Melbourne Centre
for Bariatric Surgery

EXPERIENCE . EXPERTISE . EMPATHY

Mr Anthony Clough MBBS FRACS GradCert (Health Stats)

BARIATRIC SURGERY GUIDE

TABLE OF CONTENTS

Thank you for choosing Melbourne Centre for Bariatric Surgery, a weight loss surgery clinic run by surgeon Mr Anthony Clough. Our aim is to provide a range of modern weight loss interventions with Experience, Expertise and Empathy.

TEAM

PENNY COCKLE - **SECRETARY**

A medical secretary with decades of experience, Penny will guide you through your journey from start to finish

RACHEL DAVIES
DIETICIAN (BOX HILL)

Rachel has over 20 years of clinical experience and a Masters degree in Nutrition & Dietetics. Highlights include work at Royal Melbourne Hospital and Oxford, UK

MERRIL BOHN
DIETICIAN (BOX HILL)

Merril has over 30 years experience helping bariatric patients and one of the few dieticians in Australia with experience in the new SADI or SIPS procedure

EMILY COMMERFORD
DIETICIAN (COLLINS ST)

An active endurance athlete with a Master of Dietetics, Emily has an interest in gut health as well as bariatric surgery

MELISSA LOWE

MEDICAL RECEPTIONIST/NURSE

An ICU nurse with over 20 years of experience Melissa provides nursing and secretarial support

SPECIALIST ANAESTHETISTS:

All our anaesthetists have over a decade of experience with bariatric surgery patients

- Daniel Lane (left)
- Nick Scurrah (middle)
- Patricia Halliley (right)

**** Please Note** – ALL appointments, phone, mail and fax correspondence are conducted through the main office at Box Hill.

- **Phone:** **03 9958 3000**
- **Fax:** **03 9958 3199**
- **Email:** **info@melbournecbs.com.au**

Exception – appointments with Emily Commerford (Collins St dietician) can be made by calling 03 9650 9372.

EMERGENCIES

If you feel you have a clinical emergency and need to attend hospital the best locations are at Epworth Richmond Hospital Emergency Department (private) or Box Hill Hospital Emergency Department (public). Epworth Eastern Hospital does not have an Emergency Department. Always call Mr Clough or his covering surgeon even if you have attended hospital if you feel the emergency may be related to your bariatric surgery. During hours call the main rooms (detail above). Out of hours call Mr Clough's mobile on 0407 335 085. You may be directed to contact a covering surgeon by voicemail at times.

For important dietary queries contact your MCBS dietician: Merril 0422 324 625 or Rachel 0422 913 063.

Clinical questions can also be emailed to Mr Clough at **anthony@melbournecbs.com.au.**

CONSULTING LOCATIONS

A. Box Hill
Suite 13.6, East Wing Tower. Epworth Eastern Hospital. 1 Arnold St, Box Hill

B. Collins St, CBD
Melbourne Specialist on Collins.
4/250 Collins St, Melbourne

C. Bendigo (monthly)
St John of God Consulting Suites.
1 Chum Street, Bendigo

D. Latrobe Valley (monthly)
United Moe Medical.
5-7 Lloyd St, Moe

BOX HILL PARKING OPTIONS

1. Street Parking 2hr metered (free with 10 min walk)

2. Epworth Eastern Hospital (approx $20 for 2 hours)

3. Box Hill Shopping Centre - 5-10 minute walk

FIRST APPOINTMENT

1. Complete and send back your Registration Form prior

2. Bring your referral from your GP (if not sent in already)

3. Know your insurance details
(MBS schedule numbers listed on page 8)

4. Bring your relevant medical history, xrays, scans etc.

5. Your list of questions

6. If you have symptoms of sleep apnoea (e.g. heavy snoring, falling asleep during the day) - consider arranging a referral for a formal sleep study through your GP prior

ABOUT MR ANTHONY CLOUGH

MR ANTHONY CLOUGH

MBBS FRACS GradCert (Health Statistics)
General, Upper GI & Bariatric Surgeon

Mr Clough has been working in the field of bariatric surgery since 2008 and offers five different interventions for weight loss as well as revisional surgery of all kinds. His goal is to provide a complete range of surgical solutions for weight loss with outcomes comparable to the best centres in the world in an experienced multi-disciplinary and wholistic environment.

CAREER HIGHLIGHTS

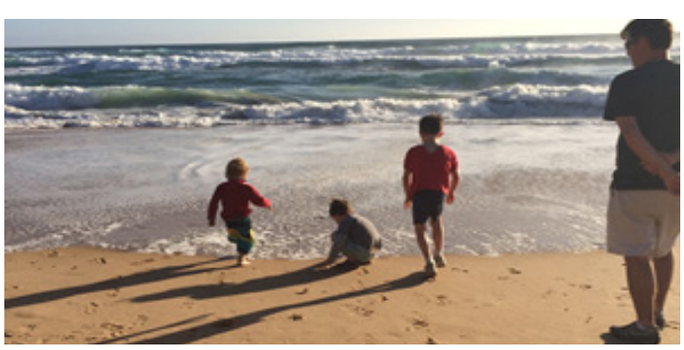
- In 2012 he assisted surgeon Harry Frydenberg in performing the first Endobarrier implantations in Australia.
- In 2015 he commenced supervising a Fellowship training position in bariatric surgery at Box Hill Hospital
- Mr Clough has been an Editorial Board member for the internation journal Obesity Surgery since 2017

- **In 2014 he was the first surgeon in Melbourne to perform Roux en Y Gastric Bypass surgery using robotic technology assisted by colleagues. Results of the first 100 cases were presented in Brisbane in 2019**
- **In 2017 he performed the first loop duodenal switch procedure in Victoria with mentoring from Dan Cottam, one of the pioneers of this procedure in the United States**

Mr Clough is one of only a few surgeons in Australia with substantial experience with the SADI or SIPS, chiefly for revision of sleeve gastrectomy patients who have regained weight. He also has considerable experience with abdominoplasty and arm reduction procedures for patients who have lost substantial weight through their surgery.

Mr Clough is a father of three boys and when not involved with weight loss surgery he enjoys spending time with their sporting commitments, on the golf course or out in the countryside bushwalking, camping or skiing.

For more information and multimedia please visit **www.anthonyclough.com.au/weight-loss-surgeon.html**



BARIATRIC PROCEDURES

SUMMARY

The most commonly performed procedure currently is Sleeve Gastrectomy (permanent stomach reduction). This will give reliable weight loss for most situations. For those carrying more weight, for example >140kg, or with severe medical issues related to obesity such as bad diabetes the Gastric Bypass or the SADI operation could be considered although these procedures are more complex. The Lap Band and Orbera balloon are typically for lower BMI patients e.g. in the 30s.

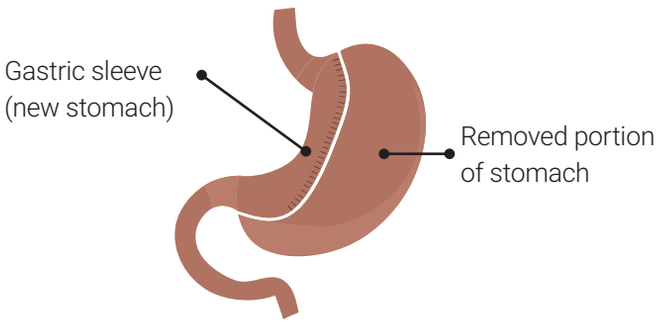
FURTHER DETAILS

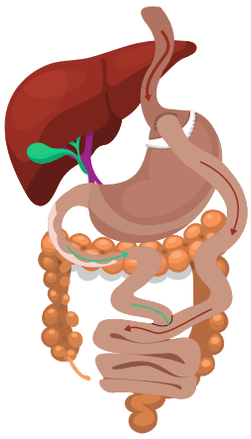
Bariatric procedures induce weight loss from a combination of:

1. Restriction of portion sizes
2. Reduction in the body's ability to absorb fats and carbohydrates
3. Hormonal responses which reduce appetite

SLEEVE GASTRECTOMY

- Permanent stomach size reduction
- Reduced portions and hunger
- Reliable weight loss
- May sometimes promote acid reflux symptoms



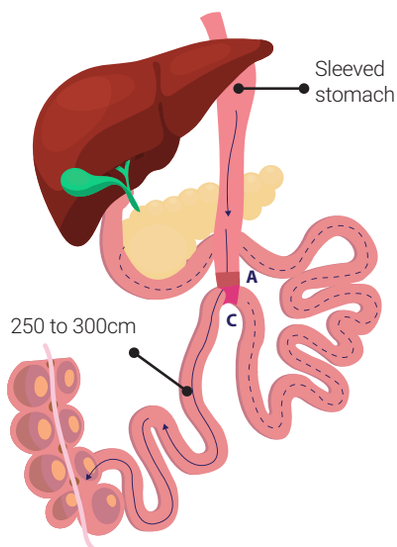


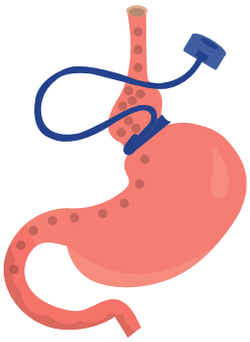
GASTRIC BYPASS

- More complex, less safe than sleeve
- Reduced portions and hunger with strong metabolic effects against diabetes
- Anti-reflux by nature
- May have extra benefits for poorly controlled diabetics, bad refluxers and may provide a more sustained solution for high BMI patients
- Mr Clough usually advises placing a small ring - MiniMizer Ring - around the new pouch to prevent stretching over time (banded bypass)

LOOP DUODENAL SWITCH (SADI/SIPS PROCEDURE)

- Combines all the benefits of the Sleeve procedure with partial small bowel bypass to reduce calorie absorption from fats and carbohydrates
- Most powerful weight loss procedure
- Less potential adverse effects than gastric bypass although diarrhoea may occur and nutritional issues must be monitored carefully
- May be suitable for higher BMI groups or an alternative for poorly controlled diabetics
- Possible 2nd stage after the Sleeve procedure for further weight loss





GASTRIC BANDING

- No cutting the stomach, easily reversible
- Reduces portion sizes if used correctly
- High maintenance due to band adjustments & possible system malfunctions
- Less predictable outcomes

ORBERA BALLOON

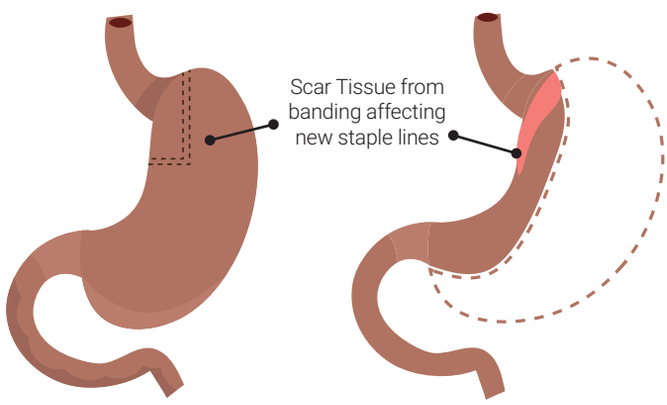
- Placed via the mouth into the stomach – no surgical cuts
- Reduces appetite through a feeling of fullness
- Temporary – must be removed at 6 months
- May be suitable for lower BMI patients

REVISIONAL OPTIONS

Revisional surgery involves dealing with scar tissue (adhesions) and distorted anatomy from the previous procedure. Therefore all revisional surgery is potentially more challenging and may carry with it increased risk.

COMMON SCENARIOS:

A. Previous gastric band. Usually we prefer gastric bypass as the revisional procedure of choice
B. Previous stomach stapling. Gastric bypass in almost every case
C. Weight regain after sleeve. My current preference is conversion to SADI



Band to Bypass

Band to Sleeve

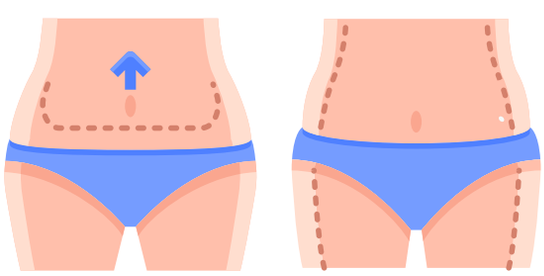
For comprehensive information about all the procedures including multimedia please visit ***www.anthonyclough.com.au***

BODY CONTOURING PROCEDURES

Massive weight loss almost always results in the appearance of loose or redundant skin.

Typical problem areas include

- Lower (or upper) abdomen
- Underarms
- Thighs, Buttocks
- Breasts and below the armpit



The most common surgery is abdominoplasty surgery, which removes redundant skin from the abdomen, tightening the whole area. Those with concurrent buttock area laxity may benefit from an extended abdominoplasty. Depending on need, body contouring procedures can be complex and solutions performed in multiple stages.

COSTS & FINANCING

Private health insurance may help offset some of the costs involved with body contouring procedures, but only if the procedure is necessary to treat medical symptoms. Most commonly these symptoms include chafing, rashes, excoriation or recurrent infections related to the redundant skin.

MCBS has extensive experience in abdominoplasty surgery for weight loss patients and also offers arm reduction surgery. Discounts apply for our own bariatric patients.

INSURED PATIENTS

Applicable **out of pocket** fees include:

	MBS number	Surgeon	Anaesthetist**	Assistant	Hospital	Misc	Total ***
PRIMARY BARIATRIC SURGERY							
SLEEVE	31575	$4750	$1950	$300			$7000
BYPASS	31572	$5500	$2550	$300			$8350
BAND	31569	$4250	$1800	$300			$6350
SADI*	31581	$6250	$2550	$300			$9100
Orbera Balloon	N/A	$2000	enquire	nil	enquire	$1750 (balloon cost)	$7000-$8000
REVISIONAL BARIATRIC SURGERY (e.g. Previous Gastric Band, Sleeve or Stapling operation)							
BYPASS	31572, 31584	$6500	$3000	$500			$10000
SLEEVE	31575, 31584	$6500	$3000	$500			$10000
SADI	31581	$6500	$3000	$500			$10000
BODY CONTOURING							
ABDOMINOPLASTY	30177	$7500	$2500	$350			$10350
ARM REDUCTION	30171	$5000	$2100	$300			$7400
NB: Revisions & Body Countouring: If your original bariatric surgery was done by us 25% discount applies							

*SADI procedure is Loop Duodenal Switch surgery, also known as SIPS.

**Anaesthetic fees vary. Please contact anaesthetic service prior to your surgery to confirm costings

***These estimates may vary, most commonly due to a range of anaesthetic charges which are not under our direct control

COSTS & FINANCING

UNINSURED (SELF PAY) PATIENTS: Estimated out of pocket fee components for selected procedures:

PRIMARY BARIATRIC SURGERY

	Surgeon	Anaesthetist (gap)	Assistant	Hospital / Other	Total *
SLEEVE	$5750	$1950	$500	$10800	$19000
BAND	$5500	$1800	$500	$10500	$18300
BYPASS	$6500	$2550	$500	$14500 (includes Minimizer Ring)	$24050
SADI (SIPS)	$7500	$2550	$500	$12100	$22650
ABDOMINOPLASTY	$9000	$2500	$600	$8400	$20500
ARM REDUCTION	$6000	$2100	$600	enquire	enquire

REVISIONAL BARIATRIC SURGERY

	Surgeon	Anaesthetist (gap)	Assistant	Hospital / Other	Total *
SLEEVE	$8000	$3000	$1000	$10800	$22800
BYPASS	$8000	$3000	$1000	$14500	$26500
SADI (SIPS)	$8000	$3000	$1000	$12650	$24650
SADI (Second stage only)	$8000	$3000	$1000	$9250	$21250

*These are estimates only and total costs may be influenced by many other factors. Anaesthetic fees vary and may differ depending on your anaesthetist on the day.

Further Points

- Payment of out of pocket surgical fees is required before admission to hospital
- Insurance level - most insurance companies required top level (Gold) insurance for weight loss procedures.
  Please enquire with your insurance company, quoting the MBS schedule number indicated in the first table
- Superannuation. Many patients have elected to apply for early access for Superannuation to help fund their surgery. Please enquire for details.

TYPICAL TIMELINE (NOT APPLICABLE TO LAP BAND PATIENTS)

	Early	Approx 8 weeks prior surgery	4-6 weeks prior	1-2 weeks prior	
Pre Operative	Insurance & Costs Enquires	Initial Surgeon´s Consult	Dietician Consult Gastroscopy +/- Barium Xray ** Blood screen Sleep Apnoea Investigation (selected) Medical Physician (selected) Consider Date for Surgery	Second Surgeon´s Consult Consent Signed Fee payment	

	2 weeks prior	DAY OF SURGERY	0-2 weeks	2-4 weeks	4 weeks onwards
Peri Operative	Preoperative diet	Surgery	Liquid Diet Call from dietician Post op Surgical Consultation	Puree Diet Commence vitamins Back to work (except strenuous jobs)	 Solid diet re-commenced No exercise restrictions

	10 weeks	9-12 months	15 months	24 months	5 years
Post Operative Ongoing	Some hair loss may occur 2nd Surgeon Consult 2nd Dietician Consult Establish formal excercise	Blood test sent 12m Surgeon Consult Further surg or diet consults as req'd	Consider Body Contouring options Continue vitamin supplements (lifelong) Expand formal exercise programme	Annual blood screen (nutritional)	5 Yr Surgeon Consult Endoscopy surveillance (sleeve)

FURTHER RESOURCES

You will be provided with a copy of Your Complete Guide to Nutrition for Weight Loss Surgery which is an excellent book providing information and recipes and a bowl to assist with portion control.

Further information and resources can be found online on Mr Clough's website.

See **www.anthonyclough.com.au/online-resources.html** for downloadable PDFs on a range of topics.

Other great resources can be found at:

www.nutritionforweightlosssurgery.com the home of the white book. The team at nfwls also offer lots of other information and resources and an online support group

www.greatideas.net.au provides a wealth of resources and products

www.foodtalk.com.au provides a wealth of resources and information

MULTIMEDIA videos describing the bariatric procedures can be found at...
https://www.anthonyclough.com.au/weight-loss-surgery-videos.html

SUPPLEMENTAL DOCUMENTS FOR DOWNLOAD

www.anthonyclough.com.au/online-resources.html

1. Liquid Diet Alternatives
2. Protein Counter
3. Protein Supplement Options
4. Multivitamin Options & Alternatives
5. VLCD Guidelines
6. Alcohol and Bariatric Surgery
7. King Edward Hospital Pregnancy Guidelines

SURGERY

1. Guide for Choosing a Bariatric Procedure
2. Revisional Surgery Supplement
3. Procedural Key Points Documents
4. Robotic Surgery Summary

SCAN THE QR CODE FOR LINKS TO ALL OUR SUPPLEMENTAL INFORMATION AND DOCUMENTATION

DIETARY SECTION

KEY DIETARY PHASES

1. **PRE-OPERATIVE:** 2 Weeks VLCD
2. **IMMEDIATE POST SURGERY:** 2 Weeks Liquid Phase
3. **INTERMEDIATE PHASE:** 2 Weeks Puree Phase
4. **ONE MONTH POST SURGERY:** Soft then Solid Phase

VERY LOW CALORIE DIET (VLCD)

A VLCD is required for a minimum of two weeks prior to the surgery in order to shrink the liver therefore making the surgery safer.

Information on this part of the diet will be provided by your dietitian at your pre-operative appointment and individualised for your needs.

You can also download further VLCD information via the resources section on the website:

www.anthonyclough.com.au/online-resources.html

"A VLCD is required for at least two weeks prior to your bariatric surgery"

LIQUID PHASE (WEEKS 1-2)

After having bariatric (obesity) surgery you will need to follow a high protein liquid diet and then a texture modified diet.

This allows for:

- swelling to subside
- healing to occur post the surgery
- reduce the risk of causing any damage to your new small stomach
- help protect your muscle mass whilst you are losing your fat mass

"Whilst on the liquid phase, fluids need to be thin enough to be sucked through a straw"

Whilst on this liquid phase, fluids need to be thin enough to be sucked through a straw. They also need to nourish you and help you heal post the surgery.

In the first one to two weeks, you will experience swelling around the internal operation site and will be only able to sip fluids via small mouthfuls very slowly. To help you slow down your drinking, take sips via a thin straw or from a teaspoon. Aim for about 50mls every 20 – 40 minutes. It is important to sip slowly and regularly throughout the day to avoid discomfort.

During this time, you need to be able to hydrate yourself (get enough fluid for your body) and get enough protein. Therefore you will need to include high protein fluids (HPFs), in addition to other fluids.

As the swelling subsides you will find drinking gets easier and by day four you should be tolerating around 100mls every 20 – 30 minutes.

Plain water can be difficult initially after the surgery and you may need to experiment with the temperature of the water or add something to it to make is easier to drink such as diet cordial, flavoured protein sachets, protein water and herbal infusions.

Soft drink is poorly tolerated and non-nutritious and is not recommended post-surgery.

More information on these products and how much fluid and protein you require after surgery will be provided by your dietitian specified to your individual needs

Additional information regarding suitable high protein fluids needed during this phase will be provided to you by your dietician at your pre-op consulation. A list can be found in our online supplemental documents:
www.anthonyclough.com.au/online-resources.html

Online resources:
www.anthonyclough.com.au/online-resources.html

PUREE PHASE (WEEKS 3-4)

When it is time to move onto thicker fluids and pureed/mushy diet you can blend your meals in a food processor/Bamix™/ Bullet or blender, or use foods already in a pureed/mushy form or a combination of the two. By now you should be able to drink a full glass of fluid slowly without any problems.

It is unlikely you will feel much, if any, hunger but it is important that you provide your body with adequate fluid, protein and nutrition. In order to keep meeting your protein and nutrition needs, you will need to concentrate on higher protein foods and continue to supplement your diet with high protein liquids and powders. If you have not done so already, now is the time to commence taking your vitamin and mineral supplements.

"It is important to keep your serve size small so as not to cause any discomfort, vomiting or reflux."

SERVE SIZE

It is important to keep your serve size small so as not to cause any discomfort, vomiting or reflux.
A serve size of around ¼ - ½ cup per meal is ideal. You will find you need to eat 5 – 6 times per day to get in enough nutrition. Snacks may include nourishing drinks.

Some recommended meal/snack ideas:

- ½ – 1 weetbix™ or ½ sachet of porridge made sloppy with low fat milk
- Pureed soups of protein (e.g. meat/chicken/lentils) + vegetables, ½ cup
- Tuna/salmon mornay made with low fat white sauce, ¼ cup
- Tuna/salmon made mushie with soft avocado ¼ cup
- Tuna/salmon + ricotta or cottage cheese ¼ cup
- Pureed meals of lean meat/ skinless chicken + well cooked pasta or mashed potato + vegetables ¼ cup
- Pasta bolognaise with finely minced meat made sloppy with tomato based sauce ¼ cup
- 1 Scrambled egg made with 1 TBS low fat milk
- Mashed potato, sweet potato, pumpkin ¼ cup
- High protein yoghurts such as Yopro™, Chobani Fit™ 100g
- Low fat yoghurt/Fruche™/custard of approx. 100g
- Pureed fruit snacks eg Goulburn Valley™ 60g
- Stewed fruit ¼ cup
- Small skinny Latte/ cappuccino/ hot chocolate / low fat milk (or soy, almond equivalents)/ high protein milk 250mls

In order to increase the protein content of your diet, collagen protein powders, e.g. Feel Good tasteless protein™, can be added to soups, tea, coffee, juice, smoothies, shakes and water.

Serving your meals on a bread and butter plate or saucer or using the portion sized bowl provided can assist in helping you keep your portion small.

Remember it is very important your body gets enough fluid each day and will need to continue sipping fluids regularly throughout the day.

SOLID PHASE (WEEKS 5+)

EARLY SOLID DIET - SOFT CHOICES

Start your re-introduction to solids with softer foods, gradually increasing the texture of your food. Foods do not need to be pureed but do need to be soft, very tender and easy to chew. For example: minced meat meals (made sloppy with lots of sauce), tinned or flaked fish meals, soups, lentil dishes, casseroles, stews and slow cooks (where the meat/chicken is in small pieces and very tender) and well cooked vegetables. Fruit can be stewed, diced or tinned.

Once again, your serve size will be around ¼ to ½ cup per meal and additional protein will be required to meet your protein needs.

SOLID DIET

Once you have completed the liquid/pureed/soft phases it is very important to progress on to a normal diet consisting of solid food textures for the following reasons:

- To reduce the calories that can be eaten
- To make sure you keep losing weight
- To get a balanced diet from a wide variety of different foods
- To get back to normal family meals and be able to enjoy the same foods everybody else is eating but in much smaller amounts.

To make sure that you get the best nutrition with only a small stomach, you will need to choose a variety of nutritious foods every day. Your amounts will vary but as time progresses and the stomach capacity increases, most people will require around 1 cup of food per meal by 12 months post-surgery.

The most important part of the meal is the protein part (meat, fish, chicken, egg, legumes, dairy) as these contain a lot of important nutrients but also help build and repair muscles and help keep you fuller for longer. Eat the protein part of your meal first and aim for the amount your dietitian recommends for you per day by following the protein counter **(download from online resources)**. Supplements such as tasteless collagen protein powders are useful if you are unable to get enough protein in your meals and snacks each day.

FLUID

Aim for at least 2 litres per day

It is important that you drink at least 2 litres of fluid per day. Drink water where possible or low calorie drinks such as plain mineral water, soda water, diet cordial, tea/coffee with low fat milk and either no sugar or use an artificial sweetener.

SOLID PHASE

EATING GUIDELINES

In order to be successful in being able to tolerate a wide variety of foods and prevent vomiting, reflux, indigestion and discomfort, how you eat is very important so follow these rules for successful eating:

1. Chew your food very well – all food needs to be chewed well so that it can pass through the smaller opening between your small stomach and the gut. For foods that are harder to chew, cut into small pieces. Use tender cuts of meat and use cooking methods that keep the food moist eg. Casseroles, mince dishes, well cooked pasta / rice.

2. Eat slowly – in order for you to avoid overfilling the new little stomach you will need to eat slowly. This also helps you to make your little meal last as long as the families normal size meal. If you are concentrating on chewing well, this will help you to eat more slowly. Swallow each mouthful fully before taking the next mouthful. Putting your knife and fork down between each mouthful will help you do this.
A good amount of time to eat your small meal is around 10 minutes. Any food not consumed in this time, your body does not need and should be discarded.

3. Stop eating when you start to feel full – as the stomach is so small it can easily overfill. Over filling may result in food being regurgitated (vomited), or if it is chronic, will lead to stretching the of the small stomach ultimately leading to weight regain. Both of these need to be avoided. Remember you will only eat about ¼ - ½ cup of food at each meal for the first six months and then ½ - 1 cup post six months.

4. Do not drink liquids with food – this can also lead to overfilling of the small stomach and cause you discomfort and even vomiting. You need to drink 20 minutes before eating and not for 45 minutes after eating. Getting into the habit of drinking before a meal is a good idea as it stimulates the saliva and helps aid chewing. N.B. usually after about six months you can drink fluids with your meals and it may be beneficial to do so.

5. Limit or avoid liquid / sloppy or crunchy high calorie foods that pass easily through the new opening – the surgery helps you lose weight by limiting the amount of food you can eat BUT some foods are so easy to eat that they pass through the opening easily and can still be eaten in near normal amounts. These foods include: milkshakes, soft drinks, juices, ice cream, chocolate, lollies, cheese (one slice per day allowed), crisps, twisties™, crackers, dry biscuits, dips and alcohol.

You need to limit / avoid these foods because:

- They can still be eaten in big amounts
- They can slow or prevent weight loss
- They are high in fat, sugar and calories
- They replace foods you should be eating that provide better nutrition
- Easy to eat sugary or high fat foods may make you feel unwell, depending on which procedure you have

SOLID PHASE

ACHIEVING A BALANCED DIET POST SURGERY

The following is a guide to the types of foods and quantities you should aim to eat after the surgery:

Dairy - 3 serves per day

1 serve = 250 mls low fat milk
100g low fat yoghurt
1 slice low fat cheese (once per day only)

Meat / fish / chicken / eggs / other proteins - 2 serves per day

1 serve = 30 - 45g meat / fish / chicken
1 egg
small tine tuna / salmon (approx 95g can)
small tine baked beans (approx 130g can)

Breads / Cereals / Starchy Vegetables - 3 to 4 serves per day

1 serve = 30g cereal (use high fibre bran based type)
1 slice bread (preferably multigrain)
1/2 cup well cooked pasta or rice
1/2 medium size potato
1/3 cup cooked sweet potato

Fruit - 2 to 3 serves per day

1 serve = 200ml no added sugar fruit juice (once per day only)
1/2 medium size piece of fruit
110ml container of "no added sugar" tinned fruit

Vegetables

As much as you like. Vegetables provide much needed vitamins but few calories. These may need to be cooked until soft.

Scan the QR code for links to more meal plans and related information

SOLID PHASE

SAMPLE DAILY MEAL PLAN

To make sure that you get the best nutrition with only a small stomach, you will need to choose a variety of nutritious foods every day. The following provides an example daily plan with a range of choices at each meal time:

Sample Meal Plan (Solid diet)

This is only a guide, you may need a bit more or a bit less food than is on this plan. Generally most people will only tolerate around ¼ cup of food for the first few months post-surgery and around 1 cup of food per meal at 12 months.

Breakfast: small bowl (1/2 cup) high fibre cereal or porridge (1 sachet) + low fat milk
Or 1 slice toast +margarine / butter + spread
Or 1 egg + ½ slice of toast
Or 100ml high protein yoghurt + 3 apricot halves

Snack: 1 snack (see list overleaf)

Lunch: ½ - 1 sandwich / pita bread + lean meat / tuna or low fat cheese and salad
Or small tin of baked beans on ½ slice of toast
Or small bowl of thick soup (not pureed) with chunks of soft meat / chicken/beans and vegetables + ½ - 1 slice of toast or ½ English muffin
Or 1 – 1 ½ sushi roll (approx. 10cm long)
Or ½ - 1 cup of leftovers

Snack: 1 snack (see list overleaf)

Dinner: 30 – 45g lean meat/chicken/fish or 1 egg + ½ small potato
Or ¼ – ½ cup of cooked pasta/rice + 3 different types of salad / vegetables

Supper: 1 snack (see list overleaf)

SOLID PHASE

SAMPLE DAILY MEAL PLAN (CONT):

Snacks List:

- ◊ 100ml high protein yoghurt / custard / Fruche™
- ◊ Small low fat Latte
- ◊ ½ piece fresh fruit / small serve canned (no added sugar) fruit/small banana
- ◊ Slice of lean ham / shaved chicken or turkey breast / boiled egg
- ◊ 20 – 30g nuts
- ◊ One protein ball
- ◊ Small packet of air popped popcorn
- ◊ Multi grain crackers 2 -4 + 1 slice low fat cheese
- ◊ Vegetable sticks e.g. Carrot/cucumber/celery + skinny humus or tomato salsa

OTHER ISSUES

ALCOHOL

Limit alcohol as it provides a lot of calories but no nutrition and can slow your weight loss. You may find you get more affected by alcohol hence caution should be taken with driving after any alcohol is consumed post bariatric surgery. More information regarding alcohol and bariatric surgery can be found in our supplemental documents available at **www.anthonyclough.com.au/online-resources.html**

VITAMINS AND MINERALS POST BARIATRIC SURGERY

Bariatric surgery makes it more difficult to get all the nutrition you need because of the following reasons:

- A much smaller intake of food
- A lower than normal acid environment in the stomach
- A decrease in intrinsic factor (required for vitamin B12 absorption)
- An altered gastric emptying
- A reduction in the length of small bowel you have where nutrients are absorbed (bypass and SIPS/SADI only)

For these reasons multivitamins and minerals are required lifelong after any bariatric surgery.

There are many options and forms for vitamin and mineral supplements which include specific bariatric surgery multi vitamins and over the counter multi vitamins in chewable, tablet or liquid form. Other vitamins and minerals such as vitamin D, calcium and iron are often required as well.

Which vitamins you require will depend on the operation you have had, your pre-operative blood tests, your age and sex. This will be discussed with you and individualised for you by your team. As a general rule gastric bypass and SADI will impact more on nutrition than sleeve which impacts more than gastric banding.

Individualised advice on suitable multivitamins for you will be provided by your dietician.

PREGNANCY CONSIDERATIONS

Your fertility (ease of falling pregnant) is aided by weight loss. If you are happy with the size of your family or do not want children it is recommended that you get advice on contraception to make sure you are protected.
Pregnancy is very safe after the surgery. Outcomes for both the mother and baby are positive but it is advised that you wait 12 months after your surgery before falling pregnant. You should have a thorough nutritional screen prior and specifically ensure that folate supplements are taken and Vitamin A containing supplements are ceased. Your bariatric team monitor the pregnancy in conjunction with your obstetrician to ensure both you and the baby are healthy.

For comprehensive information relating to pregnancy and bariatric surgery please go to this link or scan the QR code on this page:
https://www.anthonyclough.com.au/pregnancy-related-documents

COMMON PROBLEMS

VOMITING OR REGURGITATION

Is usually due to either over filling the small stomach or not chewing well enough.

- Try to stop eating before you think you are full
- If you are a fast eater or a poor chewer, use your knife and fork, cut the food up into small pieces and take single bites. Put your knife and fork down between each mouthful to slow yourself down.
- Fluids will also fill you up and if you drink large amounts there will be no room left for food
- For gastric bypass patients if vomiting occurs more than 2 -3 times per week, you may need to see your surgeon to check that there is no problem with the join between the small stomach and the small bowel

FOOD INTOLERANCE

Most people will find that there are a few foods that they find very difficult to eat. These are usually the foods that are harder to chew such as red meat, or foods that take on a lot of water and swell such as fresh white bread and rice. With practice and following the rules carefully, over time you can learn to eat these foods.

- Remember to always use tender cuts of meat and keep the food moist by casseroling, roasting or stir-frying
- Use a low fat sauce or gravy to help keep the food moist whilst you are chewing
- If bread is a problem, try toast, multigrain or rye breads or stale bread initially as these are easier to eat.
- Pasta and rice needs to be well cooked
- Fruit may need to be peeled and chopped up into a fruit salad.
- If you do not have your own teeth or are missing your back molars you may find tough foods very hard to eat. You will need to use your knife and fork to help you. If there are many foods you cannot tolerate you should see the dietitian.

INDIGESTION/HEARTBURN OR BURPING

- Is usually caused by eating or drinking too quickly and over-filling the pouch.
- Try to eat smaller serves. Make sure you are not drinking fluids too close to eating
- Always stay up-right after eating and do not eat close to going to bed.

Frequent vomiting can also cause heartburn and indigestion (see guidelines above).

Mylanta™ or Quickeze™ may be taken ½ hour after eating if indigestion or heartburn does not settle. If it is occurring more than 2 -3 times per week, you should let your surgeon know, as you may need anti-acid medication.

If you do not think eating or drinking too quickly is the cause you may need an anti-reflux medication such Nexium in the short term. This can be provided on prescription from your GP or purchased over the counter at the pharmacy.

CONSTIPATION

Bowel habit after the operation will change. It is common to go to the toilet only every 2 –4 days however if you are having pain or straining with your bowels then the following may help:

- Make sure you are eating foods containing fibre in your diet eg. Wholegrain cereals such as weeties™ / weetbix ™/ bran, multigrain breads, legumes, baked beans, fruit and vegetables
- Make sure you are drinking enough water and ensure you are getting some regular exercise

If constipation remains a problem you can try Benefibre™ in the dosage recommended on the container available from your local pharmacy/supermarket.

If loose bowel actions are a problem this is usually mild and short lasting but if it persists you may be more sensitive and have become lactose intolerant. Changing to a lactose free milk (such as Zymil™), yoghurt (Vaaila™ lactose free) or non-dairy alternatives (soy milk - calcium fortified) will help.

OTHER COMMON ISSUES

DIZZINESS

As you lose weight your blood pressure will come down and sometimes this can make you feel dizzy.

- Ensure you are drinking enough fluid.
- Make sure you rise slowly from lying to standing. Go from lying to sitting and then to standing.
- If you are on blood pressure tablets, get your GP to review your dose as you may be overtreated

HAIR LOSS

Hair loss is very common 3 – 6 months after surgery. This is thought to be a stress response to substantial and rapid weight loss. Usually there is just minor thinning which is noticeable more to you than anyone else. Signs of re-growth are usually obvious fairly quickly and the hair returns to normal with time. The best defence to minimise the expected hairloss is to make sure you are taking your recommended vitamins and minerals and getting enough protein.

DUMPING SYNDROME (more common in gastric bypass patients)

Is caused by high sugar foods entering the gut more quickly than they would have before surgery and affecting blood glucose (sugar) regulation. Dumping syndrome can make you feel nauseated, sweaty and dizzy and give you diarrhoea. Although not dangerous it can be unpleasant. If this is happening you need to:

- Avoid high sugar foods and fluids (non-diet soft drinks, cordials, flavoured mineral waters or milks, iced tea, lollies, chocolate, cakes etc.)
- Eat regular meals and snacks using low glycaemic index (GI) foods such as multigrains, low fat dairy, oats, legumes, pasta, Basmati rice, temperate fruits (apples, pears, bananas). Make sure you are having protein with your meals and

snacks. Limit juice to one glass of 100% no added sugar per day

- Eat / drink slowly & avoid drinking with your meals

DIARRHOEA (more common in SADI*)

Due to the fact that less small bowel area is available after this operation, fat malabsorption (being unable to digest fats properly) can occur and contribute to diarrhoea. It is important after a SADI to follow a low fat diet and avoid fried foods, fatty meats and skin on chicken as well as cream based foods, oily dressings and rich dishes. It is also vital that you take your multivitamins as prescribed daily as their absorption may be compromised.

LACTOSE INTOLERANCE

If you have any tendency towards lactose intolerance this can worsen post-surgery. It usually improves with time but in the first few months lactose free products, soy based products or the use of lacteez™ drops may be required. Usually hard cheeses and yoghurt continue to be tolerated. Your dietitian can assist you in getting all the nutrition you need with minimal lactose if required.

VEGETARIAN/VEGAN

If you follow a vegetarian or vegan diet, you will need to see your dietitian and have a balanced meal plan worked out for you.

OTHER MEDICAL ISSUES

May include coeliac disease, gluten free/FODMAPS/type I Diabetes - If you have any of these medical issues, you will require individualised information from your dietitian to ensure you get all the nutrition you need.

N.B. Our Practice recommends you undertake continuous blood glucose monitoring if you have type I diabetes for the two weeks on a VLCD** and the week of your hospital admission at a minimum.

*Also known as SIPS or loop duodenal switch

**Very low calorie diet

EXERCISE

EXERCISE

As you lose weight you should aim to increase your physical activity. For many this may involve a reconfiguration of priorities and goals putting health and fitness towards the top of your daily agenda. Exercise not only helps you maintain good weight loss but will reduce your risk of metabolic disesase and bone fractures.

For many patients, step 1 is simply **walking**. This can commence as soon as you are home and feeling well after your surgery. Once you are fully recovered from your surgery, aim for at least 150 minutes per week with a view to increasing duration, frequency and intensity of walking and other exercise over time.

Other Popular Exercise Options

- Aqua Aerobics / Hydrotherapy / Swimming
- Bike Riding - Pedal bike or Stationery
- Personal trainer / Exercise Physiologist
- Strength training - gym

As your weight falls and general fitness improves you should aim to increase the intensity of your physical activity

Initial goals:
150 minutes moderate intensity aerobic physical actvity throughout the week **OR** 75 minutes of vigourous activity

Advanced goals:
300 minutes moderate intensity aerobic physical actvity throughout the week **OR** 150 minutes of vigourous activity

Muscle Mass Preservation

Aim to add two sessions per week of resistance exercises (get some advice from your gym or personal trainer)

Jogging or Running?!?

For the more physically active - if you have made progress with your general fitness, consider working up to a running programme. Running is an extremely efficient fat burning activity. Search up Couch to 5k - **www.c25k.com** - for detailed guidelines, support and resources.

WEIGHT REGAIN

WEIGHT REGAIN

For most bariatric surgery patients the lowest weight achieved is usually around one to two years post surgery. After this time it is common to see a small regain of weight. In fact it is so common that it could be said to be a normal part of the weight loss "curve" for bariatric surgery. Regain can happen after any operation and is mostly likely if your starting BMI is high (more than 55 kg/m^2 for example) or if you are diabetic.

A small regain (e.g. 5-10%) is a nuisance but significant regain is highly undesirable. Every person who undertakes bariatric surgery does so with the aim of keeping the weight off for life. Unfortunately obesity is a chronic disease and as such weight regain can occur even with bariatric surgery unless diligence with diet and exercise is observed for life. The surgery assists with portion control management and hunger assistance, the individual still needs to make the right food choices and watch out for reemergence of non-hungry eating such as snacking and grazing due to emotional reasons rather than hunger.

Red Flags Include:

- Snacking or grazing on high calorie foods
- Bad habits sneaking back in
- Taking longer than is advised to eat a meal, allowing more food to be eaten
- Making poor food choices
- Drinking more calories
- Not getting enough exercise

For all of these reasons, we want to keep connected with you and assist with troubleshooting any emerging problems. Patients achieving best outcomes usually come back regularly and have their weight loss journey monitored.

If you experience regain some options to consider include:

1. Schedule a further appointment with your dietician to revisit your food choices and eating habits
2. Complete a food diary or try a calorie counting app to objectively examine your intake
3. Increase your exercise levels.
4. Ensure you are making yourself and your health a high priority in your busy life
5. Consider adding a weight loss medication such as duromine or Saxenda®
6. Schedule an appointment with your surgeon. Sometimes there are anatomical or surgical reasons for regain and there may be other surgical options available to get back on track as a last resort


ANTHONY CLOUGH
GENERAL, UPPER GI & BARIATRIC SURGEON