

# YOUR DIET AFTER BARIATRIC SURGERY

---

Nutritional advice for the first year



# Some advice for your meals

---

This brochure explains the different phases of your diet during the first year following bariatric surgery. It complements the program you followed prior to the operation in the Patient Therapeutic Education Unit.

## Your way of eating

Going forward, you must heed the following recommendations, as they will be useful to you after the operation when your stomach is smaller in size:

- ▶ Split your meals over the day.
- ▶ Take your time when eating (30-45 minutes per meal).
- ▶ Take small mouthfuls.
- ▶ Chew your food for a sufficiently long time.
- ▶ Put down your cutlery on the table between each mouthful.
- ▶ Take account of any physical sensations you may have (pain, blockages, sweating, etc.)
- ▶ Avoid drinking during meals (read more on page 4).

## Meal content

It is advisable to ensure your main meals are balanced and include the following three ingredients:

- ▶ Proteins: meat, fish, eggs, shellfish, cheese, soya, tofu, Quorn (meat substitute based on mushroom protein), dairy products, etc.
- ▶ Starches and legumes: rice, pasta, bread, potatoes, corn, peas, lentils, etc.
- ▶ Vegetables: courgettes, carrots, beans, endives, aubergines, celery, etc.
- ▶ One soup spoon of fat per meal (rapeseed oil, olive oil).



## INFO

To find out more about surgical interventions, read *Chirurgie de l'obésité. Des réponses à vos questions* (Bariatric Surgery. Frequently Asked Questions)

➔ [www.hug-ge.ch/chirurgie-obesite](http://www.hug-ge.ch/chirurgie-obesite)

## The importance of proteins

Prioritize foods which are sources of protein throughout the first year following the surgery. Proteins limit the loss of muscle mass. They also facilitate wound healing and boost the immune system. Given the low quantities of food products consumed, there is a risk that your protein needs may not be met. Eat them at the start of your meal to ensure you have eaten enough. On the advice of your dietician you can also enrich your food intake, for instance, with hyper-protein powder.

## Digestive tolerance

In the first few months after the intervention some foods may cause digestive discomfort such as bloating, cramps, diarrhea or constipation. Everyone reacts differently and it depends on your way of eating (see page 2) and the tolerance of each individual:

- ▶ Avoid the food concerned for a while and make regular attempts to reintroduce it.
- ▶ Relax for a short while after the meal to aid digestion.

## Hydration

After your operation keep yourself well hydrated during the day, but not during meals – do not drink at least 30 minutes before and after a meal – and abide by the following advice:

- ▶ Drink 2 liters of water per day, in small quantities and small sips.
- ▶ Avoid fizzy drinks.
- ▶ Limit sugary drinks (including fruit juice) to a maximum of 1 glass per day.

During hot weather or when doing physical exercise, increase your intake of liquid and use cooling techniques such as drinking cool drinks, wearing light-colored clothes, taking a shower or a bath, sitting in the shade, using a fan, etc.

## Meal distribution

The organization remains the same during all the dietary phases following your operation: 3 meals + 2-3 snacks. Adapt it to your habits and schedule.

To help you maintain a regular routine, fill in the chart below with your own meal and snack timetable.

| <b>Morning</b> | Snack 1     | <b>Midday</b> | Snack 2     | <b>Evening</b> | Snack 3     |
|----------------|-------------|---------------|-------------|----------------|-------------|
| .....h.....    | .....h..... | .....h.....   | .....h..... | .....h.....    | .....h..... |

## Protein-rich snacks

Snacks ensure a better distribution of your food intake over the day and reduce the risk of nutritional deficiencies. Unlike nibbles they are planned and consumed at a defined time, without other activities.

In the first year after your operation, eat 2-3 snacks a day. You can, for example, eat 2 protein-rich snacks and 1 fruit snack.

Examples of protein-rich snacks:

- ▶ White cheese (quark, sérac)
- ▶ Hard or soft cheese + bread or toast
- ▶ Yoghurt
- ▶ Milk
- ▶ Cured meat, turkey, ham
- ▶ ½ oral nutritional supplement (ONS) purchased in the pharmacy
- ▶ Commercial protein drinks
- ▶ Homemade smoothies (milk, fruits, milk or protein powder)
- ▶ Hyper-protein powder added to your food.


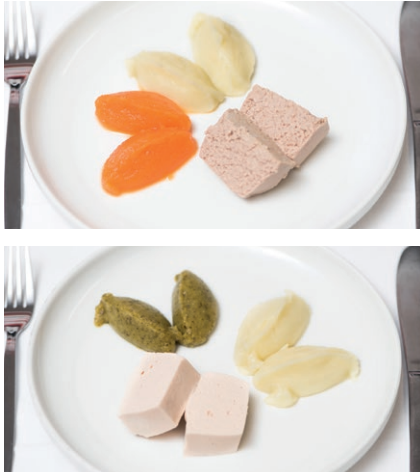
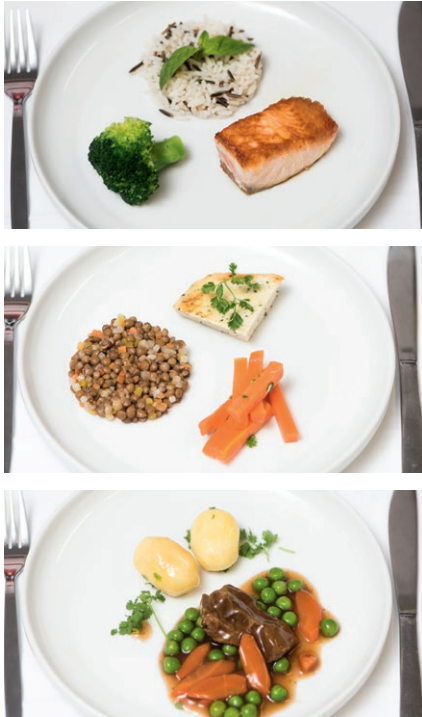
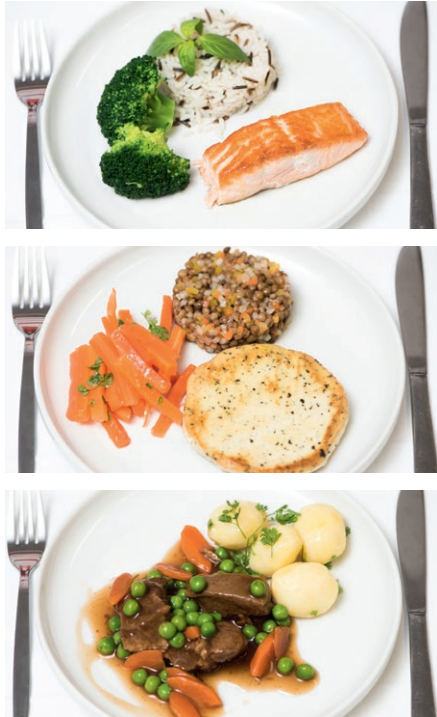
To avoid nutritional deficiencies, multivitamin food supplements may prove necessary.



### INFO

Oral nutritional supplements (ONS) can be an alternative to snacks. Ask your dietician for advice.

# Overview table of food progression

|   | During the first 4 weeks  | As from the 5 <sup>th</sup> week   | After 1 year   |
|---|---|--|--|
| <b>Texture</b>  | Mixed/Soft  | Normal   | Normal   |
| <b>Structure</b>  | 3 meals + 2-4 snacks  | 3 meals + 2-3 snacks   | 3 meals + 2-3 snacks   |
| <p><b>Quantity</b></p> <p>The weight stated is indicative and should be gradually increased during the 1st year. Pay attention to your physical sensations and stop eating as soon as you start to feel full.</p> <p><b>Meal breakdown</b></p> <p>At the outset meals include a significant proportion of proteins.</p> <p><b>After one year</b>, break down your meals as far as possible into starches, proteins and vegetables according to the dish of the Swiss Nutrition Society illustrated below:</p>  | <p>120g total/meal split into:</p> <ul style="list-style-type: none"> <li>▶ 40g proteins</li> <li>▶ 40g starches</li> <li>▶ 40g vegetables according to appetite</li> <li>▶ 1 soup spoon of oil</li> </ul> <p>Examples:</p>  | <p>Quantity guidelines 3 months after the operation:</p> <p>150 to 200g total/meal split into:</p> <ul style="list-style-type: none"> <li>▶ 80g proteins</li> <li>▶ 50g starches</li> <li>▶ 50g vegetables</li> <li>▶ 1 soup spoon of oil</li> </ul> <p>Examples:</p>  | <p>Quantity guidelines 1 year after the operation:</p> <p>Women: 250 to 300g total/meal<br/>Men: 300 to 350g total/meal</p> <ul style="list-style-type: none"> <li>▶ 1 soup spoon of oil</li> </ul> <p>(cf. also the dish bottom-left below)</p> <p>Examples:</p>  |

### Practical advice for mixed/soft food

- ▶ Remove the skin, seeds and pips from fruit and vegetables.
- ▶ Cook the food products before mixing them, then add a little liquid (vegetable or meat juice, broth, water, milk, etc.) to reduce the food to a purée.
- ▶ Use mixed food products intended for babies and add a source of protein (meat, fish, mixed egg, melted cheese, hyper-protein powder).
- ▶ Keep the mixed cooked food products in the refrigerator and consume them within 3-4 days.
- ▶ Never refreeze a product that has already been defrosted.
- ▶ Do not reheat the same meal twice.



#### INFO

Mixed/soft food and sufficient chewing avoids pains or blockages due to the shrinkage of the stomach and any lesions and stitches.

## Reintroduction of specific foods

|  | During the first 4 weeks | As from the 5 <sup>th</sup> week | After 1 year                            |
|--|--------------------------|----------------------------------|---|
| <b>Strong spices</b>   | No consumption           | Consumption possible             | Consumption possible                    |
| <b>Coffee</b>  | No consumption           | Consumption possible             | Consumption possible                    |
| <b>Fruit and raw vegetables and foods that cause bloating</b> (cabbage, garlic, onions; legumes: lentils, chickpeas, split peas, white, red and flageolet beans) | No consumption           | Consumption possible             | Consumption possible                    |
| <b>Alcohol</b>   | No consumption           | No consumption                   | Consumption possible (as from 3 months) |
| <b>Fizzy drinks</b>  | No consumption           | No consumption                   | No consumption                          |

## Alcohol

It is possible to consume alcohol as from the 3rd month. However, it must only be consumed occasionally for numerous reasons, namely irritation to the stomach, significant calorific value, modified tolerance, increased risk of addiction.



# Frequently Asked Questions

---

## Is it possible to put on weight again after the operation?

Yes. To prevent this weight gain, establish nutritional and eating-behavioral changes before the operation to limit the risks of long-term weight gain.

## When will you start to lose weight?

The weight loss will occur over a period of a year to eighteen months. It is rapid during the first three to six months after the operation and then it will continue more slowly. Plateau periods during which weight stabilizes, are normal and differ from one person to another.

## Why do you have pain or vomit after meals?

This is most often due to having:

- ▶ Eaten food too quickly.
- ▶ Eaten too much food.
- ▶ Swallowed mouthfuls which were too big.
- ▶ Insufficient chewing.

If the problems persist, do not hesitate to contact your doctor or attend the Division of Emergency.



### INFO

Post-operative dietary appointments form part of your follow-up monitoring. These precious moments are your opportunity to review your diet. Prepare your questions in advance.

### **Do you have to eat if you are not hungry?**

Yes. Following a bypass or gastrectomy, hunger may not return in full for several months. This is explained in particular by hormonal changes due to your surgery and your weight loss. During this period avoid relying on feeling hungry in order to eat and respect a structured eating rhythm (meals and snacks).

### **Do you have to eat snacks if you do not usually do so?**

Yes. In the first few months following your surgery, the amount of food you can eat during mealtimes is limited and not sufficient to meet your nutritional needs. Snacks can ensure you avoid deficiencies and feelings of weakness or fatigue which sometimes occur if you go without eating for too long.

### **What to do to avoid dumping syndrome?**

- ▶ Identify the trigger foods (sugars).
- ▶ Keep yourself sufficiently hydrated.
- ▶ Eat balanced meals with proteins, starches and vegetables.
- ▶ Eat frequent snacks.
- ▶ Prioritize fiber-rich foods (vegetables, wholemeal products) and “al dente” cooking of starch products.
- ▶ Avoid eating sugar-rich products, including fruits, in isolation.

#### **+ INFO**

Dumping syndrome may occur during a sugar-rich meal and manifest itself through intestinal disorders (diarrhea, nausea) or palpitations. It sometimes occurs later and tends to cause sweating or shaking.

# Practical Information

---

## Contact

### Division of Endocrinology, Diabetology, Nutrition and Therapeutic Education

Patient Therapeutic Education Unit

Nutritional consultation on obesity and bariatric surgery

#### Annexe Villa Thury

Ch. Thury 3

1206 Genève

📞 022 372 97 03

Access: bus 35,

“Reverdin” stop

or “Michel-Servet”

Léman Express,

“Genève-Champel” stop

#### Villa Soleillane

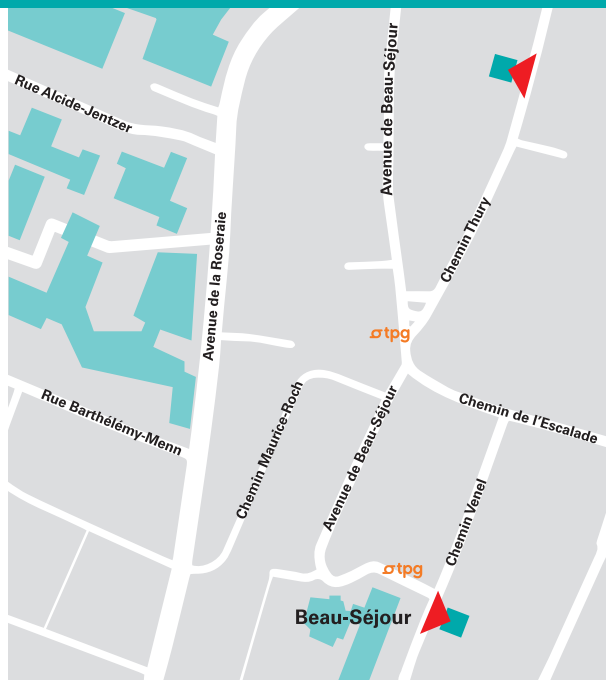
Ch. Venel 7

1206 Genève

📞 022 372 95 57

Access: bus 35,

“Beau-Séjour” stop



*This brochure has been tested on patients and produced by the dieticians in the Division of Endocrinology, Diabetology, Nutrition and Therapeutic Education in conjunction with the GIPP (information group for patients and family members) of the HUG. Preparation of dishes: Alain Roduit and Pascal Bierlier from the Division of Catering.*