

Bariatric surgery – long term management

Introduction

If it has been a while since you had bariatric surgery you might find you have questions or concerns about the progress you have made or about what to do next. As a starting point it can help to look over any old letters or e-mails from your bariatric team as these contain information that is specific to you and your surgery, as well as looking over your nutrition information sheets. This sheet will go over some common problems, trouble shooting, and how to get back on track if you find that things have started to slip over time.

Getting Started

The most important area to look at initially is **why you need to make these changes**. In your own words, why is this important to you? This reason might be different from when you initially had surgery or it might be the same, but it's important to know why you need to work on this. If you don't have a good reason to keep making these changes and doing things differently, then you're unlikely to do it!

Remember: behaviour change is hard. Relapse is the norm. This is okay, keep going. If the outcome really matters it doesn't matter how long it takes or how many setbacks there are.

Long-term Diet

The diet we recommend long-term after surgery is the same diet you started at around 1 year after surgery. This diet consists of:

- 3 meals per day, no snacks other than a small serving of fruit.
- Portion size between 1 – 1 ½ cups per meal
- Meals made up of ½ protein, ½ vegetables, with optional carbohydrates (no more than 10% of your meal)
- At least 2 Litres of fluid per day.

Meals should still take between 20 and 30 minutes to eat, and there should be a 30 minute gap before and after eating where you don't have anything to drink. Continuing to slow down your meals will give your body time to recognise it's feeling full, as well as improving tolerance on some tougher to manage foods.

It's important long-term to ignore any fad diets and re-focus on these basics of the bariatric diet. Although certain diets may work well for someone else, they're not tailored to meet your post-surgery needs so are generally not appropriate.

Protein is still the most important part of every meal. Make sure this is the focus, and the first food you eat at each meal. This keeps you feeling full between meals and allows you to meet your nutrition needs. For example, if you're having cereal or porridge for breakfast you need to include high protein milk or high protein yogurt to make this a high protein meal. For porridge this means making the porridge with high protein milk instead of water, and topping this up with milk while serving. For cereal this could be putting 1 – ½ weetbix in a bowl and filling this up with high protein milk, or using a low sugar muesli as a topping for high protein yogurt.

Multivitamins and Blood Tests

Taking your multivitamin(s) daily is important to your long-term health, and is a lifelong requirement after bariatric surgery. The multivitamin you need depends partially on which surgery you've had.

If you've had a gastric sleeve or gastric bypass you need to take one of these products per day:

- BNMulti* purchase online: www.bnmulti.co.nz
- BariLife "Just One"* purchase online: www.barilife.co.nz
- Clinicians Multivitamin & Mineral Boost purchase from a pharmacy
- Centrum 50+ Women's purchase from a pharmacy or supermarket.
(Bariatric specific multivitamins are marked *)

If you've had a duodenal switch or SADI-S you need to take either:

- BariLife Complete 8 tablets per day (separated over the day 3 at breakfast/3 at lunch/2 at dinner) OR
- ALL of the following:
 - Thompsons Vitamin A 10,000 IU x 1 capsule daily
 - VitABDECK x 1 capsule twice daily
 - Centrum Advance 50+ x 1 tablet daily
 - Calcium Citrate Powder x 1 ½ teaspoons daily
 - Ferro-F-Tab x 1 tablet twice daily (available on prescription)
 - Colecalciferol 50,000 IU x 1 tablet weekly (available on prescription).

We recommend yearly blood tests to monitor for any deficiencies. Your GP can order and monitor these blood tests, and get in touch with the bariatric team if there are any specific concerns. For all surgery types we recommend monitoring:

- CBC
- U&E's
- LFT's
- B12
- Folate
- Lipid profile
- HbA1c
- Ferritin
- CRP

If you have had a duodenal switch or SADI-S we also recommend your GP monitor:

- Vitamin A
- Vitamin D
- PTH
- TSH

Concern: Poor food tolerance and/or vomiting

Certain foods can be more difficult to manage after surgery, even several years on. If you find that you're having trouble eating certain types of foods or even vomiting after certain meals, check that you're following these recommendations which will help with your tolerance:

- Chew each bite well and eat slowly – meals should take between 20 and 30 minutes.
- Choose moist foods – avoid meats that have been dried out through cooking (ex: grilled) and try adding a sauce to add extra moisture.
- An example of a food that is likely to be too dry is chicken breast, and this is even true if you dip it into aioli or a similar sauce. Chicken thigh has a lot more moisture to it, and it can be shredded and mixed through with different sauces to increase the moisture even more. Remember: because you aren't drinking with your meals you really do need that extra moisture in the food itself.
- Measure your portion sizes – if you're trying to eat more than your stomach can hold this can lead to vomiting.
- Avoid drinking fluids when eating a meal – although it might feel like this should help with tolerance, it can actually overfill the stomach and make you regurgitate.

If there has been a sudden change to your tolerance, or you are unable to tolerate any solid foods despite following the above tips, please contact your GP who can contact the bariatric team for next steps.

Concern: Weight regain and/or diet “off track”

Some weight regain after surgery is expected, and the amounts vary depending on the type of surgery you've had. If you are worried that you have gained too much weight back, or are gaining too much weight too quickly, it can help to complete a food diary. By comparing your food diary with our recommendations you can see how often you're going off track and start looking at what trips you up.

Time	Type of Food or Fluid	Amount of Food or Fluid
<i>ex. 8:00am</i>	<i>Weetbix with milk</i>	<i>2 weetbix with 1 cup milk</i>

It's also important to track how much fluid you're having, as people will often feel hungrier if they're not having enough to drink. Once you've tracked how you're eating over a few days you can start looking at what you want to change. Start with 1 or 2 small, achievable goals, and work your way up from there.

Area to Work on	Plan
<i>Ex: I always have a snack after dinner when my partner is snacking</i>	<i>Swap the snack for a hot drink so I still get to have something nice in the evening</i>

Some general tips that can help prevent weight re-gain include:

- Stick to 3 meals per day and cut out any snacks you've added in, other than a small serving of fruit:
 - Part of the reason surgery works is by limiting the amount of food you can eat at one time, so by adding in extra times to eat you are working against your surgery.
 - Although snacks might start as healthy foods, they can make you less hungry for your main healthy meals and more likely to snack on energy dense foods later on (like chips, pretzels, chocolate, etc.).
- Drink at least 2 Litres of calorie-free fluids per day – this can help with hunger as well as replace snacks (example: having a cup of tea rather than a biscuit in the afternoon).
- Limit total servings to 1 - 1 ½ cups per meal. If your meals are slightly bigger than this, look at gradually cutting back your portion sizes.
- Limit high fat and high sugar foods.