Welcome to bariatric nutrition class. We created this class to give you tools for your surgery so that you have positive results for the rest of your life. At home, you will complete a three day food log in order to practice tracking your food intake. You will also complete a worksheet in order to assess your understanding of these important concepts.

### Learning Objectives

After this class the patient will be able to:

1. State the post-operative nutrition follow-up appointments required after surgery.
2. Understand the impact of healthy, active lifestyle factors associated with positive long-term post-operative outcomes, quality of life, as well as weight loss and health maintenance.
3. Discuss the post-operative diet progression that is based on nutrient and texture needs after surgery. Provide examples of foods that fit in each stage of the diet progression.
4. Use the nutrition label to identify an appropriate protein shake that meets the protein drink nutrition guidelines.
5. Recall eating food groups in order of importance.
6. Describe the vitamins and minerals needed for life after surgery in order to prevent vitamin and mineral deficiencies. Understand how to take them for best absorption.
7. Explain the purpose of the pre-operative diet.

Please complete these handouts and bring them to your initial nutrition assessment on

_____________________________________.
**Write down the item, amount and time of everything you eat and drink**
**Include at least 1 day of the weekend**

<table>
<thead>
<tr>
<th>Time</th>
<th>Food/Preparation/Amount</th>
<th>Beverages</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Exercise

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
**Write down the item, amount and time of everything you eat and drink**
**Include at least 1 day of the weekend**

<table>
<thead>
<tr>
<th>Time</th>
<th>Food/Preparation/Amount</th>
<th>Beverages</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Exercise**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
**Write down the item, amount and time of everything you eat and drink**
**Include at least 1 day of the weekend**

<table>
<thead>
<tr>
<th>Time</th>
<th>Food/Preparation/Amount</th>
<th>Beverages</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Exercise**

---
Nutrition Class Assessment

Please bring this with you to your individual nutrition assessment.

1. Your first appointment with nutrition takes place in a group _______ after surgery.
   a) 2-3 weeks   b) 6-8 weeks   c) 3 months   d) 1 year

2. Food may “get stuck” after surgery. How can you prevent this?
   1. ________________________________________________________________
   2. ________________________________________________________________

3. List two signs of dehydration.
   1. ________________________________________________________________
   2. ________________________________________________________________

4. Please name one protein shake that meets the protein shake nutrition guidelines on the
   Stage 2 Protein Shake Diet. What are the calories, grams of sugar, and grams of protein
   for the shake you listed?
   1. ________________________________________________________________

5. Please circle ALL foods from the below list that are protein foods.
   A. Avocado     B. Banana     C. Chicken     D. Chickpeas     E. Eggs
   F. Whole wheat bread     G. Green beans     H. Ground beef     I. Shrimp     J. Spinach Salad

6. Please circle ALL the foods that are recommended to eat on the Stage 3A Smooth
   Textures Diet (10 days after surgery).
   A. Chili     B. Greek Yogurt     C. Cooked carrots     D. French fries
   E. Oatmeal     F. Steak     G. Lentil or Bean Soup
   H. Cottage Cheese     I. Grilled chicken
   J. Soft Banana     K. Refried Beans     L. Baked fish
   M. Baked beans     N. Chickpeas
7. Rank these in their order of importance from 1 to 4, where 1= most important and 4 = least important.
   Starches _____  Protein _____  Fruits/Vegetables _____  Fluids _____

8. Which of the following vitamins and minerals need to be taken after surgery to prevent vitamin and mineral deficiencies? Please circle ALL that apply.
   A. Calcium citrate and vitamin D
   B. Ginkgo Biloba
   C. Multivitamins with iron
   D. Calcium carbonate
   E. Multivitamins without iron
   F. Vitamin B₁₂

9. You need to separate your multivitamin with iron from calcium by _____ hours, and separate each dose of calcium by _____ hours.

10. Which of the following is the purpose of the pre-operative diet? Please circle ALL that apply.
    A. It will prevent hair loss.
    B. It will shrink my liver.
    C. It will make my surgery safer.
    D. It will clean out my stomach before surgery.

11. Please write down a meal that you can eat during the pre-operative diet (Box E). Patients with diabetes who are on certain medications, choose 1 serving of starch. All other patients do not include a starch. Check your pre-op diet handout to know which version of the pre-op diet you should follow.

---

**REGULAR PRE-OPERATIVE DIET**

- 3 servings non-starchy vegetable choices:
- 4 servings lean protein choice:
- Starch
- 2 fat choices:

**PATIENTS WITH DIABETES**

- 3 servings non-starchy vegetable choices:
- 4 servings lean protein choice:
- 1 serving starch choice:
- 2 fat choices:
12. How much protein should you eat each day after surgery?
   __________ grams

13. How much fluid should you drink each day after surgery?
   __________ ounces (oz)

14. Write one exercise goal you have before surgery.

   ______________________________________________________________________________________
   ____________________________________________________________

15. Write one eating goal you have for after surgery:

   ______________________________________________________________________________________
   ____________________________________________________________

16. What is one challenge that you expect after surgery?

   ______________________________________________________________________________________
   ____________________________________________________________

17. What is one question that you still have after taking the nutrition class.

   ______________________________________________________________________________________
   ____________________________________________________________