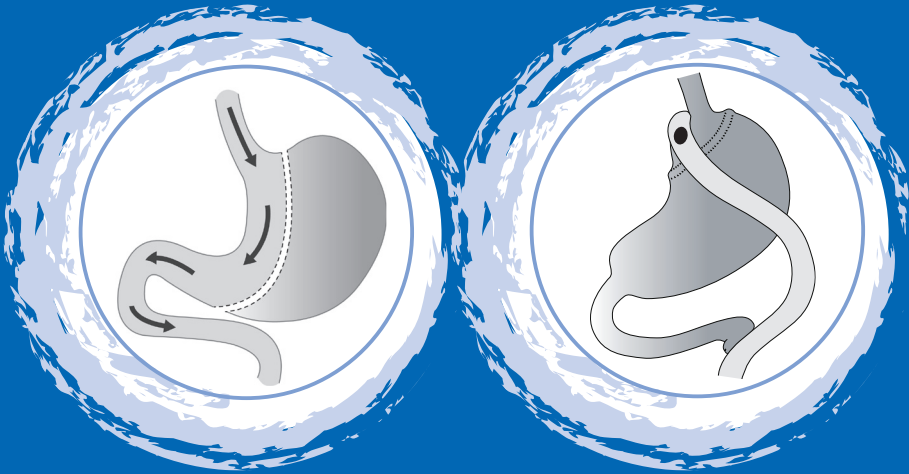




**Bradford Teaching Hospitals**  
NHS Foundation Trust



Gastric Surgery  
**for weight loss**

How and what to eat

## Notes

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**Gastric surgery** has been shown to be effective to help weight loss and maintain this in the long-term. This booklet is designed to help you to get started eating and drinking after the operation or, if you are considering whether gastric surgery is right for you, it will give you some idea of what to expect to help you with your decision. All surgery comes with risks and your doctor or surgeon will discuss these with you. There are alternative ways of losing weight which you can discuss with your dietitian.

Most people lose significant amounts of weight following gastric surgery but it is not a cure for a weight problem and you will still have a lot of work to do with your eating and drinking if it is to be successful in the long-term, you must expect to make permanent changes to your eating and activity habits. By six to twelve months after surgery you will need to be doing the following.

- Eating 3 small, healthy, low calorie meals a day including breakfast.
- Avoid snacking on high calorie foods and drinks as much as possible.
- Eating at least 5 portions of fruit and vegetables a day.
- Being physically active for at least 60 minutes a day.
- Being consistent with your eating. This means eating regularly and avoiding relaxed eating and drinking at weekends, holidays and frequent special occasions.

We offer you regular review and support from the dietitian for many months after surgery to help you lose weight healthily and permanently. You need to be able to commit to this if your surgeon is going to operate.

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## Is surgery taking the easy way out?

For anyone who is thinking about or who is considering or has already had weight loss surgery, being accused of taking the 'easy way out' is likely to be infuriating. You will have tried to control your weight for years, you may have had to face your fears about getting through the operation and you will have months or years of work ahead of you. Choosing weight loss surgery is never the easy way out.

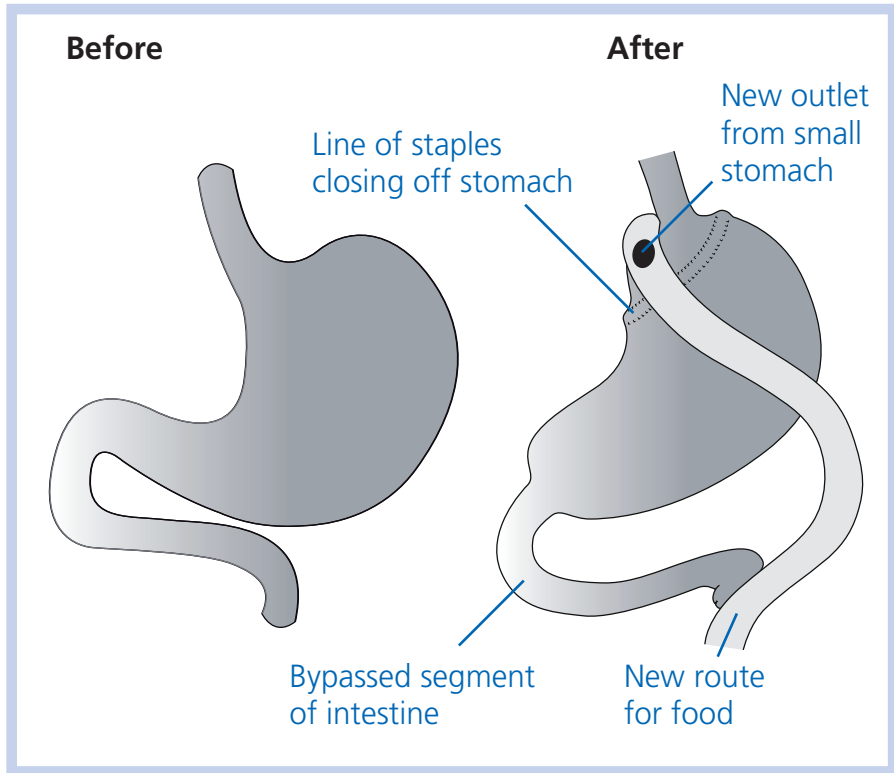
If you currently use food as a support, stress reliever or comfort, how will you manage these things when you can no longer use food? If food and drink play a large part in your social or cultural life how will you find not being able to eat and drink as you do now? It's a good idea to start thinking about these things. Being referred to our psychology team may be helpful and this can be discussed with your surgeon or dietitian.

**There are 2 types of gastric surgery:** gastric bypass and sleeve gastrectomy. Your surgeon and dietitian will advise you on the most appropriate operation for you.

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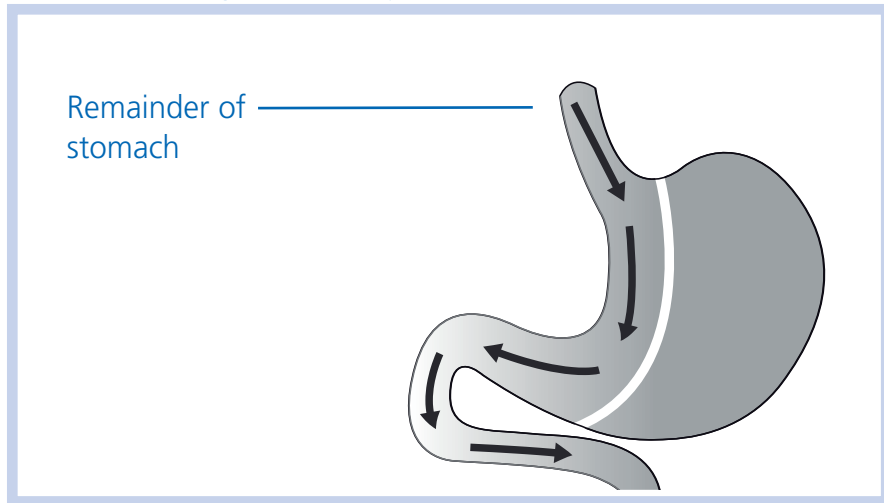
## How a gastric bypass works

Your stomach is stapled to make it very much smaller. Initially, it will hold only tiny amounts of food or liquid – probably less than an egg cup to start with.



Secondly, part of your gut will be bypassed. This means that food will no longer enter the first part of your intestines so will not be digested and absorbed in the normal way. This makes you feel fuller for longer due to the effect the operation has on your gut hormones. As a result of these you will lose weight.

## How a sleeve gastrectomy works



- If you have a sleeve gastrectomy, about three quarters of your stomach will be removed.
- You will be left with a small banana (or sleeve) shaped stomach which will fill up quickly, restricting the amount of food you can eat.
- Once food passes out of this small stomach it is processed in the normal way.

### What changes to my eating should I expect?

- After your operation your new stomach will not be able to manage normal food. You will be advised on the type of food and quantities to eat after the surgery by the dietitian.
- Initially, whilst still in hospital you will be advised to commence fluids and remain on fluids only for three to four weeks. The fluids you choose must not be sugary or fizzy. After the liquid phase everything will need to be puréed or blended. This stage will last at least three weeks. At the next stage you will be able to have small amounts of soft, mashed foods.

- Three to six months after the operation, most people will be able to start having more normal texture foods and may be able to manage a small plate of food. Everyone is different so this may take longer in some cases.
- Do not be tempted to move **between the stages too quickly** as your stomach and gut need time to recover and must not be overstretched. The following pages are a general guide only. You will be advised on the type of food and quantities to eat as part of your on-going care with the dietitian.
- Take a chewable multivitamin and mineral supplement each day. e.g. Asda chewable multivitamins, Centrum fruity chewables, Bassetts adult multivitamins pastilles.
- Avoid taking other vitamin and mineral supplements until you have spoken to the dietitians.
- If you are struggling with the volume or have a lactose intolerance, please speak with your dietitian so that advice can be given about adding alternative protein rich drinks such as protein water or protein powders to your drinks.

### Nutritious drinks (1-1.7 litres / 3 pints)

Milk e.g. semi-skimmed, skimmed or 1%

Yoghurt drinks; e.g. pouring yoghurt / probiotic drinks

Meal replacement shakes e.g. Meritene Energis shake, SlimFast, supermarket's own-brand

Meal replacement soup e.g. Meritene Energis soups, Optifast, Exante

Low fat evaporated milk (dilute with half water)

Fortified soup - add 2 tablespoons skimmed milk powder to every 200mls (½ tin) of thin smooth soup

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## Stage 2: Introducing puree foods

You must follow this stage for 3 weeks

Your body is still healing from the surgery and your stomach will still be very small and tight. You will therefore need to gradually move from liquids only to blended or pureed foods. The texture should be smooth like yoghurt and pour off a spoon so that lumps of food don't get stuck. Use a blender or food processor to get it right.

- Take very small amounts (5-6 teaspoons) of pureed food per meal for the first few days. It can be difficult to puree small amounts so try freezing leftovers in small containers for later use.
  - Always use nutritious liquids to add to food for blending such as milk, yoghurt, milk or cheese based sauces. Instant or powdered soups may seem easy but they provide very little in the way of nutrients so try not to waste filling your stomach on these – you need the maximum amount of nutrients from everything you eat.
  - Aim to eat 4-6 meals per day at this stage and only increase the amounts when you can do so comfortably – ask your dietitian if you are unsure about this.
  - It can be difficult to take enough protein which is essential for general health and healing. Include high protein foods and drinks such as meat, chicken, fish, milk, eggs, yoghurt, cheese at every meal. For more information see How can I eat more protein? in the Frequently Asked Question section at the back of the booklet.
  - Stop eating **before** you feel full. You will be surprised how just one spoon more than you need, can be very uncomfortable.
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- Keep drinks to between meals only and allow at least 30 minutes either side of food before drinking.
  - Sip drinks; use a sport lid if necessary, and try to have about 2 litres (3½ pints) each day. It is very important to take half of this as milk – you will need the protein it provides for now. i.e. drink 0.5-1 litre (1-2 pints) of milk each day.
  - Avoid all sugary or fizzy drinks.
  - Add herbs to add flavour to your food as a puree diet can be very bland.
  - Remember to follow the 20:20:20:20 rule.

### **The 20:20:20:20 rule**

- Chew every mouthful of food 20 times.
- Put cutlery down for 20 seconds between mouthfuls.
- Take about 20 minutes to eat a meal.
- Don't take more than 20 pence piece sized mouthfuls.

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- Avoid all the foods below for now as they can be difficult to tolerate. You may find other foods a problem for you so avoid those too for now.

### **Caution foods**

- Bread
  - Overcooked rice or pasta
  - Chapattis
  - Lettuce
  - Pips, seeds, skins, pith
  - Dried fruit
  - Sweetcorn
  - Nuts
  - Stringy vegetables e.g. green beans, celery
  - Grilled, roast or fried meat and chicken
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## Meal suggestions for pureed stage

### Breakfast

½ Weetabix with lots of milk  
or 5-6 teaspoons instant oat cereal  
or ½ banana blended with low sugar yoghurt

### Mid-morning

Glass of milk or 2-3 teaspoons of pureed fruit or small pot low sugar yoghurt or small bowl of low sugar instant whip made with milk or homemade fruit smoothie (1 x fruit + milk + sweetener to taste)

### Lunch

2-3 teaspoons fish + 2-3 teaspoons smooth mashed potato + vegetables blended with cheese sauce  
or 2-3 teaspoons of either minced meat, or chicken, casseroled meat, or chicken, curried meat or chicken + 2-3 teaspoons smooth mash or rice or pasta + vegetables blended with gravy or sauce  
or 2-3 teaspoons cauliflower cheese blended with 2-3 teaspoons smooth mashed potato  
or 2-3 teaspoons dhal / lentils blended with 2-3 teaspoons plain yoghurt  
or small bowl smooth soup blended with extra vegetables and lentils, meat, chicken, yoghurt, milk or grated cheese

### Mid-afternoon

As mid-morning

### Evening meal

As lunch

### Supper

Glass of milk  
or low sugar yoghurt or cereal as at breakfast

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### **Stage 3: Introducing soft & crispy foods**

Start with soft foods: Your stomach will be healing now but still needs help to manage things. When advised to do so, try foods which are mashable with a fork. You will still need to add nutritious liquids as before so food stays moist. Aim for the texture of shepherd's pie or dhal.

- Remember the 20:20:20:20 rule (see page 10).
- Keep portion sizes small and remember to stop eating as soon as you start to feel full.
- Try to have not more than a starter size or tea plate portion per meal. If you cannot manage this much at once you could eat it over two sittings but try not to have more than a tea plate portion in total for each meal.
- Eat three starter or tea plate sized meals a day with two low fat/low sugar snacks such as fruit, yoghurt or milk.
- Always eat the protein part of the meal first.

Building in crispy foods: Once you can comfortably manage soft foods, try adding crispy things such as crispbreads, crackers, bread sticks, very crispy toast. Avoid anything doughy such as bread or chapattis as these are still likely to cause you a problem. You can gradually start to include the 'caution foods'.

- Continue to drink between meals only and avoid sugary or fizzy drinks as before. Still aim for about 2 litres (3½ pints) each day.
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- As your intake of protein-rich foods is increasing, reduce your intake of milk to ½ litre (1 pint) a day. Remember to replace any milk with other fluids.
  - Avoid snacking on foods high in fat or sugar such as crisps, biscuits, sweets, chocolate or savoury snacks.

Continue taking your daily vitamin and mineral supplements as suggested by your surgeon or dietitian.



## **Meal suggestions for soft & crispy stage**

### **Breakfast**

Porridge

or cereal and milk (avoid nuts and dried fruit)

or low sugar yoghurt with soft fruit

### **Lunch**

Tinned or wafer thin meat + soft salad vegetables such as skinless cucumber, beetroot & roasted peppers with low fat dressing + breadsticks

or baked beans on crispy toast

or low fat cheese or pate with crispbreads + tomato + cucumber

or chunky soup with extra vegetables and lentils, minced meat, minced chicken, yoghurt or grated cheese

### **Mid-afternoon**

Soft fruit or glass milk or low sugar yoghurt/fromage frais

### **Evening meal**

Spaghetti bolognaise (include plenty of vegetables as well as mince in sauce)

or flesh from baked potato mashed with tuna and milk + soft salad vegetables

or very tender curry or chilli with rice (do not overcook) + soft salad vegetables

or dhal and plain yoghurt

or cheese omelette + peas + breadsticks

or fish in parsley sauce

or small portion healthy eating ready meal

### **Supper**

As mid-morning or 1-2 crackers with low fat cheese or cereal as breakfast

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## Stage 4: Introducing 'Normal Texture' Foods & Beyond

Three to six months after bariatric surgery, most people find that they can manage 'normal texture' foods, but this will vary from person to person. Don't worry if you are not quite there yet.

### Tips:

- Continue to eat soft foods as before and gradually introduce small amounts of normal texture foods as well.
  - Chew food very well and take your time – remember the '**20:20:20:20 rule**' (see page 10).
  - Continue to leave at least **30 minutes** between eating and drinking.
  - Remember to stop eating **before** you feel full to avoid discomfort/vomiting.
  - Sit at table to eat. Do not eat whilst doing other things such as watching TV or reading. You will be much more aware of how much you are eating if you are not distracted.
  - Eat regularly - skipping meals is an easy way to **gain** weight as your hunger levels may be increased later in the day.
  - Aim to eat 3 meals a day and work towards a maximum of a **small** dinner plate per meal. Once you are able to manage this amount you should no longer need snacks. If you are still hungry add more vegetables or salad to meals and have fruit or yoghurt as a healthy snack.
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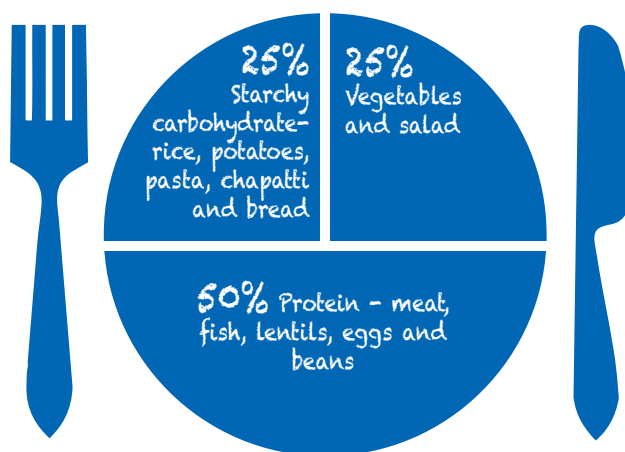


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- If you are eating well and managing plenty of high protein foods at each meal then it will no longer be necessary to include extra milky drinks.
  - You may now be able to manage some of the 'caution foods' listed before but test yourself with very small amounts to start with and continue to avoid them if they cause you discomfort.
  - Practice good, permanent eating habits – just because you can get away with eating something now and still lose weight does not mean you will be able to forever.

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## Healthy Eating Tips for Life

- Aim for 3 main meals and a couple of small snacks if required each day. Don't skip meals or graze through the day.
- Don't drink within 30 minutes either side of a meal, or during a meal (take sips only if needed).
- At meals fill  $\frac{1}{2}$  a small plate with lean protein (such as meat, fish, poultry, eggs, low-fat cheese, pulses and lentils),  $\frac{1}{4}$  with vegetables or salad, and  $\frac{1}{4}$  with starchy carbohydrates (such as rice, pasta, potatoes or couscous). Ideally choose wholemeal varieties as they have more fibre.
- Always eat the protein part of your meal first, then fruit or vegetables and finally the starchy carbohydrates.
- Remember the 20:20:20:20 rule (see page 10).
- It is essential that you take complete multivitamin and mineral, iron and vitamin D (twice per day) and vitamin B12 injections for life, to help prevent deficiencies.



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## Weight Maintenance Tips for Life

- PLAN your meals a week in advance and only buy food that you want to eat. Use healthy recipes books for inspiration.
- From time to time record what you eat and drink in a journal, app or website such as myfitnesspal (free), Nutracheck (cost involved) or weightlossresource.co.uk (cost involved) as a reminder of what you are eating during the day.
- Track your activity levels either in a diary or app; aim to increase this weekly or monthly.
- Only eat until the point of fullness and not beyond.
- Try to eat at the table or without distraction, so you can 'mindfully' eat your meal.
- Only include small quantities of high fat and high sugar foods such as chocolate, biscuits, crisps and pastry in your diet.
- Do not let high fat and high sugar foods such as chocolate, biscuits, crisps and sweets creep into your diet. These are just as fattening after the operation as they were before. If you have these foods too often you will stop losing weight and could end up having a very unhealthy diet.



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## Frequently asked questions



### Why should I stop eating BEFORE I feel full?

It takes around 20 minutes for the brain to recognise 'I'm full' messages from the stomach. There is a difference between eating to stop hunger and eating until full. You will need to learn this. If you eat until you are aware of feeling full you have had too much. This could cause you discomfort and even to vomit. It will also get your new stomach used to stretching too much.

### Is it normal to be sick or feel sick a lot?

Although a common side effect, you shouldn't expect to be sick. If you are sick or feel sick frequently, do you:

- Eat slowly?
- Chew food well?
- Eat the right texture food for your stage post-surgery?
- Stop eating before you feel full?
- Eat & drink separately?

### Tips to prevent you from being sick

- Avoid any foods that you know cause you a problem for the time being.
  - Eat regularly. If having a cracker helps the nausea it could be that you need to eat more frequently so include a healthy snack such as fruit between meals.
  - Remember the 20:20:20:20 rule (see page 10).
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## **I have diarrhoea or constipation. What can I do?**

**Diarrhoea** can happen due to dumping syndrome (see below). It can also happen if you eat a lot of food high in fat. Try reducing fatty foods to see if this helps. If it is frequent and concerning you, please contact your GP.

**Constipation:** After surgery your bowels are likely to move less often as you will be eating less. However, if you have signs of constipation such as not opening bowels for a number of days, bloating, and difficulty passing stools; it may be that you are not eating enough fibre or drinking enough fluid.

- Aim for a minimum of eight glasses of fluid a day.
- Include more fruit, vegetables, salad, pulses and wholegrain cereals as soon as possible and gradually increase the amounts of these foods. Ground or milled linseeds can also work to soften stools, you can find them in most supermarkets.
- Try a stool softener such as senna or lactulose. Start by taking half the dose advised on the container for one week before increasing to the full amount if necessary. You can buy these powders at supermarkets or pharmacies.
- If constipation continues see your doctor.

## **What is dumping syndrome?**

Dumping syndrome is a set of symptoms that affect people after gastric bypass or sleeve gastrectomy. It does not affect people who have a gastric band. Common symptoms are getting dizzy, shaky, sweaty and feeling unwell soon after eating or sometimes 1-2 hours later.

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## **Dumping syndrome continued**

It occurs when the undigested contents of your stomach move rapidly to the small bowel. It can generally be avoided by not having sugary foods and drinks and by not having too much liquid at mealtimes. Regular meals can also help. If you continue to have these symptoms, speak to your surgeon or dietitian for further advice.

## **My hair is falling out, what's wrong?**

Some people notice their hair thinning a few months after surgery. The cause of this is not always known. It can be due to rapid weight loss or nutritional deficiencies. Make sure you are eating as healthily as you can and be certain you are taking the recommended vitamin and mineral supplements every day.

Your surgeon or doctor may want to do some blood tests but these often turn out to be normal. Try not to worry. For most people hair loss stops after a few months and then starts to re-grow.

## **How can I eat more protein?**

Protein is often one of the most difficult nutrients to get enough of after weight loss surgery. High protein foods are meat, chicken, fish, eggs, cheese, yoghurt and milk. You can also get protein from beans, pulses, nuts, tofu or a micoprotein product such as Quorn. Many people find these high protein foods difficult to manage, especially in the early weeks following surgery.

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You need to aim for a minimum of 60-80g protein a day. The following each provide 7g protein so have 8-10 items from this list each day. You will get a small amount of additional protein from the other foods you eat to make up the difference.

1 tablespoon mince	2 fish fingers
2oz (50g) fish - ½ small fillet or tin	1 egg
1oz (25g) cheese – small matchbox size	2 tablespoons cottage cheese
⅓ pint (200ml) milk	4 tablespoons baked beans
1 small tin (170g) low fat evaporated milk	2 tablespoons Quorn
4 tablespoons cooked dhal	1 small bag nuts (1oz/25g)
Medium slice tofu (3oz/75g)	8 medium prawns
1 pot (150ml) yoghurt or fromage frais	½ tin (200ml) low sugar milk pudding or custard
1 small thin slice (2-3 small cubes) meat or chicken	

**To help you get enough protein try the following:-**

- Drink plenty of milk (2 pints a day in the first few weeks) or add 4½ tablespoons of milk powder to 1 pint of milk and have this each day instead.
- Try flavouring or disguising milk if necessary e.g. milky coffee, sugar free milkshake powders and no added sugar syrups.

- Add milk powder, grated cheese, low fat evaporated milk or natural yoghurt to mashed potato, soups and sauces.
- Liquidised meat and chicken can be easier to manage – if you add cheese or a milky sauce you will get even more protein.
- If you are beyond the pureed stage tinned or wafer thin meats are easier to tolerate than roast, grilled or fried meats.
- Always eat the protein part of the meal first.
- If you still cannot manage enough protein then any snacks you have should be based on protein e.g. yoghurt, low fat cheese on crackers.
- Protein powder may be appropriate, please discuss with your dietitian before commencing.





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## Can I drink alcohol?

**After about three months your stomach should be healed enough to tolerate a small amount of alcohol but remember:-**

- Alcohol provides a lot of calories so drinking more than occasional small amounts will mean you will lose less weight. To keep health risks from drinking alcohol to a low level you are safest not regularly drinking more than 14 units per week. If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more.
- Alcohol can make you hungry so you are more likely to snack, especially on high calorie foods.



- Alcohol will be absorbed much more quickly than before your operation so you may feel light headed or 'tipsy' on only 1-2 drinks.
- Avoid sugary or fizzy mixers and fizzy alcoholic drinks.
- If you would like more information on alcohol or units ask your doctor, nurse or dietitian.

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### **When can I try for a baby?**

It is not a good idea to become pregnant during the period immediately after surgery when you will be rapidly losing weight.

Recommendations are that you wait until at least 18 months after surgery before trying to conceive. By this time you should be eating a balanced diet to ensure the right nutrients for you and baby and your weight loss will have stabilised.

Healthy women, planning for pregnancy, should take 400mcg of folic acid a day before conception until the 12th week

of pregnancy. If you have a BMI over 30 or diabetes, the recommendation is for 5mg folic acid until the 12th week of pregnancy. Please discuss other supplement requirements with your dietitian, nurse or doctor.

**If any of the things in this booklet concern you or you would like further advice, speak with your dietitian or surgical team.**

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## **Food for Life - Bradford Dietitians**

Bradford Nutrition & Dietetic Service is located within Bradford Teaching Hospitals NHS Foundation Trust.

### **Our contact details**

#### **Bariatric and Weight Management Dietitians:**

01274 365108. (Answerphone available outside office hours).

To make or change your appointment please ring: 01274 365108 (8.30am – 4.30pm).

Answerphone available outside office hours.

**By Textphone:** You can contact us using the Relay UK app. Textphone users will need to dial 18001 01274 365108.

E-mail: [Dietitians.Office@bthft.nhs.uk](mailto:Dietitians.Office@bthft.nhs.uk)

[www.bradfordhospitals.nhs.uk/dietetics](http://www.bradfordhospitals.nhs.uk/dietetics)

### **Useful websites**

#### **BOSPA – British Obesity Surgery Patient Association**

Website – [www.bospa.org](http://www.bospa.org)

#### **Weight Loss Surgery Information and Support**

Website – [www.wlsinfo.org](http://www.wlsinfo.org)

#### **Local support group**

[bbsg@hotmail.co.uk](mailto:bbsg@hotmail.co.uk)

Runs the last Wednesday of the month at Field House, Bradford Royal Infirmary, from 6.30-8pm. Everybody is welcome and you can bring along a relative/friend for support if you'd like

If you need this information in another format or language please ask a member of staff to arrange this for you.