

Life after your Roux-en-Y gastric bypass

Cornwall Obesity and Metabolic Surgery Service



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Who is this leaflet for?

This leaflet is for patients who have undergone the Roux-en-Y gastric bypass for obesity. It aims to explain what steps to take to maximise the benefits and reduce the risks of any problems following the operation.

It contains information to support you following your operation and to help you achieve successful weight loss and improved health and fitness.

What does a Roux-en-Y gastric bypass involve?

A gastric bypass is an operation to make your stomach smaller and to shorten the length of small intestine that your food passes through.

This allows the food you eat to bypass most of your stomach and part of your small intestine – meaning that you will only be able to eat small amounts, and some of the food that you eat won't be fully digested.



Weight loss occurs because:

- you feel full after eating only a small amount of food
- food digestion and absorption is reduced
- the balance of your gut hormones changes, making you feel much less hungry, reducing your desire to eat.

Recovering following your Roux-en-Y gastric bypass

What complications should I look out for?

Following 'keyhole surgery' (laparoscopic surgery) it is normal for you to feel sore. There may be some discomfort around the small wounds called 'port sites'. One of these sites may have a deep stitch in the muscle to prevent you from developing a hernia. This may be more uncomfortable than the others but should improve daily.

You may also feel a little bloated; this is because your abdominal cavity was filled with gas to allow the surgeons room to operate. This is normal.

Some people experience pain in their shoulder tip. This is also normal and should subside over two or three days. In some people this can take a week or so – soluble paracetamol will help with this.

You should feel better every day following your surgery.

Green Zone: This is normal	Mild pain at rest and moderate pain on movement, but improved with paracetamol
	General tiredness
	Small band of redness around wound
	Mild constipation
Yellow Zone: Seek advice	Pain that is not improved with paracetamol
	Nausea and vomiting
	Wound red and warm to touch / oozing fluid
	You are having temperatures and feeling unwell
Red Zone: Return to hospital	Worsening abdominal pain and distended (bloated) abdomen.
	Palpitations / tachycardia (fast heart rate) over 100 beats per minute
	Chest tightness / heaviness / short of breath
	Unable to tolerate oral fluids
	Wound opens with excessive pus or fresh bright red blood
	Fevers / shaking that is not relieved by paracetamol

In office hours call either:

- the bariatric surgery nursing team on 07789 615828 (8am to 5pm)
- your GP and ask to speak to a GP urgently. Explain your symptoms and that you have recently undergone keyhole surgery.

Out of hours call either:

- **The Emergency Surgery Unit on 01872 253921.** Explain to the staff that you have recently undergone keyhole surgery and ask that the surgical registrar on call be informed and leave your contact details. The surgical registrar on call (a doctor) will then contact you by telephone to discuss your concerns and assess whether admission to hospital is necessary.
- **the Emergency GP Service on 111** and ask to speak to a GP urgently. Explain your symptoms and that you have recently undergone keyhole surgery.
- **dial 999** and ask for the ambulance service.

What are the specific complications that could happen after a gastric bypass?

- **Leakage at the staple line** – this is a rare complication occurring in only 1 to 2% of patients. To help prevent this from happening, avoid excessive quantities of food and fluids at any one time. Please follow the dietary advice in this booklet. Should this complication occur, you will experience persistent, severe pain on eating and feel unwell. Please contact us if your symptoms do not subside immediately.
- **Nausea and vomiting** – if you experience persistent nausea and / or vomiting post-surgery please contact us to be reviewed following the contact details in the previous section.
- Introducing new foods is very much trial and error, if a certain food causes a problem allow a few days before trying it again. It may be necessary to return to liquids or pureed foods temporarily. Eating/ drinking too fast or too much, or insufficient chewing, may also cause nausea or vomiting. Avoid carbonated (fizzy) drinks and sugary drinks.

What can I do to reduce the risk of complications?

Due to obesity and the surgery you are at high risk of a clot forming in your leg or lungs. We provide you with anti-embolic stockings, which you will need to wear day and night for 2 weeks.

Anti-embolic stockings help reduce the risk of blood clots forming in your legs whilst you are less able to move around. During surgery and reduced mobility, the blood circulates in your legs more slowly than usual. This may lead to blood clots developing. These stockings help to improve the circulation by speeding up the flow in your veins by providing gradual compression to your legs.

Anyone can get a blood clot in their leg veins, but this risk is greater when you are in hospital and following surgery. As a patient with a high BMI you are at greater risk of blood clots forming following surgery.

How do I put on the stockings?

Please refer to the instructions on the packaging.

What should I do to avoid problems when wearing my stockings?

Do's and Don'ts:

- Don't roll the stockings down, as they may form a tight band around your leg.
- Avoid using creams, ointments and oils as they can damage the elastic.
- Check your feet and legs every day for any discolouration of the skin, especially over bony areas. If the skin is discoloured it means the stockings don't fit well or there is too much pressure on the blood vessels.
- If a rash develops it may mean you have an allergy to the lycra or elastic fibres in the stockings.
- If you start to feel numbness, pins and needles or increased pain in your foot, tell a member of your health care team.

If you have any of these problems, please speak to your bariatric nurse specialist who will be able to advise you on the best course of action to take.

How do I look after my stockings?

Please see the care instructions on the packaging.

Can I take my normal medications?

Yes, it is important to continue taking any medications that you usually do, unless you have been advised to stop them. You can take these as tablets, but if you find them too big you may need to cut them (if appropriate) or get them in a liquid, chewable or crushable form until you feel confident that you will be able to swallow them whole.

Do I need to get my medications reviewed?

Once you have lost some weight, it is important to see your GP to have your regular medications reviewed. You may no longer need some of your medications for things such as hypertension (blood pressure), hypercholesterolemia (high cholesterol), etc.

Can I take non-steroidal anti-inflammatory drugs (NSAIDs)

No, do not take NSAIDs after bariatric surgery. This includes ibuprofen, Naproxen, Diclofenac (Voltarol), Celecoxib, Meloxicam, Mefenamic Acid, Etoricoxib, indomethacin and aspirin as pain relief (600mg dose). This is due to an increased risk of developing ulceration to the stomach (pouch or sleeve). It is OK to take 75mg aspirin once daily with food.

Do I need to take any other medications?

To help prevent clot formation, we have also started you on an anti-clotting injection (Fragmin) for 7 days. It is important to complete the course. If there is any reason why you can't, please let the bariatric nurses know so that they can advise you of an alternative. If you are at higher risk of developing a blood clot, you may need to inject yourself for longer.

We have given you a sharps bin to safely store your injection needles after use. Once you have completed your injections, please follow the instructions below.

How do I dispose of the used injections?

When you are discharged from hospital with your injections, you must:

1. Call **0300 1234 141** – this is a Cornwall Council number. Ask for a form to register for clinical waste.
2. When you receive the form complete it, sign it and return it to the council.
3. When you have completed your Fragmin injections, call the council and inform them the bin is ready for collection.
4. The bin will be collected when the van is in your area.

We have also started you on Lansoprazole fastab (an anti-acid medication) to reduce the amount of acid your stomach produces in the early stages of your recovery. This continues for three months and can then stop.

Will I need to take supplements?

Yes, you will need to start taking the following supplements:

- **A-Z Complete multivitamin and mineral supplement**

This is recommended lifelong after all bariatric surgery. For the first 6 weeks after surgery this should be in chewable, crushable or liquid form, until you return to eating normal textured food. Suitable examples include:

Supermarket own brand chewable	2 tablets a day
Centrum Fruity chewables	2 tablets a day

- After 6 to 8 weeks you should choose a complete supplement for adults. Different brands contain different amounts of vitamins and minerals so the number you need to take may vary. Suitable examples include:

Sanatogen A-Z Complete	2 tablets a day
Superdrug A-Z Multivitamins and minerals	2 tablets a day
Supermarket own A-Z Multivitamins and minerals	2 tablets a day
Lloyds Pharmacy A-Z Multivitamins and minerals	2 tablets a day

You will need to start taking the following supplements:

- **Calcium and Vitamin D supplement**

This is recommended lifelong after surgery. Suitable examples include:

[Adcal D3 chewable](#)

[1 tablet twice daily](#)

Any calcium and vitamin D supplement should contain a minimum of 1200mg calcium and 20mcg vitamin D per day.

Do not take this at the same time of day as the Lansoprazole or iron supplement as absorption can be affected.

- **Iron**

This is recommended lifelong after surgery.

210 mg ferrous fumarate once a day **or**
200 mg ferrous sulphate once a day

For menstruating ladies this should be increased to twice daily.

To aid the absorption of iron take it with a small glass of fresh orange juice (if tolerated) or a vitamin C supplement (ascorbic acid).

We advise not to start the iron supplement until you are back to eating normal textured foods to reduce the risk of an iron induced ulcer.

- **Vitamin B12 Injection**

This is recommended from six months after your operation, then every three months for life).

Other supplements may need to be added to your medications as your blood tests dictate, which your GP can prescribe for you.

How do I know if I need extra supplements?

As part of the follow up process you will need to book in with your GP surgery to have blood tests at 3, 6, 12 and 24 months, then yearly for life.

Extra supplements:	
3 and 6 months post op	Annual bloods
Full blood count	Full blood count
Liver function tests	Liver function tests
Urea & electrolytes (including eGFR)	Urea & electrolytes (including eGFR)
Ferritin	Ferritin
Vitamin B12	Vitamin B12
Folate	Folate
CRP	CRP
Bone profile	Bone profile
Lipid profile	Lipid profile
Vitamin D	Vitamin D
Parathyroid hormone level	Parathyroid hormone level
HbA1c	HbA1c
	Copper, Selenium, Zinc

Other blood tests may need to be added depending on any symptoms that may develop over time.

What nutrition can I have following surgery?

To get the best results from surgery, we recommend you follow the nutritional advice outlined in this booklet and included in the dietitian's leaflet 'Eating after bariatric surgery'.

Eating solid food too quickly after surgery can create pressure on your stitches and affect healing of your new stomach pouch. This may lead to vomiting and discomfort. It is recommended to move gradually from liquids to more textured, solid foods – this can take 6 to 8 weeks. Once your new eating habits have become established it is important that you follow a healthy balanced diet. This will help you to maintain your weight loss in the long term. Although your smaller stomach will limit the amount of food that can be eaten, weight gain can still occur if high calorie foods are eaten frequently.

Stage 1 - Weeks 1 and 2 - A liquid diet:

This stage includes liquids that are smooth, with no lumps and are thin enough that they could be sucked through a straw (although a straw should not be used).

Aim for 1500 to 2000mls of fluid daily, made up of both hydrating and nourishing fluids. In this stage protein is needed to aid healing. Aim to have at least two drinks that contain protein.

Consider having the following nourishing fluids at mealtimes to help establish your new routine:

- milk – skimmed or semi skimmed
- low calorie instant hot chocolate drink, made with milk
- thin pureed and strained soups (not "cream of" varieties)
- thin pureed and strained smoothies
- low fat, low sugar, smooth custard or yoghurt
- slimming drinks e.g. Slimfast or chemist/supermarket own brand
- Complan or Build-up shakes or soups
- smooth or strained fruit juice (max 150ml portion)
- protein shakes.

Stage 1 – Weeks 1 and 2 – A liquid diet:

Include hydrating fluids between meals, such as:

- still mineral water or tap water
- diluted no-added-sugar squash/cordial
- still low-calorie flavoured water
- fruit and herbal teas
- tea and coffee without sugar
- Marmite or Bovril drinks.

Aim to drink 500mls of low calorie fluid between each meal.

Take things slowly over the first few days until you establish the amount of liquid that can be tolerated.

An example of how a day may look

Recipes and other meal plans can be found in the dietitian's 'Eating after bariatric surgery' leaflet.

Example Stage 1 – Liquids

Meal	Portion size	Nourishing fluids
1	150 to 200mls / 1/3 pint	Skimmed or semi-skimmed milk / fortified milk
2	150 to 200mls / 1/3 pint	Thin/pureed strained soup or a smoothie made with fortified milk
3	150 to 200mls / 1/3 pint	High protein drink / yogurt – can be thinned with milk

Tips:

- Start with a couple of sips of fluid and slowly build up the quantity until a sensation of satisfaction occurs.
- It is important to stop drinking as soon as you feel satisfied.
- If stomach pain or nausea is experienced while drinking, stop until the feeling passes.
- If the quantity of fluid taken is too large the stomach will overfill and vomiting could occur.
- DO NOT drink fizzy drinks at any time as they may make you feel bloated and can cause heartburn.
- Try making hot drinks with fortified milk for extra nourishment and protein.

Stage 2 – Weeks 3 and 4 – Pureed diet:

Food in this stage should be blended or pureed to a smooth consistency, similar to that of baby food. Try runny/sloppy puree to begin with and build up to thicker purees. This can include all the foods in the liquid stage plus:

- lean meats or fish pureed with milk, water or stock/gravy
- reduced fat houmous/tofu, beans and lentils pureed with milk, water or stock
- fruit pureed with milk, water or juice
- vegetables pureed with milk, water or stock
- thicker pureed soups
- scrambled eggs
- pureed stew / casserole
- low-fat ricotta or soft cheese
- dairy - reduced fat cream cheese/cottage cheese, smooth fat-free yogurts and milk
- smooth breakfast cereal eg Ready Brek, Weetabix
- mashed sweet or regular potato.

Remember to drink plenty of calorie free fluids in between meals at least 20 to 30 minutes before or after eating. Continue to have 1 to 2 high protein drinks per day during the puree stage. Recipes and other meal plans for stage two can be found in the dietitian's 'Eating after bariatric surgery' leaflet.

From this stage start to separate your food and fluid intake. Stop drink 30 minutes before eating and don't drink again until 30 minutes after you stop eating.

Example Stage 2 – Puree

Meal	Portion size	Nourishing fluids
1	2 to 3 tablespoons	1 Weetabix soaked in milk/porridge or readybrek/ yogurt with mashed banana or fruit puree
2	2 to 3 tablespoons	Scrambled egg/thicker blended soups
3	2 to 3 tablespoons	Pureed meat and vegetables/mackerel pate/ lentil dahl/bean puree

Stage 3 – Weeks 5 and 6 – Soft / Mashed:

This includes foods that are naturally soft, or can be easily mashed with a fork, for example:

- tinned fish or fish that can be easily flaked
- fish pie
- fine mince (beef, pork, turkey or chicken)
- mashed or minced Quorn or tofu
- cottage / shepherd's pie
- beans (baked/well cooked)
- eggs (scrambled or poached)
- cheese (reduced/lower-fat varieties)
- well-cooked stew / casserole
- mashed potatoes or centre of jacket potato
- soft, tinned, or well cooked, fruit and vegetables.

Avoid these foods during Stage 3:

Bread, fruit and vegetable skins, raw vegetables and salad, dried fruit, nuts and seeds, large pieces of meat, fatty or processed meats, all foods high in fat and sugar.

Example Stage 3 – Soft / Mashed

Meal	Portion size	Nourishing fluids
1	3 to 4 tablespoons	Porridge/Weetabix/Ready Brek with mashed banana/soft fruits (no pips/peels)
2	3 to 4 tablespoons	Baked fish with soft broccoli/chunky lentil and veg soup/baked beans
3	3 to 4 tablespoons	Omelette/scrambled egg with cheese and soft vegetables/mild curry or chilli made with lentils/stewed chicken/lean mince and soft vegetables

Tips for Stages 2 and 3

- Prepare and freeze portions in advance
- Try using herbs, gentle spices and citrus (lime/lemon juice) to boost flavour
- Add extra liquid like milk, yogurt, stock or gravy if the texture is too thick.
- Try adding small amounts of well-cooked wholegrain rice or pasta at stage 3.

Stage 4 – Week 7 onwards – Normal textured foods:

This stage is a return to eating a range of solid foods of various textures. When first introducing dry, crunchy or crispy foods, it may be easier to combine them with soft foods from stage 3.

It can take some time to return to a full varied diet. During this time your appetite, as well as the amounts and types of food you can eat, will vary.

When introducing a new food make sure to eat slowly, take small bites and chew well. Challenge yourself to try foods more than once.

Your long term eating plan

Following the eating rules should help you resolve most issues. If you are still having difficulty in maintaining your weight loss or feel you are not meeting your requirements for protein, calcium or other nutrients, you may need to think about your food choices in more detail. The recommended long term eating plan for everyone following bariatric surgery is described below and can also be found in the dietitian's leaflet 'Eating after bariatric surgery'.

Lean protein foods

Aim for at least 60g (2 to 3 portions) per day, spread over meals and snacks. One portion is the size of your palm. Include beans and pulses, fish twice a week and limit red and processed meats to 2 to 3 times per week.

Fruit and vegetables

Aim to have 5 to 10 portions daily by including with all meals and snacks. One portion is the size of your fist. Have a wide variety of fresh, frozen, tinned or dried fruits and vegetables or salad. These should make up half your meals.

Dairy and plant-based alternatives

Aim to have at least 700mg calcium from dietary intake (plus at least 500mg from supplements). This is equivalent to 2 to 3 portions per day. Choose lower fat/ no-added-sugar options. These may take the place of protein for one meal. Include milk, cheese, yogurt and/or calcium fortified dairy alternatives such as oat and nut milks.

Carbohydrates/starchy foods

Choose small portions of wholegrain/high-fibre options (one portion is a cupped handful). Avoid filling up on these. They are not needed with all meals. Opt for thinner wholegrain bread alternatives such as sandwich thins, small pittas, wraps and rye crackers.

Healthy oils and spreads

These make up a small but essential part of the diet and are mostly found in plant-based oils such as olive and rapeseed oil, as well as in oily fish, avocado, olives, nuts and seeds.

Foods high in fat and sugar

These foods are not essential for a healthy diet. Although we can enjoy them in small amounts, they can be easy to overeat. Look out on packaging for red labels for fat, saturated fat and sugar.

Getting food stuck

If you get a piece of food stuck in your stomach pouch this can be quite uncomfortable. The first advice is not to panic, as most times it will eventually dislodge of its own accord. To help move the food item on, bending over the toilet in the head down position may be enough to dislodge it. You can also try taking tiny sips of a hot drink over a period of an hour. This may be the one time when fizzy drinks are beneficial as the bubbles may help the food to dislodge.

If the food doesn't dislodge on its own and / or you would like advice or support after the event, please contact the bariatric nursing team on 07789 615828.

Controlling portions

The surgery that you have had is a tool to help you to lose weight. Long term success will depend on how well you can change your eating habits. Developing new eating habits will ensure that your weight loss is safe and successful.

How many calories do I need?

We all have different needs, depending on our age, gender, activity levels and body weight. To lose weight you need to take in fewer calories and be more physically active. As it can be difficult to calculate calorie requirements after bariatric surgery, try to focus on balancing the proportions of food you eat from each food group, as follows.

Recommended food group proportions

This table shows the recommended amounts of the different food groups from the Eatwell guide, with extra information on portion sizes.

Recommended amounts of protein:	
Protein foods	One portion is
Cooked meat (beef, pork, lamb, mince, chicken, turkey)	90g / deck of cards
Cooked white/tinned fish	140g / palm-sized
Fish fingers	3
Cooked oily fish (salmon, mackerel, sardines)	140g/palm-sized
Egg	120g / 2 medium
Beans, lentils, chickpeas	150g / 4 tbsp
Soya/tofu, planted-based meat alternatives	100g / 4 tbsp
Unsalted nuts/nut butter	30g / 1 handful

Recommended portions:

Food group	Recommended portions per day
Fruit and vegetables	5 to 10
Starchy carbohydrates	4 to 9
Dairy (or alternative)	2 to 3
Protein	2 to 3
Fats	2 to 3 portions of unsaturated (healthy) fats
Foods high in fat, sugar and salt	Avoid or limit to no more than 150 calories

Recommended amounts of dairy:

Dairy foods	One portion is
Skimmed or semi skimmed milk	200ml
Yoghurt/fromage frais light/low fat	125g to 150g / 3 tbsp
Lower fat cheeses such as half-fat cheddar, light babybels, mozzarella, ricotta or feta	30g / matchbox size piece
Light cream cheese	2 small matchbox size pieces
Lower fat cottage cheese/quark	1 large pot (200g)
Soya milk	200ml
Soya dessert / yoghurt	1 small pot (150g)

Recommended amounts of fruit and veg:

Fruit and vegetables	One portion (approx 80g)
Root vegetables, peas, sweetcorn	3 heaped tbsp
Leafy greens, salad leaves, broccoli, cauliflower and mushrooms	1 to 2 handfuls
Tomatoes	1 tomato or 6 to 8 cherry
Avocado	Half a medium sized
Tinned fruits in natural juice (not syrup)	3 tbsp / 1 handful
Apple, banana, pear, nectarine	1 medium / fist-sized
Smaller fruits – kiwis, plums, apricots, satsumas	2
Grapes, raspberries, blueberries	1 handful
Cherries, strawberries	7 to 9 pieces
Dried fruits	30g / 1 heaped tbsp
Fruit juice/smoothie	150ml max per day

Recommended amounts of fats:

Fats	One portion is
Butter	5g / 1 tsp
Reduced/lower fat spread	10g / 2 tsp
Oil	1 tsp

Recommended amounts of carbohydrates:

Carbohydrates	One portion is
Breakfast cereals eg flakes / crispies / dry porridge oats	40g / 3 tbsp
Granola / muesli (no added sugar)	45g / 2 to 3 tbsp
Shredded wheat / Weetabix	1
Sandwich thins	1
Thin bagel	1
Crackers / Crispbreads	3 (small)
Chapatti	1 (small)
Rice (cooked)	2 heaped tablespoons
Pasta, noodles or couscous (cooked)	2 tablespoons
Potatoes	2 egg size
Jacket potato	Half
Sweet potato	100g (4oz)
Mash potato	2 tablespoons
Chips	8 oven chips
Pitta bread	1 mini / half
Tortilla wrap	Half

Planning meals

People who have successfully lost weight and managed to keep it off, say two of the main things that helped them are:

- planning meals and snacks in advance.
- eating at regular intervals.

Aim to eat 3 small meals each day and limit snacking between meals.

Ensure meals contain at least 3 food groups. When planning meals and snacks, aim to balance meals using the following as a guide.

A well-balanced plate contains about:

- Half or 50% fruits, vegetables or salad
- Quarter or 25% lean protein or dairy/dairy alternatives
- Quarter or 25% starchy carbohydrates (these are not needed with every meal)
- A small amount of healthy fats or high fat/sugar/salt foods.

If snacks are needed, these should come from the main food groups, for example a piece of fruit, a low-fat yogurt or a boiled egg, rather than the high fat/sugar/salt group.

Breakfast ideas:

- 3 tbsp low-sugar/high fibre cereal with milk and a portion of fruit
- porridge/overnight oats with milk/yogurt and sliced banana/berries
- 3 tbsp low-fat yogurt with a portion of fruit and a sprinkle of nuts/seeds
- 1 poached/scrambled egg with beans, grilled tomatoes and mushrooms
- 150g baked beans on a toasted sandwich thin with grated cheese

Light meal ideas:

- 2 to 3 rye crackers with tinned fish/cold meat/cream cheese/cottage cheese and salad e.g. sweetcorn, peppers, cherry tomatoes, cucumber
- small jacket potato with baked beans/tuna/cheese and cucumber
- eggs (poached/scrambled/boiled/omelette) with grilled/air-fried vegetables/steamed greens
- lean proteins with salad or air-fried/baked vegetables with olive oil dressing/yogurt dressing/vinaigrette (+/- small wrap/pitta)

Main meal ideas:

- Grilled chicken/fish/tofu with stir-fry vegetables and peanut butter dressing
- Mixed bean chilli with brown rice, low-fat creme fraiche and jalapenos
- Tomato-based curry with plenty of vegetables and a portion of protein (meat/fish/lentils/chickpeas)
- Lentil/lean mince bolognese/lasagne with side salad
- Fish/shepherd's pie topped with sweet potato and side portion of vegetables

Buying and using 'ready-made' meals:

- Ready prepared low calorie meals are acceptable for occasional use.
- They usually tend to be low in dietary fibre, so add vegetables or salad for a more balanced and filling meal.
- These meals can also contain a lot of salt, so should not be eaten every day.
- Aim for complete meals that are less than 450 calories.
- Aim to choose products with mostly green or amber labels.

Eatwell Guide

Check the label on packaged foods

Each serving (150g) contains

Energy	13%	Protein	13%	Salt	15%
Total fat	3.0g	Carbohydrate	34g	Sugar	0.9g
Saturated fat	LOW	Fibre	7%		

Typical values (as sold) per 100g: 607kJ/167kcal

Choose foods lower in fat, salt and sugars

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.



Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

Problem foods

Following bariatric surgery, it is likely that you will manage to eat most types of foods. However, there are some foods that MAY cause a problem such as sticking, pain, obstruction or vomiting.

Before removing a food from your diet completely, check that you are following the 'Golden Rules' for eating after bariatric surgery (listed below). Most problems can be resolved by chewing well, eating slowly and reducing portion size.

Avoid completely:

- white doughy bread
- fizzy drinks.

Introduce with caution:

- tough meats such as steak or pork chops
- fibrous vegetables such as string beans, celery, sweetcorn, asparagus, broccoli stalks, cabbage, spinach
- fibrous fruits such as fruit with segments, skins, pips or pith, pineapple, rhubarb, oranges and other citrus fruit
- dried fruit
- nuts
- over cooked pasta and rice
- foods that are very spicy, acidic, fatty, hot or cold.
- Sugary foods – these foods may cause dumping syndrome.

Foods that can limit success:

Eating these foods on a frequent basis can prevent weight loss or cause weight regain:

- fluids high in energy eg alcohol, fruit juice, milkshakes
- foods high in fat eg butter, cream, oil, mayo, dressings, crisps
- foods high in sugar eg chocolate, biscuits, sweets, cakes, ice cream
- convenience foods and eating out eg chips, pizza, pasty.

Golden rules for eating after surgery

Many issues like food getting stuck, portion sizes increasing and hunger returning can be resolved by making sure you follow these golden rules for eating after bariatric surgery.

Three meals each day will help you to achieve a good intake of protein, fruits and vegetables.

Regular meals helps to control hunger levels.

Serve small portions to avoid over eating.

Take smaller bites of food, chew each mouthful 20 times.

Pause for 30 to 60 seconds between each mouthful.

Meals should last 20 to 30 minutes – foods left after this should be discarded or stored safely for another meal. Eating this way can minimise the chance of vomiting, pain and food getting stuck. It can also help you recognise the feeling of satiety (feeling full) earlier and help to control portions.

If you are struggling with normal textured foods, contact the team. Relying on softer foods in the long term will mean the surgery will not be as effective at helping you manage your portion sizes.

Limit snacking between meals – avoid eating energy dense snacks like biscuits and crisps. Any snacks should be healthy food choices.

Do not drink with or immediately before your meals – drinking immediately before eating (less than 30 minutes) will fill you up and you will not be able to eat enough. It may also over-fill your pouch, causing pain. Drinking with your meal speeds the passage of food through your stomach. For the same reason, avoid fluids for half an hour after you have eaten as this can cause dumping syndrome.

Drinks should be calorie-free or low calorie – alcohol, regular squash, milkshakes, fruit juices and smoothies all contain a lot of calories and slip through your stomach pouch easily. Aim to drink 6 to 8 glasses of calorie-free or low calorie fluids each day.

For example: water, sugar-free squash, tea or coffee with skimmed milk, small glass of skimmed milk (150ml).

Avoid carbonated (fizzy) drinks – as these can cause bloating and pain.

If you do experience problems try to think back and identify the cause:

1. Have you eaten too fast or not chewed the food well enough?
2. Have you eaten too much, taken fluids with the meal or taken fluids too soon before or after the meal?
3. Have you eaten foods that are difficult to digest?

Identifying the cause of your discomfort will help you make the necessary changes the next time you eat.

- Keeping a food diary and symptom diary may help.
- If you experience regular vomiting, seek advice from a member of the obesity team or your GP.

Frequently asked questions

Do I need to change my wound dressings?

We advise not to remove the wound dressings for seven days unless they are falling off or the wounds are leaking. This helps to reduce the risk of infection. You do not need to see the practice nurse for dressing changes unless there is a problem with the wound.

At seven days, you can remove all the dressings and leave open to the air (unless there is a problem). There are no sutures to be removed as they are dissolvable. Occasionally, an end of a suture sticks out through the wound, which will dissolve in time. If it is causing a problem, it can be trimmed by the practice nurse at your surgery.

What about exercise?

Most people feel more energetic quite soon after the operation. Within 1 to 2 hours of surgery you will be sat out in the chair and mobilising to the toilet, and we expect you to start walking more as soon as you feel able. With time you should gradually try to increase this until you are walking for a total of 30 minutes per day. Aim to walk at a speed that makes you slightly short of breath, and slightly sweaty. If you attend a gym or fitness club, have a break of at least four weeks after your operation and then gradually get back into it. If you go swimming you can return to gentle swimming once all your wounds are healed (around two weeks after your operation) and progress slowly back to your normal pace.

What can I do to improve my fitness?

A gastric bypass operation is a tool to help you succeed in improving your health – and that process needs your active participation. Most people find it easier to exercise as you lose weight. You do not need to rush out and join a gym or buy any fitness equipment to improve your fitness following surgery. Many people find using a pedometer and working up to a level of walking 10,000 steps per day (about 5 miles) an effective and simple way of increasing their fitness.

Overleaf is the current guidance on activity and exercise from the UK Chief Medical Officer (2011).

Be Active

Walking
Running
Swimming
Racket sports
Cycling
Stairs



Sit Less

Break up
sitting time



Build Strength

Gym
Yoga
Carry bags



**Improve
balance**

Dance
Tai Chi
Bowls



75 minutes
vigorous
intensity
activity or
150 minutes
of moderate
intensity
activity per
week

KEEP ACTIVE

Two days a week

Something is better than nothing.
Start small and build up gradually.
Just 10 minutes at a time provides
benefits.

Will I have any problems sleeping?

You may find that it is more comfortable to sleep propped up with several pillows in a semi-sitting position. When you first come home from hospital, you may even find it more comfortable for the first night or two sleeping in your favourite armchair.

What about contraception and getting pregnant? (For females only!)

As fertility can improve quickly after weight loss surgery, we advise you to use contraception during the first 18 months to 2 years following bariatric surgery. It is recommended that you avoid pregnancy for 18 months after the surgery as weight loss is most rapid during this time.

A coil would be the best option for you. The effectiveness of the oral contraceptive cannot be guaranteed as it may not be fully absorbed after surgery, and so is not recommended.

If you have unprotected sexual intercourse, as with the oral contraceptive pill, the morning after pill's effectiveness cannot be guaranteed.

What do I need to know if I am thinking of becoming pregnant?

If you become or are planning to become pregnant (even if this is a number of years after your operation) it is important that you contact us so that we can give you appropriate advice and monitor your nutritional status during your pregnancy. You should have your blood tests checked every trimester so that any deficiencies can be corrected early.

As you have had a gastric bypass, your obstetric care will be managed by a consultant obstetrician. During your pregnancy your midwife or obstetrician might ask you to have a glucose tolerance test (GTT) to check for gestational diabetes. This test involves drinking a sugary drink, which is not advisable after gastric bypass as it could induce dumping syndrome. You will need to inform them that you have had a gastric bypass and that you will need to monitor your capillary blood glucose (finger prick test) for two weeks instead of the GTT.

When can I return to work?

Most patients return to work 2 to 4 weeks after surgery. This gives time to recover from the surgery, and also to get into the new eating regime. If your job involves heavy lifting or stretching, check with the team about how long you should plan to take off.

When can I start driving again?

You should be able to drive again after 1 to 2 weeks, providing you are able to carry out an emergency stop safely and wearing a seatbelt around your stomach is comfortable. It is also advisable to check with your insurance company to make sure you are covered to drive.

What about going out?

Being socially active is very important for your emotional wellbeing but be careful not to overdo things initially:

- Choose a restaurant where you can customise your own meal.
- Drink water.
- Protein is priority – opt for eggs, chicken, beef and fish that are grilled, steamed, roasted, baked or boiled.
- Order first – you will then not be tempted by the meals others order.
- Do not compare your portion size with that of others.
- Ask to take the leftovers home.
- Don't forget the company is more important than eating.

Can I drink alcohol after surgery?

Drinking alcohol is not advisable as it takes effect more quickly and the effect is more intense than before surgery. If you do decide to consume alcohol:

- avoid any alcohol during the period of rapid weight loss (the first 6 months)
- when you try alcohol for the first time after surgery, try it at home
- start with small quantities, avoiding strong alcoholic beverages and carbonated drinks
- avoid drinking on an empty stomach
- make sure to take all your vitamins as alcohol can decrease absorption of essential ones
- seek help if you find that you drink alcohol on a regular basis for the purpose of reducing stress.

Never drive after consuming alcohol, even if the quantity is small.

When can I fly?

We generally advise to avoid flying for the first six weeks after surgery. The risk of blood clots in your legs and clots progressing to your lungs (whilst generally low) are increased, especially on long haul flights. If your travel is absolutely essential, then use measures like keeping well hydrated throughout the flight, wearing compression stockings (which you can buy at surgical supply stores or pharmacies), make sure you have enough leg space to move your feet, and avoid window seats. You are advised to discuss this with your travel agent and ensure you have insurance cover.

How can I manage any possible side effects?

Dumping syndrome

Dumping syndrome can happen after a gastric bypass. This happens as the body's normal reaction to carbohydrates has been altered. Dumping syndrome is a set of symptoms that occur when you eat too much sugary foods or refined carbohydrates.

Symptoms of dumping syndrome can happen when some foods move through the digestive system too quickly and 'dump' into the small intestines. Your body responds by releasing large amounts of insulin. This leads to symptoms such as light-headedness, dizziness and nausea. You may also experience some gastrointestinal side effects such as abdominal cramps, bloating and diarrhoea.

If you experience any symptoms of dumping syndrome, lie down and have only calorie-free fluids until the feeling has passed. Then review your eating patterns and reduce your sugar intake.

Dumping syndrome can also happen with fatty foods or if you eat too quickly. It is not dangerous but it can be very unpleasant. If it occurs, once you have recovered, think about what may have caused it to make sure you can avoid it happening again.

Reactive hypoglycaemia

Reactive hypoglycaemia (low blood sugar after eating) is a possible complication of bariatric surgery. It can occur 1 to 4 hours after eating a meal or snack and is often caused by eating foods high in carbohydrates.

It can occur due to changes in the gut and gut hormones. These changes can affect how the body digests and absorbs carbohydrates.

Symptoms include sweating, hunger, anxiety, shakiness, confusion, dizziness, difficulty co-ordinating movement, slurred speech, loss of consciousness and palpitations (rapid heart rate).

If you feel you have developed reactive hypoglycaemia, please contact the bariatric nurses for advice and guidance.

Constipation

Constipation may occur temporarily during the first month, but usually resolves with adaptation to changes in volume of food. It is natural to expect some change in the frequency of your bowel habits, for example every two or three days, due to the change in your diet. This is because the quantity of food you are now eating is considerably smaller than before the operation. The regular use of fruits and fruit juices reduces the risk of recurrent constipation. Low-calorie fluids should be taken regularly.

Sennakot or dulcolax can be bought over the counter. These can be used if you are having problems with constipation as it only requires a small amount to make your bowels work. Other preparations need to be taken with a large volume of fluids to make them work, which is difficult to do after this type of surgery.

Further along the recovery process, including some of the following high fibre foods can help your bowel movements become more regular:

- wholewheat breakfast cereals eg All Bran, Shredded Wheat, Weetabix, Bran Flakes, porridge oats
- pulses eg baked beans, kidney beans, lentils, chick peas
- wholewheat crackers eg Ryvita, wholemeal crisp breads, Jacob's multigrain
- fruit and vegetables eg cauliflower, broccoli, carrots, salad, green beans, peeled fruit, tinned fruit in juice.

If constipation persists, talk to your GP or a member of the obesity team.

Diarrhoea

Limit the following foods: high fibre, greasy, milk and milk products, and very hot or cold foods. Eat smaller meals. Fluids should be taken between meals.

Heartburn

To avoid heartburn, do not have carbonated (fizzy) drinks and do not use a straw. Spicy foods can also give these symptoms, so introduce them with caution.

Bloating

If you are feeling bloated, reduce your liquids to 60mls (2 fluid ounces) at a time and drink slowly. Once the bloating settles start to increase your fluids.

Partial obstruction of the anastomosis

The gastrointestinal anastomosis (surgical joins) may be temporarily blocked if foods with large particle size are eaten without chewing. Start with liquids and then pureed food before retrying solids again. If your symptoms recur, please contact our bariatric nurse.

Stretching of the stomach pouch and dilatation of the gastrojejunostomy (new stomach opening into the small bowel)

To reduce the risk of stretching the stomach pouch, avoid large portions of food at any one time and modify the texture of foods very gradually in the early weeks following surgery. Follow the recommendations for progressing the diet to prevent this stretching.

Your body is going to have its own way of telling you when you are satisfied with eating. Learning this will help you to stop eating when you are satisfied and reduce the risk of stretching or dilatation of the stomach pouch. The signs of being satisfied can include sniffing, yawning, nose running, eyes watering or a bit of shoulder tip pain.

Stenosis (narrowing) of the joins between the stomach and small bowel

The occurrence of a narrowing (stenosis) at the joins is rare. If we are concerned that this has happened, this can be investigated with a contrast swallow. This is an X-ray investigation where we can see the contrast passing through your digestive system. If a narrowing is identified, the treatment for this is an endoscopic dilatation. This makes the site of the narrowing larger to allow you to eat normal solid healthy food.

Weight gain or no further weight loss

Exclude high calorie foods or beverages from your diet. Keep a record of all foods, beverages and snacks consumed to determine the exact reason for this happening. Measure your portion sizes. Drink only low calorie beverages in addition to skimmed milk.

Dry skin and thin hair

Dry skin – many patients report developing very dry skin when losing weight rapidly. You can help prevent and combat this by drinking plenty of fluids, taking a multivitamin and applying a good moisturising cream daily.

Thin hair – you may notice that your hair initially thins, becoming dry. This usually improves with time and vitamin supplements. For a period of time nails may also become dry and brittle.

Gallstones

Rapid weight loss can lead to the formation of gallstones. If you suffer from right sided upper abdominal pain, this can indicate that you have a gallbladder problem and you should make an appointment with your GP for assessment.

The pain can be quite acute – you may need to be admitted to hospital for emergency treatment.

Follow up

Will I need to attend follow up appointments?

You will have your first outpatient appointment around six weeks after your operation. Following this your appointments will be at 3, 6, 9, 12, 18 and 24 months, then yearly for life. At these appointments we check that your blood results are satisfactory and you have the advice and support you need from our multidisciplinary team as we monitor your weight loss. The reviews at 9 and 18 months will be with the dietitian.

What is life like after obesity surgery?

The operation is really the first step in your treatment, something that will continue for the rest of your life. It sometimes take a little while to adapt to the changes in your body and change habits of a previous lifetime. Usually, once you commit to this path, the momentum you gain having lost weight and become healthier serves as a further incentive to maintain your focus on continuing to adopt new eating habits to serve you in the long term. Remember to surround yourself with a supportive environment throughout.

What support is offered between appointments?

The bariatric nurses and dietitians are available to take telephone enquiries for advice and support within normal working hours.

We also know that patients who have been through weight loss or metabolic surgery know what you are going through and can offer additional support. To enable them to give you support we have our own support group and Facebook page. The support group runs on the third Wednesday of each month (apart from August and December) online via microsoft teams from 7pm to 8pm. Our co-ordinator will put the link on the Facebook page or you can contact her and ask her to send you the link.

We also have a private Facebook page. To become a member of the Facebook group, go on to Facebook and search for Jeremy Gilbert (profile picture is a map of Cornwall) or Gail Salway (profile picture is a bowl of fruit and vegetables) request friendship and they will add you to the group.

At the Royal Cornwall Hospital we commit to do our very best to support you.

Contact details

The Bariatric nursing team are available to talk to all patients, relatives and carers by telephone during normal working hours (if we have the patient's consent to do this).

Obesity and Specialist Weight Management Nursing Team

➔ Telephone: 07789 615828 or 01872 252133

Obesity and Specialist Weight Management Dietitians – for dietary queries

➔ Telephone: 01872 254569

Obesity and Specialist Weight Management Co-ordinator – for appointment and administration queries

➔ Telephone: 01872 252790

➔ Email: rch-tr.bariatricservice@nhs.net

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