

Nutrition Guidance

Bariatric surgery becomes a less effective tool for losing weight if post-operative dietary guidance is not followed. Patients planning surgery often consult with a dietitian before and/or after surgery. General nutrition advice suitable for the general population is NOT suitable for the post-bariatric patient. VA Nutrition and Food Services has developed a series of patient handouts regarding the post-bariatric surgery diet. These excellent resources are available on the Nutrition and Food Services Intranet site.

The focus soon after surgery is on maintaining adequate fluid and protein intake. Patients begin on a clear liquid diet and gradually progress through various stages (opaque liquids/liquid foods, pureed foods, soft foods, foods with regular texture). Patients usually begin oral intake within 1 or 2 days after surgery. From NPO, they start with water and ice chips, progress to a clear liquid diet, and gradually proceed through the other stages. A conservative progression would involve 1-2 weeks of liquids followed by 1-2 weeks of pureed foods, then foods with soft texture, and finally, foods with regular texture. The rate of progression through these stages will vary from patient to patient. The next section gives an example of the typical dietary progression for an “average” post-bariatric patient.

Typical Diet Following Bariatric Surgery

Advance to the next stage in texture only if the patient is ready. Introduction of new foods or textures too early can contribute to discomfort and intolerances.

Stage 1: Water and Clear Liquids

Patient sips up to 32 oz. of fluid per day. Patient should sip 2 to 3 oz. per hour of unsweetened, decaffeinated clear liquids (e.g., water, sugar-free gelatin, sugar-free lemonade, unsweetened decaf tea, Crystal Light[®], sugar-free Tang[®], sugar-free Koolaid[®], clear low-sodium broth, sugar-free popsicles, low-calorie/low sugar non-carbonated flavored waters).

Stage 2: Clear and Full Liquids

Continue clear liquids while gradually adding opaque liquids/liquid foods as tolerated. New items should be added one at a time. As with Stage 1, these items are to be slowly sipped. Patient should eat or drink something every hour. After opaque liquid/liquid food is consumed, the patient should wait 30 minutes before beginning to sip clear, unsweetened, decaffeinated fluids. At least 6 cups of fluid must be taken in per day to avoid dehydration. Examples of full liquid items include: non-fat milk (Lactaid[®] or soy milk may be better tolerated), Carnation Instant Breakfast[®] (no sugar added), sugar-free pudding made with non-fat milk, non-fat Greek style yogurt or non-fat, artificially sweetened yogurt, smooth cooked cereals (e.g., cream of wheat, cream of rice or blenderized oatmeal), low fat strained or pureed cream soups, tomato juice, V-8[®] juice.

Stage 3: Pureed Foods

Patient should consume no more than 2-3 oz or 4-6 tablespoons of pureed food at a time, 3-6 meals per day, created from a variety of the foods listed below (high protein food must be included in each meal and eaten first):

High protein food (1 oz.): strained baby food meat; cooked, pureed skinless turkey or chicken legs or thighs or lean cuts of beef, pork, veal, or lamb (meat can be baked, broiled, boiled, or stewed and then pureed); flaky fish such as salmon or tuna; scrambled pureed eggs or egg substitute; low fat cottage cheese; tofu.

Vegetables: vegetable juice from Stage 2 can be continued; pureed/soft-cooked vegetables such as broccoli, string beans, carrots, or cauliflower (boil, steam, or microwave and then puree).

Starches/whole grains: unsweetened or artificially sweetened cooked cereal made with nonfat milk; unsweetened dry cereal mixed with nonfat milk; mashed potato made with nonfat milk; skinless soft-baked white or sweet potato.

Nonfat milk: sugar-free pudding made with nonfat milk; nonfat, artificially-sweetened yogurt.

Fruit: baby-food fruit or pureed fruit; if canned fruit is used, it must be packed in light syrup or natural juices. Fruit juice should be avoided.

Clear, unsweetened, decaffeinated liquids can be continued. Liquids should not be combined with meals, but they can be consumed 30 minutes before or after meals. Patient should consume six to eight 8-oz. glasses of fluids per day to avoid dehydration.

Stage 4: Soft Diet

Patient should consume no more than 2-3 oz. (4-6 tablespoons) of food at a time, 3-6 meals per day, created from a variety of the below foods (high protein food must be included in each meal):

High protein foods: lean meats; soft poultry without skin; shellfish; soft, flaky fish like tuna; eggs and egg substitutes; tofu and soy protein products; lowfat or nonfat cheese, cottage cheese, or ricotta cheese; beans cooked without added fat.

Vegetables: vegetable juice from Stage 2 can be continued; soft-cooked vegetables; lowfat cream soups with soft-cooked vegetables.

Starches/whole grains: cooked, unsweetened or artificially sweetened cereal made with nonfat milk; unsweetened, dry cereal mixed with and softened by nonfat milk; mashed potato made with nonfat milk; skinless, soft, baked white or sweet potato; lowfat crackers; graham crackers; corn tortillas; bread as tolerated (Toast is usually better tolerated.)

Milk: nonfat or lowfat milk; sugar-free pudding made with nonfat milk; nonfat, artificially sweetened yogurt

Fruit: pureed fruit; soft fresh fruits such as banana; soft, unsweetened canned fruits

Clear, unsweetened, decaffeinated liquids can be continued. Liquids should not be combined with meals, preferably separated by 30 minutes (before and after). Six to eight 8 oz. glasses of fluids/day needed to avoid dehydration.

General Reminders for Patients

The following is a list of practical tips. Following these principles will assist in a successful post surgical recovery.

- Measure portions.
- Chew solid foods thoroughly (25 chews/bite), take small bites, and slow down the pace of eating (30 minutes to eat).
- Avoid constant nibbling.
- Avoid drinking liquids just before, during, or just after meals (wait 30 minutes).
- Sip fluids; do not gulp fluids.
- Do not use a straw.
- Avoid foods or liquids with added sugar or fat or those high in sugar or fat.
- Avoid carbonated beverages.
- Avoid alcohol.
- Lactaid® or calcium-fortified soy milk can be substituted if cow's milk is not well tolerated.
- Remove all fat and skin before cooking poultry.
- Trim all visible fat from veal, beef, lamb, and pork before cooking; use lean cuts.
- Avoid breaded foods.
- Bake, broil, roast, grill, boil, stew, poach, or microwave instead of frying.
- Use a rack when baking, broiling, or roasting to allow fat to drain from meat.
- Cook with little or no added fat.

Post-Surgery Food Intolerance

Intolerance of certain foods is common and can vary widely from patient to patient. Food diaries can help the post-op patient identify specific food intolerances. With experience, patients will learn what foods they can and cannot tolerate. Foods that are often poorly tolerated include red meat; nuts and seeds; popcorn; fresh coconut; dried fruit; peels, skins, membranes, seeds, or cores of fruit; chips; cheese; pizza; salad dressings, mayonnaise, and creamy sauces; dry or tough poultry or pork; bread or doughy-textured starches; pasta; vegetables containing a lot of fiber; and ice cream and frozen yogurt. Common postoperative problems associated with food and/or liquid intake and potential treatment/solutions to these problems are included in Table 11-6.