses (Mozzarella, Brie, Camembert)-6 grams per ounce

Medium cheeses (Cheddar, Swiss) - 7 or 8 grams per ounce Hard cheeses (Parmesan) - 10 grams per oz.

LEGUMES

Tofu-1oz, 2.3 grams

Soy Milk, 1 cup-6 to 10 grams

Most beans (black, pinto, lentils, etc.)-1/2 cup 7 to 10 grams

Soy beans-1/2 cup, 14 grams of protein Split peas, 1/2 cup-8 grams

NUTS AND SEEDS

Peanut butter, 2 table spoon-8 grams of protein



Almonds, 1/4 cup-8 grams Peanuts, 1/4 cup-9 grams
Cashews, 1/4 cup-5 grams Pecans, 1/4 cup-2.5 grams Sunflower seeds, 1/4 cup-6 grams
Pumpkin seeds, 1/4 cup-8 grams Flax seeds, 1/4 cup- 8 grams

Food Labels:

Read all your food labels to determine the nutrient content and be on the lookout for hidden sugars. Serving size is important!

Be careful when reading labels at the market. Quoted protein amounts are based on certain serving sizes and you may not be able to have a whole serving – so, a product that appears high in protein may not be all that high.

Check the other nutrients also. A food high in protein, but also high in carbohydrates or fats would not be a good choice as the proportion of protein is not as good as it looks.

Protein and your meals:

Eat all your protein foods first, and then move on to your vegetables and fruits, then finally your grains and cereals, which should be whole grain. Half your meal size should consist of protein. Try to have protein as part of every meal.

Guidelines for Food Selection for Bariatric Patients

The following list is to be used as a guide for making food selections. Always work toward eating a well-balanced diet.

FOODS RECOMMENDED

Protein Eggs, fish, chicken, turkey, tofu. Try to choose white meat poultry. If tolerated, nonfat/low-fat cottage cheese, cheese, plain or artificially sweetened nonfat/low-fat yogurt, Lactaid milk. Fried or high fat meats, fried eggs, highly seasoned or spicy meats, skin of meats and tough meats. Avoid red meat (beef, lamb, pork) during the first 4 months.

Breads, Potatoes and Starch Substitutes, Mashed Potatoes, Crackers, Green peas, Rice, Toast, Cream of Wheat, Grits, Couscous, Oatmeal, Sweet potatoes, *Beans and lentils however may cause discomfort and gas.

Breads made with dried fruits, nuts and seeds, pastries, donuts, muffins, pasta and rice if not fully cooked, sugar coated cereals, coarse bran cereals, potatoes to which sugar has been added.

Vegetables Soft cooked fresh, frozen or canned vegetables (i.e., carrots, beets, mushrooms, spinach, squash and green beans), vegetable juice, and raw vegetables as tolerated after several months. Any vegetable with tough skin or seeds (i.e., tomato, corn, celery). Cabbage, cauliflower, broccoli and brussels sprouts may cause gas distress. **Fruits** Unsweetened canned fruits, fresh fruits as tolerated in approx. 3 months) Fruit juices/drinks, fruit skins, fruits canned in heavy syrup. Dried fruits, pineapple for 6 months, melons and raw apples may cause gas distress.

Soups Protein soups made with allowed foods, spicy soups as tolerated. While restricted on liquids with meals, strain and eat liquids only Soups prepared with heavy creams or made with high fat ingredients.

Fats Small amounts of butter or margarine or oil may be used, low-fat salad dressings, nonfat/low-fat mayonnaise, sour cream and cream cheese are tolerated. Peanut butter in small amounts. Regular mayonnaise, salad dressing, margarine, butter and sour cream. Sweets Not recommended.

See “dumping” explanation. All sweets, candies and desserts especially if made with chocolate or dried fruits or if eaten on an empty stomach.

Beverages Decaffeinated coffee, un-sweet tea, water, nonfat/low-fat Lactaid milk, Crystal Light, fruit juices with sweetened with Splenda, half calorie juices, and Sugar free Kool-Aid.

Alcohol, sweetened fruit drinks or carbonated regular soda.

Miscellaneous Iodized salt, pepper, herbs and flavored seasonings as tolerated. Light mocha mix or other nondairy low-fat substitutes. Jalapenos, nuts, seeds, tough skins for at least 3 months post-op.

AVOID COMPLICATIONS

Signs and Symptoms of Complications

Leaks (may occur at the connection from your small intestines to your new pouch or from the sleeve staple lines. Leaks are rare on gastric band patients)

During your surgery, your surgeon will check to see if your new connection has an air leak.

- This is done by filling your new pouch with air and your belly with saline. If there are air bubbles present, the anastomosis will be reinforced.
- Call your surgeon if you experience
 - Increased heart rate
 - Sense of anxiety***
 - Fever
 - Worsening Shortness of breath

These may be signs of a leak at your anastomosis and may require intervention.

Pulmonary Embolism

A pulmonary embolism is a clot that has traveled from another part of your body, usually your legs that blocks air from going in and out of your lungs. This is the most common early complication of surgery.

This is an emergency! Go straight to your local Emergency Room!

- Chest Pain
 - Under the breastbone or one side
 - Especially sharp or stabbing also may be burning, aching, or dull, heavy sensation
 - May get worse with deep breathing, coughing, eating, bending, or stooping (person may bend over or hold his or her chest in response to the pain)
- Cough

- Begins suddenly and may have some blood or blood-streaked sputum •
- Rapid breathing
- Rapid heart rate
- Shortness of breath
 - May occur at rest or during activity or it may start suddenly

What you can do to prevent a Pulmonary Embolism

WALK, WALK, WALK!!!

The day of surgery, the nurses will have you walking in the halls. This will help to decrease the chance of a blood clot in your legs. You will also be given a dose of a blood thinner (Lovenox) prior to surgery and after surgery.

You will also use a compression device on your legs while lying in bed in the hospital to decrease the risk.

At home...

WALK, WALK, WALK!!!

Choose the bathroom furthest from your room. Resume your activities as directed. Take Lovenox!!! Dr. Beltre will discharge you with a prescription for Lovenox. Inject Lovenox under the skin as instructed. Lovenox prevents blood clots in the legs that may turn into pulmonary embolism.

Vitamin Deficiency

After your surgery, it is extremely important that you continue to take your vitamins as directed by your provider.

Calcium is necessary for maintaining bone strength and helps prevent fractures.

Vitamin B12: Nourishes the nervous system Iron: Carries Oxygen throughout the body

Without these vitamins: Calcium: ↑ risk of fracture

Vitamin B12: ↑ risk for memory loss, numbness, paralysis Iron: ↑ risk for a stroke, heart attack or anemia

Recommended Vitamins

1. Multivitamins

There are a lot of multivitamins for bariatric patients. Some of these vitamins can be quite

expensive. I normally recommend Celebrate. This is a complete multivitamin for bariatric patients that are reasonably priced. It is recommended that you take a chewable

multivitamins for the first four to six weeks after your surgery. After the first four to six weeks, you may stay on a chewable if you want to or you may switch to a regular pill or capsule. Please visit the following websites and order your multivitamins: celebratevitamins.com, bariatricadvantage.com, vitalady.com, bariatricsupport.com

These are but a few of the sites where bariatric multivitamins are available. Do your own Google search and you will come across a variety of sites.

2. Vitamin B-12 (Cobalamin)

350mcg or greater every day by mouth or 1000mcg twice a month by injection

3. Iron – 100% RDA

~Ferrous Gluconate – 325mg/day ~Elemental Iron – 18-27mg/day
(Women with menses need 50-100mg/day of elemental iron)

4. Calcium 1500-2000mg/day + Vitamin D

Divide this into 3 doses per day

Choose a brand that contains calcium citrate and Vitamin D3

I get my Vitamin D from Walt-Mart. 5000 IU caps. Take one of these per day.

5. Optional: B Complex

B-50 dosage or B-100 dosage

Dehydration

- It is very important that you drink 8 8oz glasses of water or crystal light a day.
- Dehydration may lead to hospitalization. To prevent this:
- Sip, Sip, Sip all day long! You may drink regular water or crystal light. Please avoid carbonated drinks.

Wound Care

After surgery, you will have multiple small incisions on your abdomen.

You will have steri strips on these incisions. • Please call your surgeon if you experience:

- Redness at incision site
- Increased tenderness or warmth at incision site o Fever >101.0
- Yellow or green discharge at incision site o Excessive swelling at incision site
- Bleeding that does not stop

It's okay to shower 24 hours following your surgery. Let soapy water run over the incisions, and patted dry when done. Leave the steri-strips intact. They will fall off on their own.