

PANHANDLE
WEIGHT LOSS
CENTER

Bariatric Manual



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TABLE OF CONTENTS

Welcome	3
General Information	4
Procedures	10
Surgery Locations	14
Pathway to Bariatric Surgery	16
Requirements for Surgery	20
Medications & Vitamins	26
Diet Before & After Surgery	34
What To Expect After Surgery	47
Appointments After Surgery	50
Resources	52
Frequently Asked Questions	62
Contact Us	66

PANHANDLE WEIGHT LOSS CENTER

Welcome!

Thank you for choosing Panhandle Surgical Group, the practice of Dr. Neichoy and Dr. Schniederjan. We know the decision to start your new health journey was not easy and we want you to know our entire team is dedicated to helping you navigate the process.

This manual is for individuals considering bariatric surgery as a means for weight loss. The information in this book is part of the process called "informed consent". The combination of information contained in this manual, consults with our providers, the opportunity to ask questions and have them answered fully, will constitute informed consent.

We are dedicated to educating you fully on the options available to you for weight loss. We want everyone to understand bariatric surgery is NOT a quick-fix nor the easy way out. Surgery is a medical treatment for obesity and related diseases. It is a tool to help you start a long-term commitment to a lifestyle that promotes overall health, wellness, and longevity. Surgery may not produce significant weight loss for some people and medical conditions may remain or worsen after surgery.

Our team of advanced practitioners, nurses, dietitians, health coaches, navigators and surgery coordinators work together with our surgeons to provide informed and compassionate care for every patient we encounter!

Should further questions arise, please call our office at 806-677-7952 or email us at thedoctors@panhandle-surgical.com.

General Information

What is Bariatric Surgery?

Bariatric surgery (commonly referred to as "weight loss surgery") is a medical treatment for persons with overweight or obesity. Bariatric surgery is not a "quick-fix" nor "the easy way out", but is a tool that can be used to lose weight and create a healthier lifestyle. The chances of reaching a "normal" body weight for a lasting period of time through conventional weight loss methods (such as diet, exercise, and medication) are less than 1% for people with a BMI greater than 35. In comparison, 90% of patients after bariatric surgery lose 50% of excess weight and keep it off long-term. Currently, *bariatric surgery is the most successful and durable treatment for obesity.*

Bariatric surgery works by changing the anatomy (or position) of the stomach and small intestines. These procedures either provide restriction (the stomach holds less food), malabsorption (nutrients are not fully absorbed), or a combination of both. These changes result in decreased appetite, increased feeling of fullness, changes in metabolism (how your body burns energy), and other changes that promote weight loss.

Bariatric surgery is considered "elective", which means it is a surgery patients choose to have for a better quality of life.

Information taken from (08/03/2022):

<https://asmbs.org/patients/benefits-of-weight-loss-surgery>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4142593/pdf/nihms615424.pdf>

Who IS a Candidate for Bariatric Surgery?

- A BMI of 27 or higher makes you a candidate for bariatric surgery
- A BMI of 35 or higher makes you a candidate for bariatric surgery covered by insurance

At Panhandle Weight Loss Center, we offer bariatric surgery to adults and adolescents. Scan the QR code below to find out if you may be a candidate.



Who is **NOT** a Candidate for Bariatric Surgery?

Persons suffering from any of the following:

- Uncontrolled psychiatric/emotional disorders
- Drug or alcohol addiction
- Medical conditions that would make surgery unduly hazardous

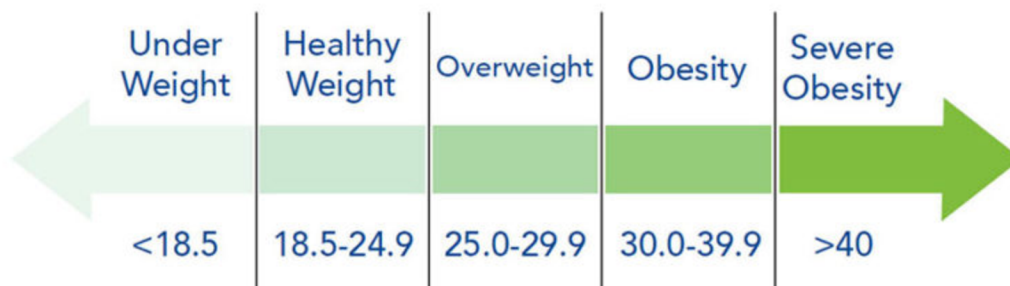
Body Mass Index (BMI)

Body fat is difficult to measure directly, so it is often estimated by BMI. BMI is a height-to-weight ratio and is often used by healthcare providers and insurance companies to determine eligibility for certain surgeries, medications, and other treatments. Scan the QR code below to calculate your BMI.



BMI is mistakenly used to label how healthy someone is, but never shows the full picture. Similarly, a person's "ideal body weight" is a number that is not indicative of a person's health. At Panhandle Weight Loss Center, we want to use metrics other than your BMI and weight to track health and wellness. However, we are required to utilize BMI for insurance purposes, so this is a number we will discuss.

Weight Categories Based on BMI



What is Obesity?

Obesity is a treatable, complex disease associated with having an excess amount of body fat. It is caused by hormonal, genetic and environmental factors and is difficult to control through dieting alone. Obesity is diagnosed by a healthcare provider and is classified as having a body mass index (BMI) of 30 or greater.

What is Obesity NOT?

A lack of willpower
Yours to manage alone
Just about food
Cured by a miracle treatment

Causes of Obesity

There are many contributing factors to obesity. Most fall into one of these categories: psychological, genetic, hormonal, and behavioral

- | | | |
|------------------------|---------------------------|---------------------------------|
| • Stress | • Physical inactivity | • Hunger/fullness dysregulation |
| • Depression | • Dietary patterns | • Leptin resistance |
| • Trauma | • Sleep deprivation | • Insulin resistance |
| • Family history | • Medication(s) | • Excess cortisol production |
| • Metabolism | • Environmental exposures | • Access to healthy food |
| • Poor stress response | • Shift work | |
| • Thyroid disorders | | |

Risks Associated with Obesity

Excess weight can be hard on your whole body. More than 50 health problems are related to excess weight and obesity. These conditions can decrease your quality of life and are commonly called obesity-related conditions.

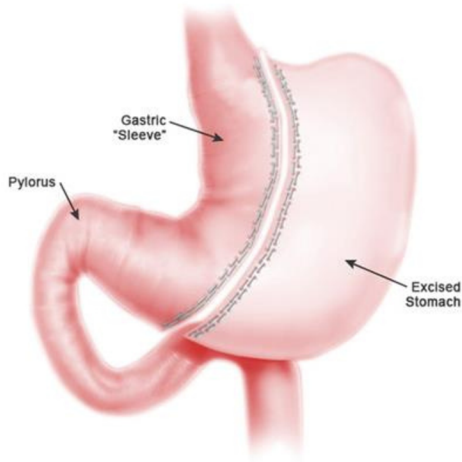
Not everyone with obesity will develop an obesity-related condition, but the more weight you carry, the more likely you are to develop an obesity-related condition. Finding and treating health conditions early is considered best for your overall health and weight loss of 5-10% can reduce the effects of obesity-related conditions

Obesity-Related Conditions

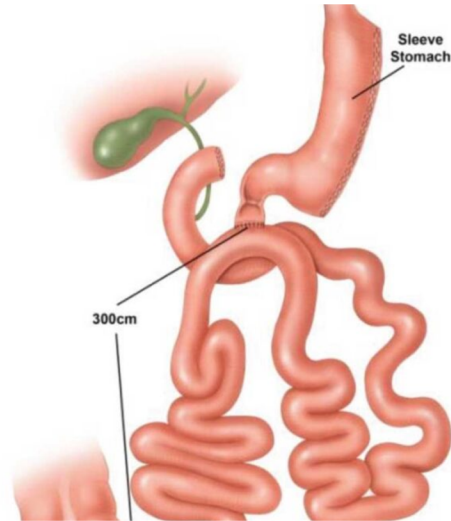
Lung Disorders	Diabetes	Heartburn
Incontinence	Heart Disease	Heart Failure
Arthritis	Stroke	Male Impotence
Spine Problems	Cancer	Sexual Dysfunction
Hernias	Sleep Apnea	Infertility
High Blood Pressure	Migraines	Fatty Liver Disease
High Cholesterol	Depression	Gallbladder Disease

Procedures

Procedures Offered



**Sleeve
Gastrectomy**



**Loop Duodenal
Switch (SADI-S)**

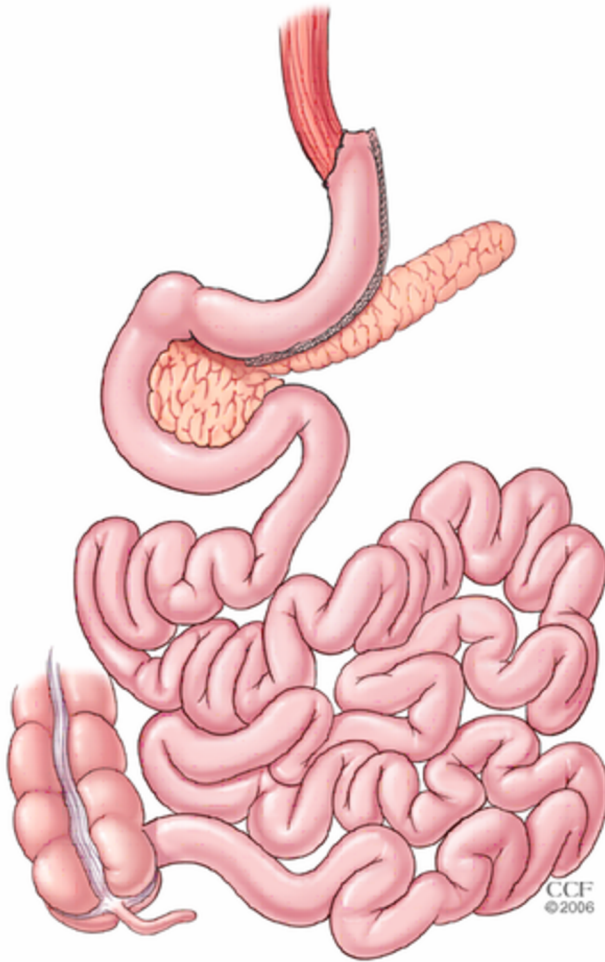
*other procedures, such as the gastric bypass (RNY) or the traditional duodenal switch (DS), may be performed if deemed necessary by your medical team.

Revisional Surgeries

The following revisions are offered on a case-by-case, limited basis:

- Sleeve to SADI-S
- Sleeve to Gastric Bypass (RNY)
- Gastric Bypass Distalization
- LapBand to Sleeve
- LapBand to SADI-S
- LapBand Removal

Vertical Sleeve Gastrectomy (VSG)



The Laparoscopic Sleeve Gastrectomy, often called the "sleeve", is performed by removing approximately 80% of the stomach. The remaining stomach is the size and shape of a banana.

At Panhandle Weight Loss Center, the procedure is performed laparoscopically. This means the surgeon will make five or six small incisions in the abdomen, then use a special video camera (laparoscope) to complete the operation. The surgeon uses a stapling device to remove a portion of the stomach, leaving a narrow "tube" or "sleeve" which restricts the amount of food you can eat. This surgery does not involve re-routing the intestines as some other procedures do.

A few other things to note about the VSG:

Vitamins/Minerals (multivitamin, B12, calcium, and iron) are required lifelong

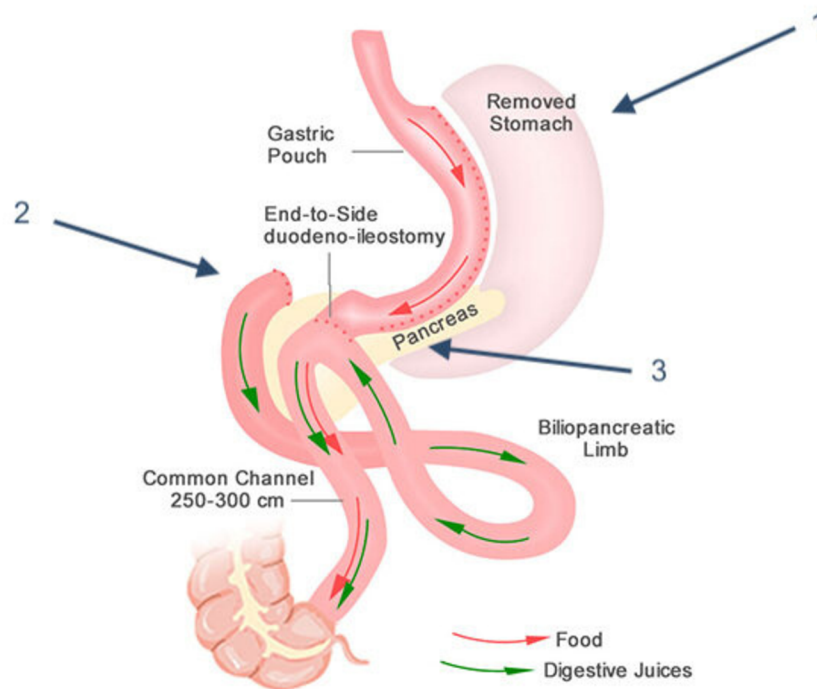
No significant changes in stools are observed

Requires commitment to lifelong follow-up

Potential for weight regain (20-25% of patients)

Remission rate for diabetes is 60%

Duodenal Switch (SADI-S)



The Duodenal Switch (SADI-S) is a modification of the traditional duodenal switch (DS or BPD-DS) procedure. There are two steps in this procedure. The first step is identical to a Gastric Sleeve. This allows patients to feel fuller after eating significantly less food (restriction). The second step is to bypass nearly one-half of the small intestine. This reduces nutrient absorption (malabsorption). When the patient eats, food goes through the stomach pouch and directly into the latter portion of the small intestine. The food then mixes with digestive juices from the first part of the small intestine. This surgery offers good weight loss along with less hunger, more fullness, blood sugar control, and diabetes improvement.

A few other things to note about the SADI-S:

- Simpler and faster to perform (one intestinal connection) than the bypass or BPD-DS
- Common Channel is 300cm (compared to 100cm with the BPD-DS)
- Multivitamin, B12, calcium, iron and fat-soluble vitamin supplements are required lifelong
- On average, 1-3 loose stools per day are expected
- Requires commitment to lifelong follow-up
- Minimal to no weight regain
- Remission rate for diabetes is more than 85%

Surgery Locations

Surgery Locations

We perform surgeries at three different locations in Amarillo, TX. The facility at which you will be scheduled depends primarily on insurance benefits and availability of facilities

Surgery Center of Amarillo

1010 South Coulter Street
Amarillo, TX 79106
806.418.8870



BSA Hospital

1600 Wallace Boulevard
Amarillo, TX 79106
806.212.2000



Northwest Texas Hospital

1501 South Coulter Street
Amarillo, TX 79106
806.354.1000



Path to Surgery

Navigating Insurance Approval

We accept all insurance policies except Medicaid and Ambetter.

You are assigned a Bariatric Coordinator who will explain whether or not your insurance provides bariatric surgery benefits. If you **do not** have bariatric surgery benefits, you will be considered a "cash pay" patient with our office. If you **do** have bariatric benefits, the Coordinator will inform you of the requirements given by your insurance policy.

Each policy is unique in their time requirements for approval to have bariatric surgery. Some policies require *consecutive* monthly visits and others require a certain amount of visits within any time frame before surgery. Please ensure you fully understand these requirements, as missed visits may cause a delay in approval. You are also welcome to contact your insurance company directly at any time!

Any referrals you require (i.e., cardiac testing, psychological evaluation, ultrasound, etc.) will be sent by our office. However, you are responsible for scheduling those appointments. Please give the provider to which you were referred 2-4 weeks to contact you in regards to scheduling.

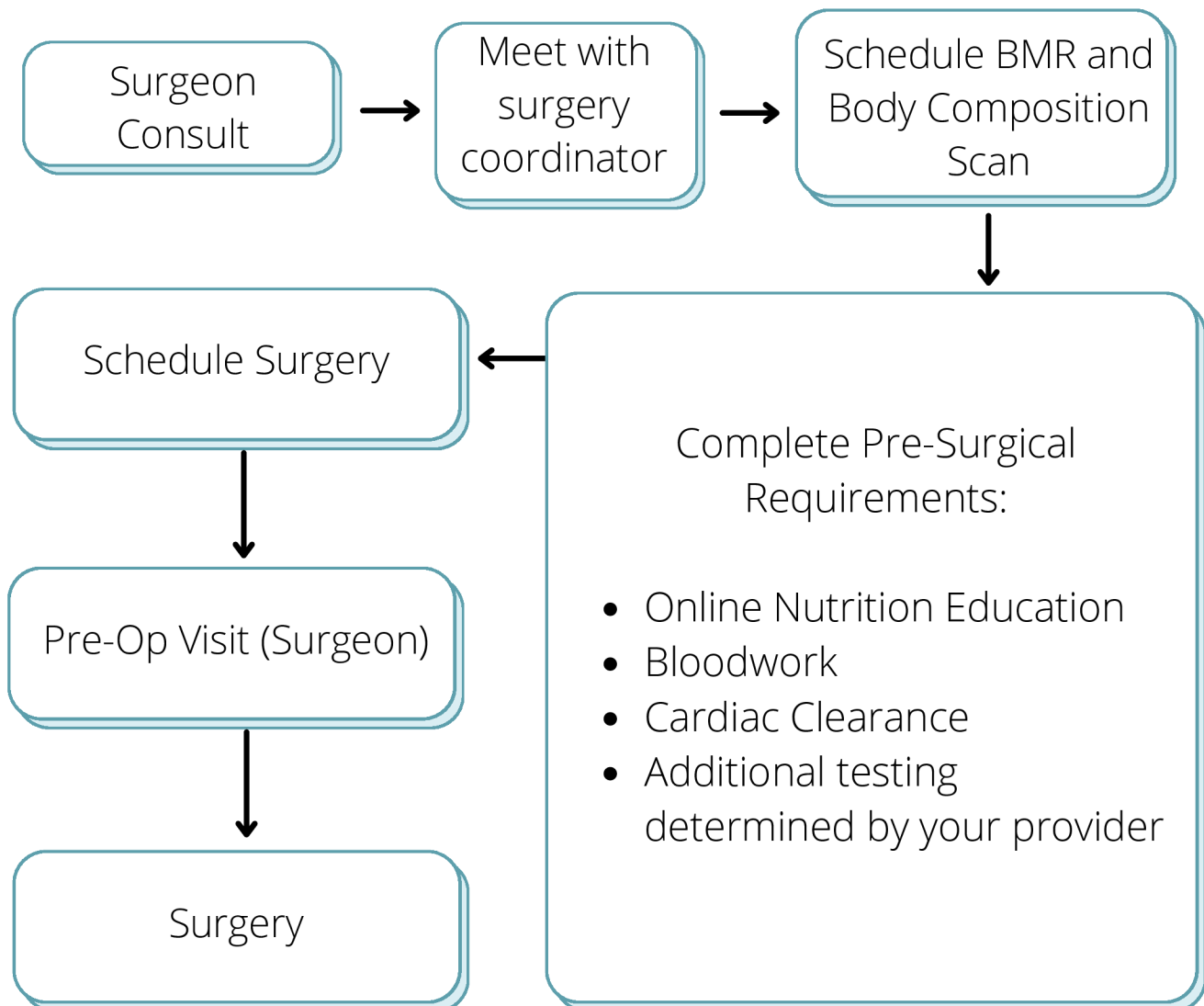
In general, your cardiac and psychiatric clearances expire after 6 months.

If you need any help navigating these requirements, please contact your Bariatric Coordinator.

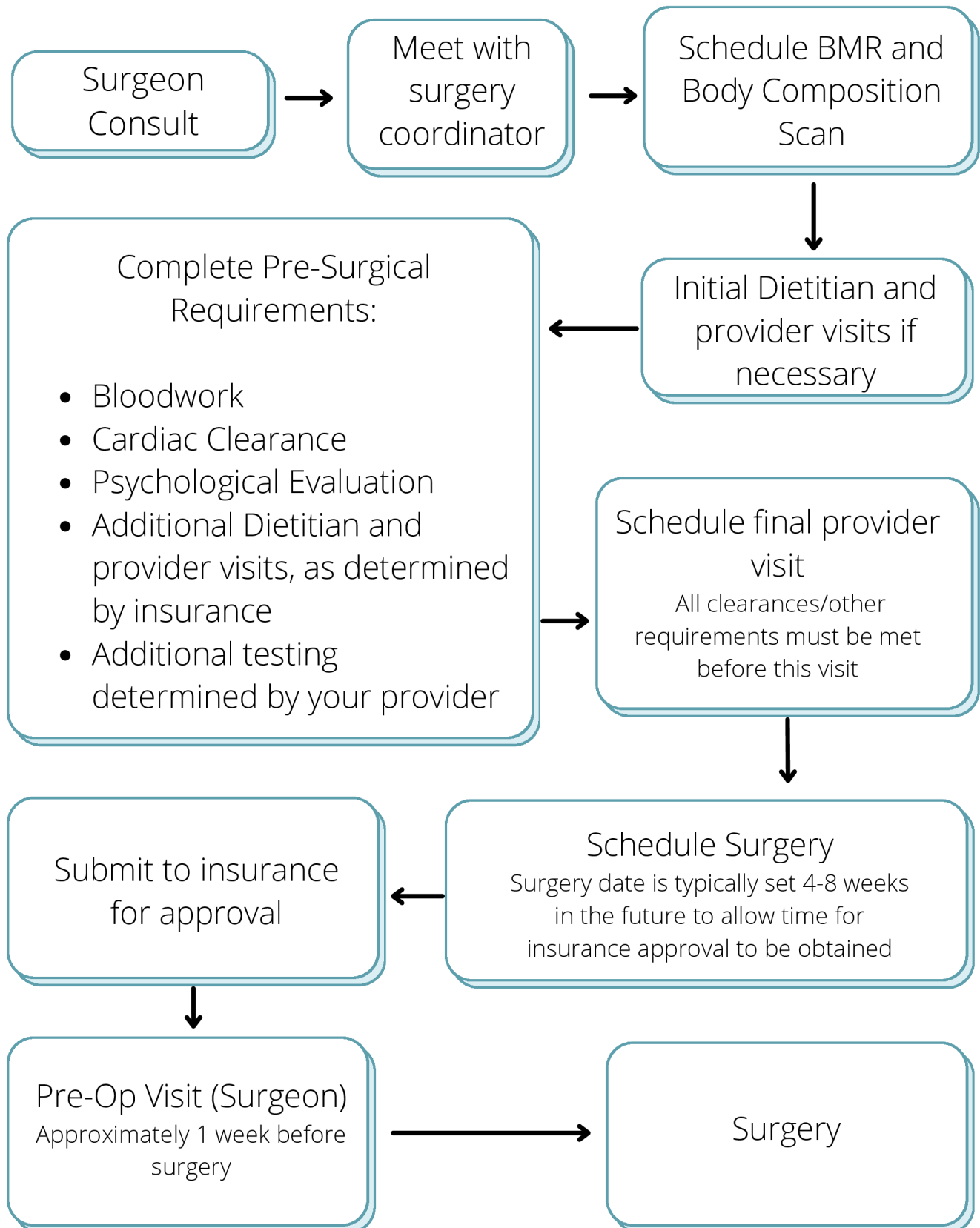
Pathway to Bariatric Surgery

The time frame to surgery **with insurance** is determined by your insurance company (varies from 6 weeks to 12+ months) and is about 3-6 weeks for **cash pay** patients. We encourage all provider visits (physician, advanced practitioner, dietitian) to be completed virtually, but in-person visits are offered as well.

Pathway to Surgery (Cash Pay)



Pathway to Surgery (Insurance)



Requirements for Surgery

Requirements Before Surgery

Bariatric Coordinator Visit

Prior to your consult with the surgeon, you will meet with one of our Bariatric Coordinators to discuss which path to weight loss might be best for you. They will review your bariatric insurance benefits (or lack thereof) and the specific requirements your plan designates in order to obtain approval for surgery. The Coordinator will also discuss the cost of the surgery if you will pay cash for surgery, as well as available financing options.

Whether you are proceeding with insurance or cash pay, the Coordinator will provide you with a checklist. The checklist outlines what is required of you in order to have surgery. We recommend you refer back to this document often to ensure you are completing the necessary requirements. At the end of your visit with the Coordinator, they will schedule your BMR and Body Composition Scan (see page 22 for more information) as well as your consult with the surgeon.

Surgeon Consult

You will meet with Dr. Neichoy or Dr. Schniederjan to discuss which surgery option(s) you may qualify for. The surgeons enjoy getting to know you to help decide which procedure is most beneficial for long-term, sustained weight loss and improved quality of life.

Don't be shy - ask all your questions!!

BMR Metabolism Test

BMR stands for Basal Metabolic Rate. This is a breathing test that measures your metabolism. Metabolism is how efficient your body utilizes energy and is helpful to determine which surgery may work best for you.

The test is performed in our office by one of our medical assistants and requires you to sit for approximately 5-10 minutes while breathing normally into a tube. You will have a clamp on your nose and it is best not to swallow too often.

The test tells us your RMR (Resting Metabolic Rate) and how it compares to another person your same gender and age. RMR is, essentially, how many calories your body burns at rest. While we are not concerned with the actual number of calories your body is burning, it is helpful for us to know if you have a slow, normal, or fast metabolism. The result of this test provides insight into the changes you may need to focus on most during your weight loss journey. A provider will go over this test with you at your next scheduled visit.

Please arrive to this appointment **fasting** (nothing to eat or drink besides water) **for 6 hours**. As well, **no nicotine** should be used 6 hours prior to your BMR test. That means no smoking, chewing, patches, e-cigarettes, vapes with nicotine, etc. before the test. As well, **no strenuous exercise** should be performed in the 6 hours prior to your appointment.

Body Composition Scan

A body composition scan measures the percentage of muscle, fat, bones, water, etc. in your body. The results of this test are used to establish a baseline and help set individualized goals and realistic expectations for weight loss.

The scan measures the location of your fat (visceral versus subcutaneous). Elevated levels of visceral fat (the fat around internal organs) are correlated with several metabolic diseases (obesity, metabolic syndrome, and type 2 diabetes). It also shows trends over time for your total mass (your weight), lean mass (muscle), and fat mass (fat), which aids your providers in tracking your progress accurately.

We perform two types of body scans - DEXA and Tanita. Each of these are performed in our office by a medical assistant. The medical assistant will determine which test is appropriate for you based upon your height, weight, and medical conditions. You will only do one of the scans, not both.

The DEXA scan requires you to lay relatively still on an exam table for approximately 10-15 minutes. We provide pillows as needed if laying flat is uncomfortable for you and will provide assistance onto the exam table for positioning as well. The Tanita scan requires you to stand barefoot on a metal scale for 1-2 minutes while gripping two handles loosely at your side.

Neither of these tests require you to be fasting, but is typically performed on the same day as your BMR test. A provider will go over these test results with you at your next visit.

Online Nutrition Education

We developed a series of videos and handouts in the form of an online course that provides an overview of our program as well as the dietary education required for bariatric surgery. You are required to have a working email address to be enrolled.

The course is designed to be completed at your own pace, from home. There are quizzes you must pass to help show understanding of the information, and you will receive a certificate of completion at the end of the course.

Other Testing Before Surgery

Depending on insurance requirements, which procedure you plan to have, and your medical history, the following tests may be required prior to bariatric surgery:

Cardiac Clearance
Psychological Evaluation
EGD (Esophagogastroduodenoscopy)
TNE (trans-nasal esophagoscopy)
Sleep Study
Gallbladder Ultrasound
Bloodwork

This is not an exhaustive list and further clearances or testing may be warranted as your advanced practitioner deems necessary. Your Bariatric Coordinator and/or Provider will be sure to communicate testing requirements with you.

Provider Visits

We have a team of passionate and caring providers to guide you through your weight loss journey. You can expect to discuss your medical history, goals, which surgery is most appropriate for you, expectations for surgery, what you need to do to prepare, and more. Your provider(s) will ensure you complete the necessary diagnostic testing, clearances, and blood work and will review these with you as well.

Nutrition Visits

We use a combination of health coaches and Registered Dietitian Nutritionists to ensure you receive the nutrition information required for success with bariatric surgery. Our team can discuss any specific nutrition needs you may have, lifestyle changes, exercise, vitamins/minerals, and what to expect regarding your diet before and after surgery.

Pre-Op Visit

This visit is typically 5-10 days before surgery and is an opportunity for your surgeon to see how you are doing on your diet and answer any questions you may have about the upcoming surgery.

Medications & Vitamins

Medications **BEFORE** Surgery

****Hibiclens (4 oz soap):** Use **half the bottle** the night before surgery when showering. Scrub from collar bones to the top of your thighs. The morning of surgery, use the **other half of the bottle** and follow the same directions as above. Use a clean wash cloth and towel

If you live in Amarillo, take the medications below on the morning of surgery before leaving your house. If you do not live in Amarillo, take these medications the morning of surgery as you enter the Amarillo city limits.

Emend 40mg (generic is Aprepitant): Take **one** capsule 2 hours before surgery with a sip of water. This medication is used to decrease nausea after surgery. If insurance does not provide coverage, you do not have to get this medication. *PLEASE NOTE this medication may alter birth control. Alternative methods of birth control should be used in conjunction with current methods.*

****Tylenol Extra Strength 500mg (generic is Acetaminophen):** Take **two** tablets/capsules (500mg each) 2 hours before surgery with a sip of water.

Celebrex 200mg (may substitute with any other NSAID): Take **two** capsules (200mg each) 2 hours before surgery with a sip of water. May substitute with ****Motrin 600mg** if not covered by insurance.

Medications designated with ** can be purchased over-the-counter

Medications **AFTER** Surgery

Zofran 4mg (generic is Ondansetron)

Take **one** tablet every 4 hours as needed for nausea and vomiting.

****Prevacid 15 mg (generic is Lansoprazole)**

Take **one** tablet daily for at least 6 weeks to reduce the amount of acid in your stomach. **If you already take a Proton Pump Inhibitor (PPI), continue your normal PPI medication for 6 weeks after surgery.**

****Colace 100 mg (generic is Docusate Sodium)**

Take **one** capsule twice daily for one month to decrease constipation.

****Simethicone or Gas-X 125 mg tablet, capsule, or strips**

Take **one** tablet, capsule, or strip every 6 hours as needed to decrease gas.

Eliquis 2.5 mg (generic is Apixaban)

Take **one** tablet twice daily, starting 3 days after surgery and take for 30 days to reduce the risk of forming blood clots.

Medications designated with ** can be purchased over-the-counter

Continued on next page...

Medications **AFTER** Surgery

PAIN RELIEF REGIMEN TO BEGIN AT HOME AFTER SURGERY

The medications below are meant to be taken together for best pain control

****Tylenol Extra Strength 500mg (generic is Acetaminophen)**

Take 2 tablets/capsules (500mg each) twice a day for 7 days as needed for pain. May be taken every 6 hours if needed

Celebrex 200mg (generic is Celecoxib)

Take **one** capsule twice daily for 7 days as needed for pain. May be substituted with ****Motrin 600mg** or any other NSAID if insurance does not cover Celebrex.

Tramadol 50mg

Take **one** tablet every 6 hours as needed for pain. ***This should be taken in between the combination of Tylenol and Celebrex ONLY IF the combination circled above does not give adequate pain control.***

Medications designated with ****** can be purchased over-the-counter

Surgery Medication Schedule

This schedule/calendar below helps you keep track of when to take your medications, vitamins, etc. before and after surgery. Each square represents one day.

Start Diet Before Surgery						
						Shower with half bottle of Hibiclens
Day of Surgery (Start Day of Surgery Checklist)	Start Pain Control Checklist		Start Eliquis			
Pain Control Checklist ENDS	Begin Vitamins					
				Last Day of Eliquis		

Day of Surgery Checklist

When you wake in the morning:

- ☐ Shower with half bottle of Hibiclens (scrub from your collarbone to the top of your thigh)

Take these before you leave home OR when you enter the Amarillo city limits if you're coming from out of town:

- ☐ Emend or Aprepitant (40mg)
 - take one capsule
- ☐ Tylenol Extra Strength or Acetaminophen (500mg)
 - take two capsules
- ☐ Celebrex (200mg)
 - take two capsules

Remember to bring all your prescription medications with you to the hospital or surgery center!

Take as-needed after surgery:

- ☐ Zofran or Ondansetron
 - take one capsule every 4 hours
- ☐ Prevacid or Lansoprazole
 - take one tablet daily for 6 weeks
- ☐ Colace or Docusate
 - take one capsule twice a day for 30 days
- ☐ Mylicon or Simethicone
 - take one tablet every 6 hours

Pain Control Checklist

Morning:

- ☐ Tylenol Extra Strength (500mg) or Acetaminophen
 - take one capsule
- ☐ Celebrex (200mg)
 - take one capsule

Evening:

- ☐ Tylenol Extra Strength (500mg) or Acetaminophen
 - take one capsule
- ☐ Celebrex (200mg)
 - take one capsule

To use if the above does not manage pain:

- ☐ Tramadol (50mg)
 - take one tablet every 6 hours as needed. *This should be taken mid-day (at lunch) ONLY IF pain is not well controlled.*

Vitamins

Vitamins are required lifelong after surgery. We recommend following surgery-specific ASMBS guidelines. The charts below are daily recommended intakes. You can find supplements that meet these criteria in our office or online at www.PWLCstore.com



	Sleeve Gastrectomy	Duodenal Switch (SADI-S)
Thiamin	12 mg/day or more	50 mg/day or more
Folic Acid	400-800 mcg/day 800-1,000 mcg/day for females of childbearing age	
Vitamin B12	350-1,000 mcg/day	350-1,000 mcg/day
Vitamin D	3,000 IU/day	3,000 IU/day
Vitamin A	5,000 - 10,000 IU/day	10,000 IU/day
Vitamin E	15 mg/day	
Vitamin K	90-120 mcg/day	120-300 mcg/day
Copper	1 mg/day	2 mg/day
Zinc	8-11 mg/day	16-25 mg/day
Iron	18-60 mg/day	45-60 mg/day
Calcium	1,200-1,500 mg/day	1,500 mg/day

Diet
Before
&
After
Surgery

DIET BEFORE SURGERY

This diet begins 2 weeks before surgery and is designed to shrink the fat around your liver, which will aid in lowering your surgical risk.

Nutrition Goals:

Carbohydrates: less than 50 grams per day

Protein: 80-100 grams per day

Fiber: 15-25 grams per day

Water: 64 or more ounces per day



1st WEEK (starts 14 days before surgery):

Breakfast: 1 Protein Shake (12 oz.)

Lunch: 3-4 oz. protein of choice + 1-2 cups of non-starchy vegetables

Dinner: 3-4 oz. protein of choice + 1-2 cups of non-starchy vegetables

Optional Snacks: 1 cup of non-starchy vegetables, 1 oz. nuts, 1 string cheese, protein shake



2nd WEEK (starts 7 days before surgery):

Breakfast: 1 Protein Shake (12 oz.)

Lunch: 1 Protein Shake (12 oz.)

Dinner: 3-4 oz. protein of choice + 1-2 cups of non-starchy vegetables

Optional Snacks: 1 cup of non-starchy vegetables, 1 oz. nuts, 1 string cheese, protein shake

NOTES

- You may drink your protein shakes at a different time of day as long as you drink 1 meal replacement shake a day for the first week and 2 during the second week of this diet
- Drink plenty of water to help digest the additional protein
- **NO** alcohol, **NO** added sugar, **NO** foods high in carbohydrates (fruit, bread, pasta, rice, cereal, tortillas, beans, corn, potatoes, yogurt, milk, etc.)
- Starchy vegetables to **avoid**: corn, peas, potatoes/sweet potatoes, beans, legumes

Week 1 Sample Menu (Diet BEFORE Surgery)

These menus are meant to be a guide. You do not need to follow them exactly.

Breakfast	Almond Shake ○ 1 scoop protein powder ○ 1 Tbsp almond butter ○ 6-8 oz. Fairlife milk Directions: Mix ingredients together in a blender with ice. NOTE: You can also use pre-made protein supplements such as Fairlife Nutrition Plan, Premier Protein, Muscle Milk, Core Power, etc. However, these tend to be very low in calories and may not be as filling.
Lunch	Tuna Wrap ○ 2 oz. canned tuna ○ 2 Tbsp extra virgin olive oil or avocado mayonnaise ○ 1 tsp olive oil ○ ½ cup shredded green pepper ○ 1 cup romaine lettuce (about 2 large leaves) Directions: Mix tuna, mayo, and green pepper together. Wrap with lettuce leaves, drizzle evenly with olive oil, and enjoy. May top with salsa if desired.
Dinner	Picnic Spread ○ 3-4 oz. rotisserie chicken OR 2-3 oz. mozzarella cheese ○ ¾ cup raw celery ○ ¾ cup sliced cucumber ○ ½ cup sliced red, yellow, or green bell peppers ○ 4 Tbsp mashed/sliced avocado ○ 1 oz. almonds Directions: Assemble all ingredients on a plate. Use veggies to dip in avocado.
Snack	Celery & Nut Butter ○ 1 cup celery, cut into strips ○ 3 tsp almond butter Directions: spoon almond butter onto each piece of celery, or use it for dipping.

Week 2 Sample Menu (Diet BEFORE Surgery)

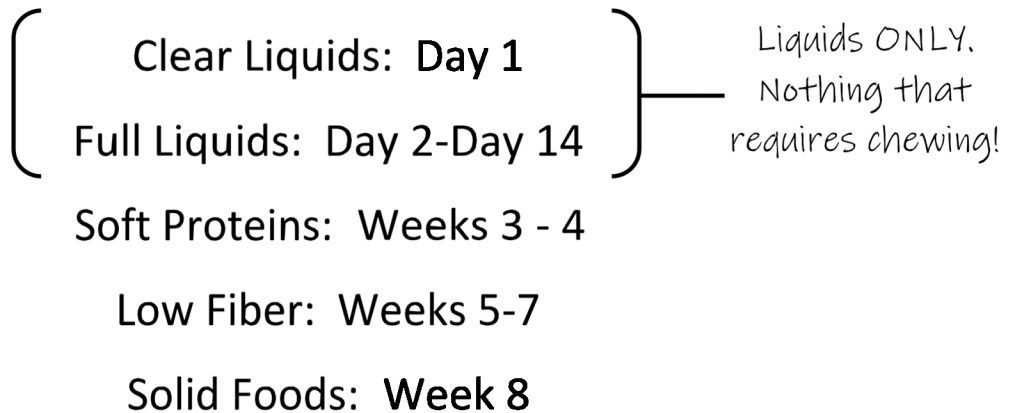
These menus are meant to be a guide. You do not need to follow them exactly.

Breakfast	Vanilla Flaxseed Shake ○ 1 scoop protein powder ○ 3 Tbsp ground flaxseed ○ 6-8 oz. Fairlife milk Directions: Mix ingredients together in a blender with ice. NOTE: You can also use pre-made protein supplements such as Fairlife Nutrition Plan, Premier Protein, Muscle Milk, Core Power, etc. However, these tend to be very low in calories and may not be as filling.
Lunch	Grilled Chicken Salad ○ 3-4 oz. grilled chicken ○ 2 cups spinach or mixed greens ○ ¼ onion ○ ½ tomato ○ ¼ cucumber ○ ¼ avocado ○ 10 olives ○ 1 tsp olive oil Directions: Mix all ingredients together in a bowl. Squeeze fresh lemon juice over salad and drizzle with olive oil. Add salt/pepper to taste.
Dinner	Coconut Shake ○ 1 scoop protein powder ○ 3 Tbsp unsweetened shredded coconut ○ 6-8 oz. Fairlife milk Directions: Mix ingredients together in a blender along with ice. Blend until desired consistency and enjoy.
Snack	Egg & Cottage Cheese ○ 1 whole egg, hard-boiled ○ ½ cup full-fat cottage cheese Directions: Slice hard-boiled egg and sprinkle with salt/pepper. Add side of full-fat cottage cheese

DIET AFTER SURGERY

This diet begins immediately after surgery and is meant to be a gradual re-introduction of foods into your diet. This will help ensure proper healing of the stomach and start building a healthy eating pattern for you to follow long-term.

General Overview:



Reminders

- Sip, sip, sip – stay hydrated!
- **NO** carbonation
- **NO** straws for 2 weeks after surgery
- **NO** caffeine for 30 days or until you are drinking 64 oz. of water a day
- **Avoid** eating/drinking at the same time
- Start your bariatric vitamins 1 week after surgery
- *The Complete Bariatric Cookbook & Meal Plan* is a great resource for a meal plan (can be purchased at the PWLC Store)
- Everyone's post-op journey is different – do not compare!

Clear Liquids

Day of surgery.

You should stay on clear liquids no longer than 48 hours, but you may advance to full liquids at 24 hours after surgery if desired.



What you can drink:

- ✓ Water
- ✓ Clear Protein Drinks (see Page 9-10 of this handout for more examples)
- ✓ Bouillon (beef, chicken, vegetable)
- ✓ Broth (beef, chicken, vegetable, bone)
- ✓ Decaf Tea or Coffee
- ✓ Dasani flavored water
- ✓ Sugar Free Jell-O
- ✓ Sugar Free Popsicles
- ✓ Water enhancers (Crystal Light, Mio, fruit/vegetable infused waters)
- ✓ Electrolyte Supplements
 - Liquid IV is not recommended due to carbohydrate content
 - Ultima Replenisher, LMNT, or Re-Lyte
 - Gatorade ZERO, Gatorade FIT, Endurance Gatorlyte
 - Powerade ZERO
 - Pedialyte
- ✓ Propel Water
- ✓ Vitamin Water ZERO

NOTES

- Sip, sip, sip - **primary focus should be fluid intake!**
- **NO** carbonation, **NO** caffeine, **NO** straws
- Anything that requires chewing is **NOT** allowed
- Keep total carbohydrates under 50 grams per day

Full Liquids

Day 2 through day 14 after surgery.



What you can add to your diet:

- ✓ Electrolyte Supplements (Ultima Replenisher, LMNT, pickle juice)
- ✓ Protein Drinks (see Page 9-10 of this handout for examples)
- ✓ Milk
- ✓ Lactose-Free Milks (unsweetened)
- ✓ Cream Soups (chicken, vegetable, etc.)
must be strained or blended, NO chunks
- ✓ Yogurt (OIKOS Triple Zero, Dannon Greek Light & Fit, Yoplait Greek 100)
NO fruit, syrup, nuts, or other mix-ins/chunks; can be flavored
- ✓ Grits, Cream of Wheat, Malt-O-Meal, Oatmeal (very thin)
enjoy in moderation due to high carbohydrate content
- ✓ Sugar-Free Options (should be enjoyed in moderation; “Sugar-Free” does not mean carbohydrate-free and does not mean it is the healthiest long-term option)
 - Sugar-Free Fudgsicle or Pudding
 - Applesauce

NOTES

- **Your primary focus should be getting 64 ounces of fluids each day**
- Anything that requires chewing is not allowed
- **NO** carbonation, **NO** caffeine, **NO** straws
- Start taking your bariatric vitamins 1 week after surgery
- If you experience gas, bloating, nausea, and/or upset stomach, you may be sensitive to lactose. Try switching to lactose-free products
- Foods high in sodium/salt are ok if tolerated
- Mild spices/seasonings are ok if tolerated

Soft Proteins

Weeks 3 through 4 after surgery.

Begin weaning off protein supplements to get more protein from food.



What you can add to your diet:

- ✓ Meats (*must be tender – ground, diced, pureed*)
 - Fish
 - Chicken
 - Turkey
 - Pork
 - Ground Beef
(NO steak, NO fajita beef)
 - Deli Meats (*thin-sliced*)
- ✓ Eggs
- ✓ Cheese, Cottage Cheese
- ✓ Plant Proteins (monitor tolerance, limit portions)
 - Hummus/chickpeas
 - Legumes, Lentils
 - Beans: black, kidney, pinto, refried (1/4 cup maximum at one time)
 - Peas (split, cooked)
 - Nut Butters (creamy only)

NOTES

- **NO** potatoes, bread, pasta, rice, desserts, fruits, nor vegetables
- Eat often (every 2-3 hours)
- Eat first, wait 30 minutes, then drink
- Take small, nickel-sized bites
- Practice mindful eating (20-30 minutes to complete a meal)
- Egg yolks, red meat, large amounts of cooking oils, and full-fat cheeses may not be well tolerated due to fat content; eliminate for 1-2 weeks if not tolerating

Low Fiber

*Weeks 5 through 7 after surgery. Stay on this phase for 2 full weeks. You may advance to the next diet phase after week 6 *IF* you have tolerated everything.*



What you can add to your diet:

✓ Fruit

- Strawberries, Blueberries, Blackberries, Raspberries

✓ Soft/Cooked Vegetables (*not raw*)

- Avocado (may upset stomach due to fat content)
- Beets
- Carrots
- Eggplant
- Green Beans
- Onion, Mushrooms
- Pumpkin
- Spaghetti Squash, Yellow Squash, Zucchini
- Spinach

 *Use caution with the following vegetables, as they may cause bloating/gas/abdominal discomfort. Introduce these one at a time and monitor your tolerance: Asparagus, Broccoli, Cauliflower, Celery, Bell Pepper, Cabbage, Pickles*

Refer to Page 7 for more non-starchy vegetable options

✓ Starchy/Complex Carbohydrates (use in moderation)

- Potatoes, Sweet Potatoes, Yams
- Squash (winter, acorn, butternut)

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- **NO** bread, pasta, rice, or simple sugars (such as desserts)
- Eat protein first, fruits/vegetables second, and carbohydrates/starches last
- You will likely be full from eating only protein and vegetables

Solid Foods

Starts Week 8 after surgery.



What you can add to your diet:

- ✓ Proteins
 - Steak
 - Beef Fajita Meat
 - Brisket
 - Beef Jerky
- ✓ Raw Vegetables
 - Iceberg lettuce often causes upset stomach so we recommend avoiding it completely
 - Romaine lettuce is OK, but may cause mild gas, bloating, abdominal discomfort, etc.
- ✓ Fruit
 - Apples
 - Peaches
 - Pears
 - Plums
 - Prunes
 - Bananas (1/2 a banana is considered one serving)
 - Others as tolerated

NOTES

- Protein serving size is typically 2-3 oz. per meal
- Eat protein first, vegetables second, carbohydrates last
- Fruit should be eaten in moderation, being mindful of serving size
- **NO** simple sugars
- Monitor and take note of your tolerance to any food that is reintroduced into your diet. If you do not tolerate a food, wait to try again in 2 weeks

Sample Menus

LIQUID DIET

DAY 1:

Breakfast:	Protein Shake (4-6 oz.)
Snack:	Clear Protein Drink (8-16 oz.)
Lunch:	4 oz. Bone Broth + 2 oz. Greek Yogurt
Snack:	Sugar-Free Popsicle
Dinner:	Protein Shake (4-6 oz.) or Cream Soup (4-6 oz., strained)

DAY 2:

Breakfast:	Protein Shake (4-6 oz.)
Snack:	Sugar-Free Jell-O
Lunch:	5-6 oz. Greek Yogurt
Snack:	Sugar-Free Pudding
Dinner:	Broth or Cream Soup (4-6 oz., strained)

DAY 3:

Breakfast:	Cream of Wheat (4-6 oz.)
Snack:	Clear Protein Drink (8-16 oz.)
Lunch:	Protein Shake (4-6 oz.)
Snack:	Unsweetened Applesauce
Dinner:	5-6 oz. Greek Yogurt + 2 Tbsp. powdered peanut butter (PB2)

TOTAL PROTEIN ABOVE IS ESTIMATED BETWEEN 70-120 GRAMS PER DAY

- N ○ Sipping on a clear protein drink between meals counts toward your overall fluid
- O goal for the day and counts toward protein for the day
- T ○ Add unflavored protein powder (i.e., Genepro, Isopure) to your broth, yogurt,
- E cream soups, pudding, applesauce, etc. to meet protein goals
- S ○ Make oatmeal, grits, etc. with Fairlife milk instead of water for extra protein

Sample Menus

SOFT PROTEIN DIET

DAY 1:

- Breakfast:** Cream of Wheat with milk or milk alternative (1/2 cup)
Snack: Clear Protein Drink (8-16 oz.)
Lunch: 2-3 oz. Tuna (with 1 Tbsp. mayo)
Snack: Protein Shake (4-6 oz.)
Dinner: 2-3 oz. Shredded Chicken + 1/4 cup Kidney or Black Beans
Snack: 2 oz. Cottage Cheese

DAY 2:

- Breakfast:** Protein Shake (4-6 oz.)
Snack: Unsweetened Applesauce
Lunch: 1-2 oz. thinly-sliced Deli Turkey
Snack: Clear Protein Drink (8-16 oz.)
Dinner: 2-3 oz. Salmon + 2 oz. Cream Soup w/sprinkle of cheese
Snack: 2-4 oz. Greek Yogurt

DAY 3:

- Breakfast:** 1 Scrambled Egg + sprinkle of cheese + 2-4 oz. Greek yogurt
Snack: Clear Protein Drink (8-16 oz.)
Lunch: 2 oz. Ricotta Cheese + 2-3 oz. Ground Turkey (eat half)
Snack: Sugar-Free Jell-O
Dinner: 2-3 oz. Soft/Chopped Pork Tenderloin + 2 oz. Cottage Cheese
Snack: Other half of lunch

TOTAL PROTEIN ABOVE IS ESTIMATED BETWEEN 70-120 GRAMS PER DAY

Sample Menus

LOW FIBER DIET

DAY 1

- Breakfast:** 1 Egg Omelet with 1-2 oz. Diced Ham + Shredded Cheese
- Snack:** ¼ cup Blueberries + 1 Cheese Stick
- Lunch:** 2-3 oz. Deli Meat with cream cheese
½ cup steamed green beans
- Snack:** 4-6 oz. Greek Yogurt
- Dinner:** 2-3 oz. Rotisserie Chicken + ¼ cup mashed sweet potatoes

DAY 2

- Breakfast:** Protein Shake (4-6 oz.)
- Snack:** 1 Boiled Egg
- Lunch:** 2-3 oz. Deli Meat + 1 Cheese Stick
- Snack:** Unsweetened Applesauce with Cinnamon sprinkle
- Dinner:** 2-3 oz. Cod + 1/3 cup stir-fry vegetables
(Steam/stir-fry vegetables in low-sodium soy sauce)

DAY 3

- Breakfast:** Protein Pancake (1-2, depending on size)
(Mix 1 egg, 1-2 egg whites, ½ ripe banana, ½ scoop protein powder in blender, then cook in skillet)
- Snack:** 3 oz. Cottage Cheese + 5 Strawberries
- Lunch:** 2-3 oz. Tuna (+ 1 Tbsp. avocado mayo)
¼ cup roasted zucchini
- Snack:** Parfait: 2-3 oz. Greek Yogurt + 2 Tbsp. PB2 powder + ¼ cup fruit
- Dinner:** 2-3 oz. Ground Beef + 1 slice Avocado
1/3 cup sautéed spinach

TOTAL PROTEIN ABOVE IS ESTIMATED BETWEEN 70-120 GRAMS PER DAY

What to Expect After Surgery

What to Expect

- **Immediately after**

- Up and walking for at least 10 minutes every hour
- Some pain, but it should be tolerable (5 or less on a scale of 1-10)
- Left shoulder pain and incisional pain is common
- Most patients are discharged the same day, but some patients may stay 1 night in the hospital

- **Incisions**

- You may shower and wash your incisions with antibacterial soap, but do not scrub or attempt to pull off scabs. Allow the warm, soapy water to run over your incisions.
- Do NOT apply any creams or ointments to your incisions unless approved by your practitioner
- Do NOT use alcohol or peroxide to clean incisions

- **Medications**

- Your provider will instruct you on resuming your prescription medications after surgery

- **Activity Restrictions**

- No lifting anything more than 10 pounds for 3 weeks
- No baths, hot tubs, nor swimming for 10 days
- You may have sex when it is comfortable for you
- You may resume driving as soon as you feel comfortable, assuming you are not taking any pain medication
- No strenuous exercise for 4 weeks (work up to walking 30 minutes a day during this time)

- **Returning to Work**

- Return to work when you feel ready (typically 1 week after surgery)
- Walk 5-10 minutes every hour to help prevent blood clots for the first 4 weeks
- Remain hydrated. Ensure you are drinking water regularly throughout your work day

- **Pregnancy**

- Oral birth control may not be as effective for a few months after surgery. Please take other precautions, if appropriate, during this time. It is recommended to avoid conception for 12-18 months after surgery

Please feel free to call our office with any questions you may have.

Helpful Tips

- **Dehydration**

- Sip all day
- Set a reminder to drink on your phone every 10 minutes
- Use electrolyte supplements if needed (Pedialyte, Ultima Replenisher, etc.)
- Drink a minimum of 50 ounces per day

- **Constipation**

- Stay hydrated
- Walk at least 10 minutes every hour while you are awake
- Take your prescribed stool-softener (Colace)
- Try using Smooth Move Tea (can be purchased at Wal-Mart)
- If you have not had a bowel movement on day 3 after surgery, *add* Milk of Magnesia or Miralax (use as directed on the label until you have success with a bowel movement) to your stool-softener regimen
- Take a daily probiotic

- **Gas Pain**

- Walk at least 10 minutes every hour while you're awake
- Take deep breaths
- Use a heating pad as needed

- **Nausea**

- Stay hydrated
- Use Zofran/Ondansetron prescription as needed
- Keep something substantial (protein shake, strained soup, etc.) on your stomach every 1-2 hours

- **Diarrhea**

- Stop taking your stool softener
- Make good food choices
- Eliminate lactose from your diet
- Take Imodium as needed

Please feel free to call our office with any questions you may have.

Appointments After Surgery

Follow-Up Appointments

We encourage you to maintain regular follow-up after surgery. Patients who have follow-up visits are more successful with weight loss, and we want to be part of that success! Each patient's follow-up schedule is different, but you will consistently have a visit around 2 weeks after surgery to identify any surgical complications, adjust/eliminate medications, monitor for vitamin/mineral deficiencies, and provide accountability. As you progress, your follow-up visits will also address nutrition and lifestyle changes, weight loss plateaus or weight regain. At minimum, we require follow up at 6 months and 12 months after surgery. We recommend annual visits after your first year.

Additional follow-up visits provide an opportunity for us to check on your progress with weight loss, any changes to your medical conditions, and order blood work to help identify vitamin/mineral deficiencies.

Lifestyle Education

We believe bariatric surgery is a tool for weight loss that is best utilized in combination with education on health, wellness, nutrition, and lifestyle change. We provide a variety of opportunities for continued learning, including online courses, educational videos, and podcast episodes detailing the latest practices our clinic is utilizing to help people on their journey. We urge you to take advantage of these offerings and truly invest in yourself!

Resources



Social Media

Instagram, Facebook, TikTok and other social media platforms have active bariatric networks. We recommend caution when receiving any advice online, but the following accounts are some of our favorites:

@thesleeveddietitian	@thatvsglife
@bariatric.meal.prep	@bariatricmindset
@thebariatrictrainer	@drmarkhyman
@bariatricchefboyrd	@glucosegoddess
@bariatric.therapist	@marksissonprimal
@justadopedad	@drmarkhyman
@bariatricqueen	@drjamesdinic
@rissarecharged	@peterattiamd

Follow Us!

@panhandleweightlosscenter



Other Noteworthy Follows

Masterclass on Insulin Resistance with Peter Attia

The Model Health Show with Shawn Stevenson

Mark's Daily Apple with Dr. Mark Hyman

Andrew Huberman

Support Groups

We encourage attendance at support group meetings as you transition into a new lifestyle! Our patient-led support group meets in the lobby of our office on Thursdays at 6 PM. Kristin Wylie, a local licensed professional counselor, also offers virtual support groups (contact her office at 806-418-2283 for more information). As well, we have an active online support group through Facebook (search "Panhandle Weight Loss Center Support Group" to join).

YouTube

Check out our YouTube channel for videos about surgery, lifestyle, nutrition, and cooking! Scan the QR code to watch!



Podcast

Our providers walk you through a whole-person approach to a lifestyle that promotes health, wellness, and longevity. Scan the QR code to listen on Spotify. Search "Panhandle Weight Loss Center" on other platforms.



Recommended Books

The Obesity Code - Dr. Jason Fung

Atomic Habits - James Clear

Why We Sleep - Matthew Walker, PhD

Start With Why - Simon Sinek

What Your Food Ate - David R. Montgomery and Anne Bikle

Younger you - Dr. Kara Fitzgerald

Drop Acid - David Perlmutter MD

Nature Wants Us to be Fat - Richard Johnson MD

The Fatburn Fix - Catherine Shanahan MD

Why We Get Sick - Benjamin Bikman PhD

The Case Against Sugar - Gary Taubes

The Big Fat Surprise - Nina Teicholz

The Dorito Effect - Mark Schatzker

Glucose Revolution - Jessie Inchauspe

The Energy Paradox - Steven R. Gundry MD

Salt Sugar Fat - Michael Moss

Lifespan - David A. Sinclair PhD

The Omnivore's Dilemma - Michael Pollan

In Defense of Food - Michael Pollan

Deep Nutrition - Catherine Shanahan MD

The Mind-Gut Connection - Emeran Mayer MD

Always Hungry - David Ludwig MD PhD

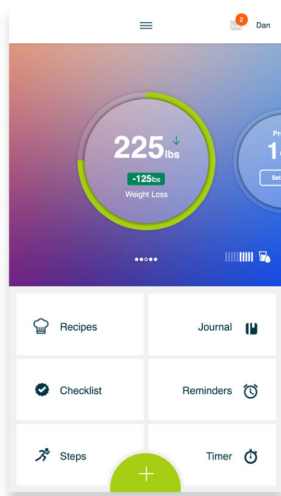
Outlive - Peter Attia MD

Baritastic App

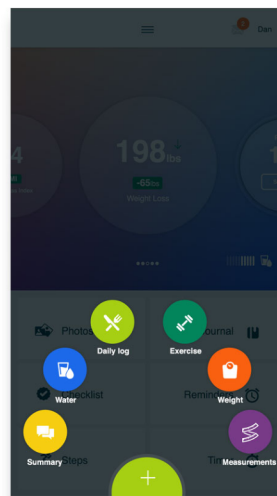
Your providers will encourage you to use a food tracking app to help better understand what you are putting in your body and ensure you are meeting your nutrition goals. At Panhandle Weight Loss Center, we use the Baritastic app, designed with bariatric surgery patients in mind! The app allows you to access our program's resources and allows us to monitor your progress and view your nutrition logs if needed.

Program Code: 77952

Bariatric surgery is a journey
Baritastic will help you along the way.

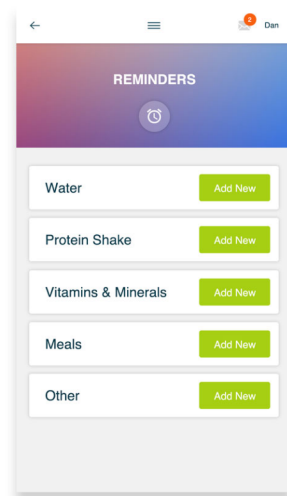


Robust trackers to help get you to goal.



Set reminders

For protein shakes, water and vitamins after surgery

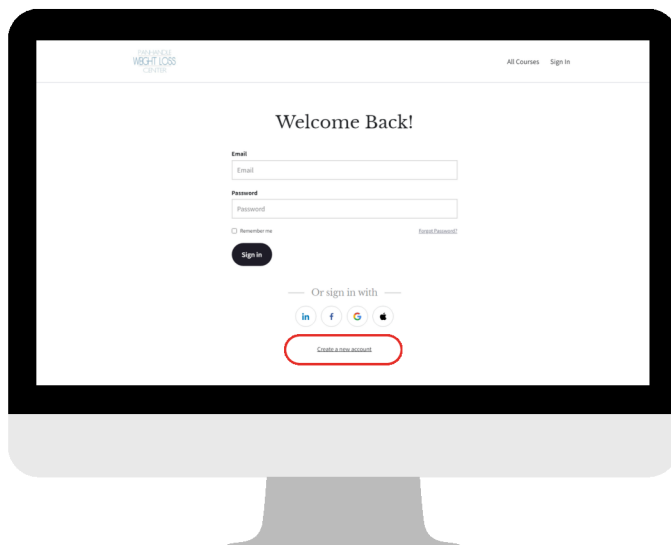


Thinkific

Our staff will enroll you in our online course(s).
Once enrolled, use the QR code to the right to reach
the login screen



Step 1



If it is your first time to log in,
follow the steps below:

Step 1: Click “[Create a new account](#)”

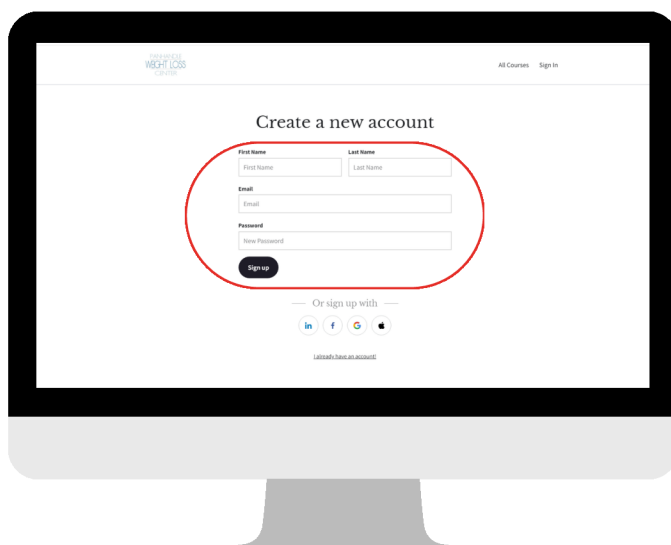
Step 2: Enter your [First](#) and
[Last Name](#)

Step 3: Enter the [email address](#) our office has on file
for you

Step 4: Enter the [password](#)
you want to use for this site

Step 5: Click “[Sign Up](#)”

Steps 2-5



Primal Blueprint Guidelines

Providers at Panhandle Weight Loss Center are trained and certified as Health Coaches in the Primal Blueprint.

The Primal Blueprint is based on lifestyle principles that have governed human health and performance for many years. As our patient, you will find we use the Primal guidelines to influence your care. We strive to look at the "big picture" of health and wellness, not only addressing diet and exercise but also addressing sleep, stress, medications, hormones, lab work, etc. While we do believe each patient has unique needs and there is no "one size fits all" model, we believe the model of our hunter-gatherer ancestors provides better results for longevity, health, and wellness than other models used in practice today.

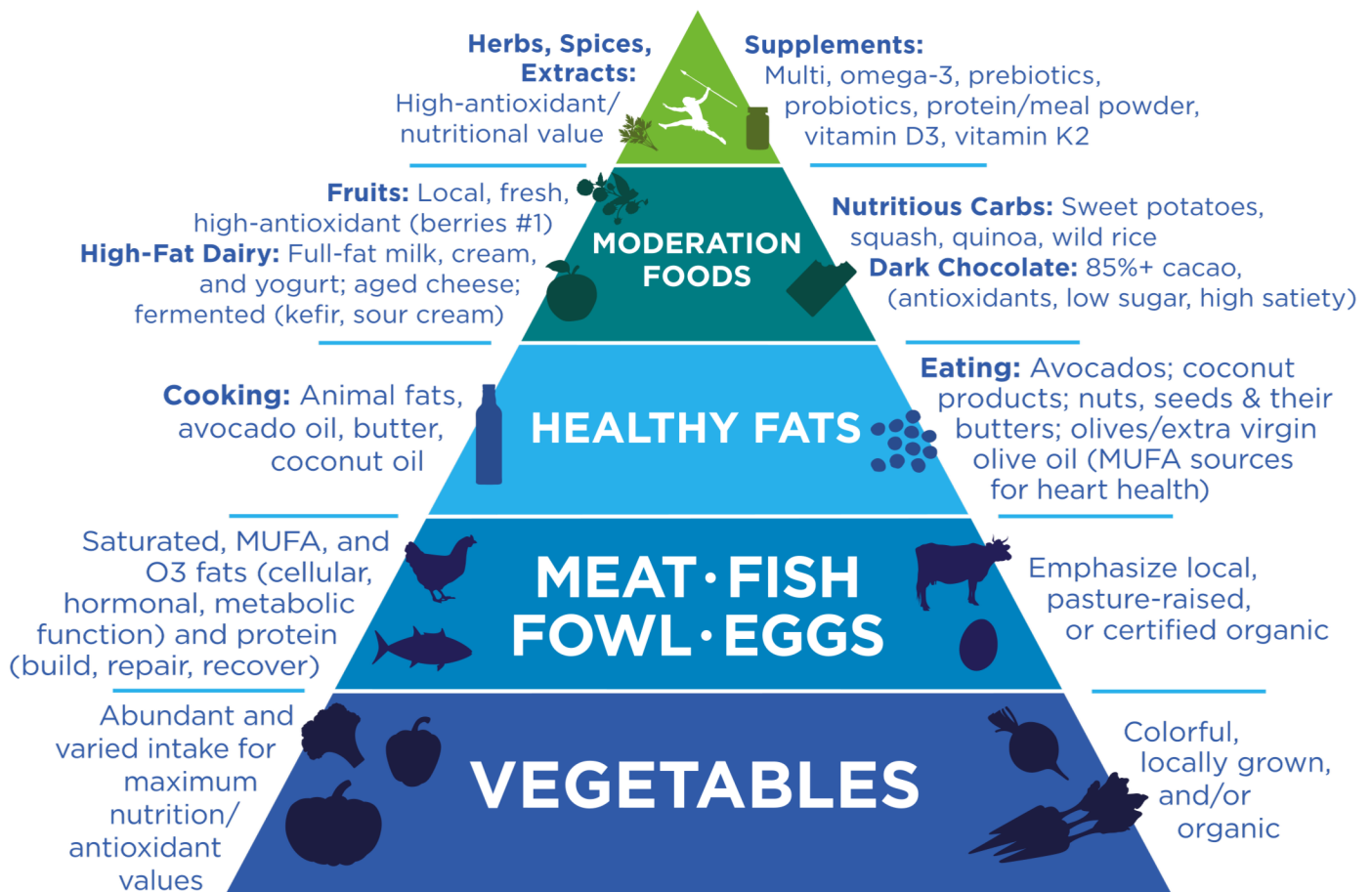
Our desire is to utilize the Primal Blueprint as a starting point for your journey. We encourage you to take initiative and learn the ins and outs of your body and how it functions as a whole.

This will likely include un-learning quite a bit of conventional "wisdom" regarding nutrition and weight loss and replacing it with truth about how our bodies are nourished best and what defines "health". We are happy you've chosen us to come alongside you in this journey!

The next 3 pages are the basic Primal principles.

PRIMAL BLUEPRINT FOOD PYRAMID

- Nutritious, satisfying, high-nutrient-value, low-insulin-stimulating foods.
 - Low carbohydrate, moderate protein, ample nutritious fats.
 - Flexible choices and meal habits by personal preference.
 - Free of grains, sugars, and refined vegetable oils.



Pyramid Notes: The Primal Blueprint Food Pyramid conveys which foods and categories to emphasize in the model of our hunter-gatherer ancestors. Meal emphasis should be on vegetables; think heaping portions crowding the plate, instead of the small-serving accoutrements we are accustomed to. However, most of your calories will come from animal foods (meat, fish, fowl, and eggs) due to their caloric density.

The most critical distinction between primal-style eating and the Standard American Diet (SAD) is the complete absence of the most offensive modern foods: refined sugars, grains and vegetable oils. These inflammatory, oxidative, nutrient devoid “foodlike substances” (as author Michael Pollan says) comprise an estimated two-thirds of total SAD calories. Ditching these agents opens you up to colorful, nutrient dense, highly satisfying foods that promote optimal gene expression.



PRIMAL APPROVED FOODS

VEGETABLES

Artichoke
Arugula
Asparagus
Avocado
Beets/Beet Greens
Bell Peppers
Bok Choy
Broccoli
Broccoli Rabe
Brussels Sprouts
Cabbage
Carrots
Collards
Cucumbers
Eggplant
Endive
Fennel
Fiddlehead Ferns
Garlic
Green Beans
Jerusalem Artichoke
Jicama
Kale
Kohlrabi
Leeks
Mushrooms
Mustard Greens
Olives
Onions
Parsnips
Peppers (all kinds)
Pumpkin
Purslane
Radish
Romaine Lettuce
Rutabaga
Sea Vegetables
Spinach
Swiss Chard
Tomatoes
Turnip Greens
Watercress

STARCHES IN MODERATION

Cassava
Potatoes
Sweet Potatoes
Wild Rice
Yams
Taro

FISH

Anchovies
Bass
Catfish
Cod
Eel
Haddock

Halibut
Herring
Mackerel
Mahi Mahi
Monkfish
Mullet
Northern Pike
Orange Roughy
Perch
Red Snapper
Rockfish
Salmon
Sardines
Tilapia
Tuna
Walleye
Any other wild fish

SHELLFISH

Abalone
Clams
Crab
Crayfish
Lobster
Mussels
Oysters
Prawns
Scallops
Shrimp

MEAT & POULTRY

Beef
Chicken
Goat
Lamb
Pork
Game Meat
Alligator
Bear
Buffalo
Caribou
Duck
Elk
Emu
Goose
Pheasant
Kangaroo
Ostrich
Quail
Rabbit
Snakes
Turkey
Venison

ORGAN MEAT

Hearts
Kidney
Liver
Bone
Marrow
Sweetbreads
Tongue

EGGS

Chicken
Duck
Emu
Goose
Pheasant
Quail
Roe/Caviar
Other Bird Eggs

NUTS & SEEDS

Almonds
Brazil Nuts
Hazelnuts
Macadamia
Pecans
Pine Nuts
Pistachios
Pumpkin Seeds
Sesame Seeds
Sunflower Seeds
Walnuts
Derivative Butters

HEALTHY FATS & OILS

Primal Kitchen™ Avocado Oil
Primal Kitchen™ Extra Virgin
Avocado Oil
Butter/Ghee
Coconut Oil/Milk
Lard
Macadamia Oil
Olive Oil
Sesame Oil
Tallow
Unprocessed Palm Oil

PREFERRED FRUIT

Blackberries
Blueberries
Boysenberries
Cranberries
Gooseberries
Raspberries

OTHER FRUITS

Apple
Apricot
Banana
Cantaloupe
Cherries
Coconuts
Figs
Goji Berries
Grapefruit
Grapes
Guava
Honeydew
Melon Kiwi
Lemon
Lime
Lychee
Mango
Nectarine
Orange
Papaya
Passion Fruit
Peaches
Pears
Persimmon
Pineapple
Plums

Pomegranate
Rhubarb
Star Fruit
Strawberries
Tangerine
Watermelon
All other fruits

SPICES & HERBS

Anise
Basil
Black Pepper
Cayenne Pepper
Chili Pepper
Cilantro
Coriander Seeds
Cinnamon
Cloves
Cumin
Dill
Fennel
Ginger
Mint
Mustard Seeds
Nutmeg
Oregano
Paprika
Parsley
Peppermint
Rosemary
Sage
Tarragon
Thyme
Turmeric

CONDIMENTS & DRESSINGS

Primal Kitchen™ Ranch Dressing
Primal Kitchen™ Greek Vinaigrette
Primal Kitchen™ Honey Mustard Dressing
Primal Kitchen™ Mayo with Avocado Oil
Primal Kitchen™ Chipotle Lime Mayo
Vinegar

OTHER

Primal Master Formula
Primal Omegas
Primal Probiotics
Primal Sun (Vitamin D)
Primal Kitchen™ Fuel
Stevia
Tamari
Tea (green, black, white, oolong)

OTHER IN MODERATION

100% Full Fat Cream
Cheese
Coffee
Grass-fed & Organic Full Fat Yogurt
Coconut Milk Yogurt Alternative
Cashew Milk Yogurt Alternative
Almond Milk Yogurt Alternative

OCCASIONAL INDULGENCES

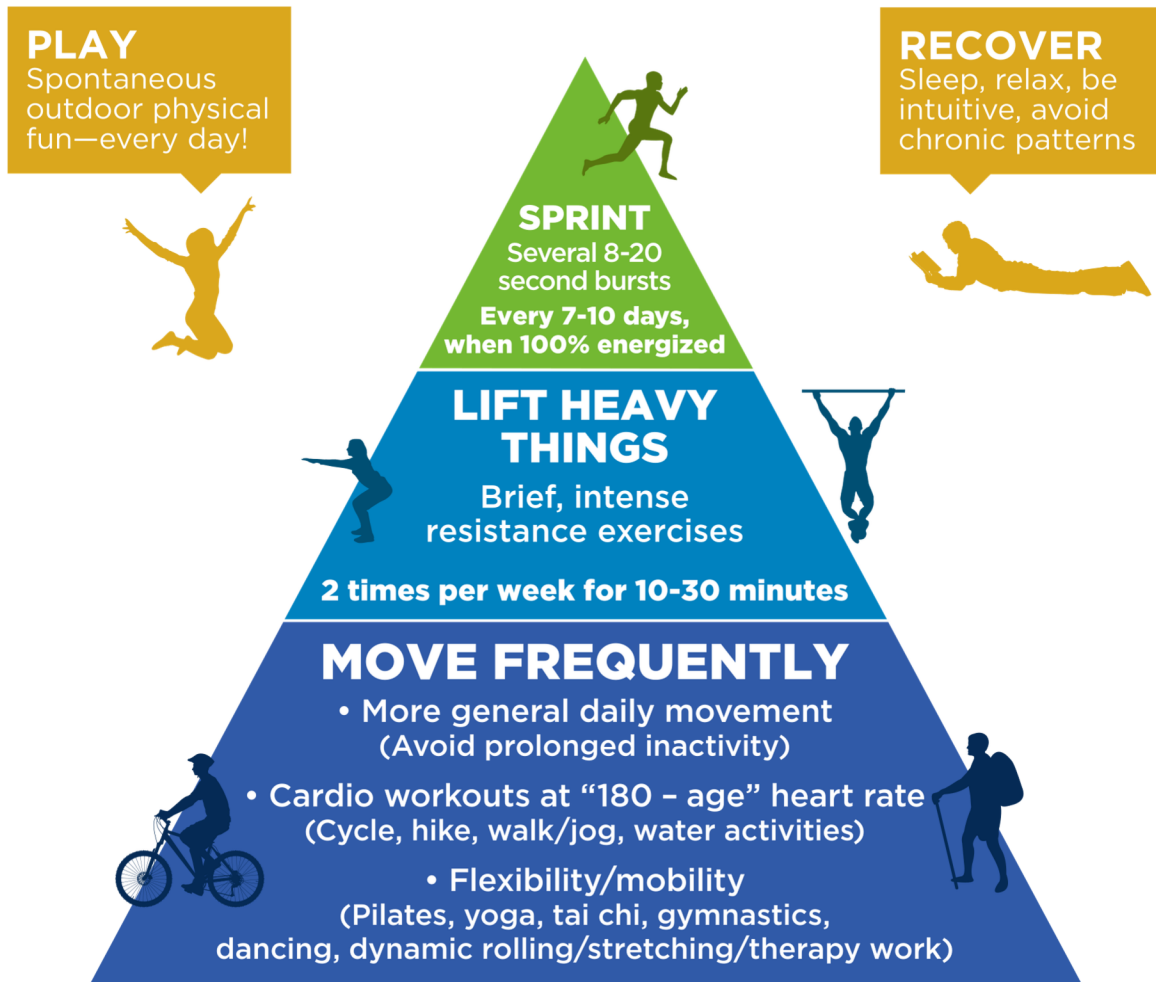
Dark Chocolate

PANHANDLE WEIGHT LOSS CENTER

*Note: Some food choices listed above might be endangered or unsustainable.
Please use discretion when making selections.*

PRIMAL BLUEPRINT FITNESS PYRAMID

Functional fitness, stress/rest balance, anti-aging benefits



Pyramid Notes: The pyramid reflects the exercise patterns that shaped human evolution for 2.5 million years. Becoming fit, or even super fit, does not have to involve a complex, time-consuming approach. All you have to do is engage in a sensible blend of Primal Blueprint-style workouts, which are scalable to people of all fitness levels.

The Move Frequently goal blends structured aerobic workouts with increased general everyday movement; movement enhances fat metabolism and immune and cognitive function. For Lift Heavy Things, you can enjoy excellent benefits from a workout as short as seven minutes – really! Keep workouts brief (30 minutes is plenty, even for experts) and intensity high. This will stimulate the flow of adaptive hormones and prevent chronic exercise patterns.

Frequently Asked Questions

Do I need to be in-person for anything?

Your visits with any of our providers (surgeon, advanced practitioner, dietitian, etc.) can be done virtually. Your BMR test and body composition scan are performed in our office. Other testing (cardiac clearance, psych clearance, gallbladder ultrasound, etc.) is performed in-person, but not in our office. The exception to this is any cardiac testing performed by Frontera - this is completed in our office.

What do I do about gas? Walk, walk, walk! Most gas pains are from the carbon dioxide used during surgery and will be absorbed over the first 2-3 days. Excess gas/flatulence is also common in the first few weeks after surgery. You can take Gas-X strips, Mylicon Drops, or Simethicone (generic) to relieve gas pains.

What do I do about constipation? You can try MiraLAX or Smooth Move Tea, which are available over the counter. You should also increase fluid intake and/or take an insoluble fiber supplement (Fiber-Con, BeneFiber or Metamucil). We recommend starting with $\frac{1}{4}$ to $\frac{1}{2}$ the recommended dosing. Half a cup of warm prune juice may help as well. Call our office if the constipation persists more than 2-3 days.

What do I do about diarrhea? For the first few weeks after surgery, it is normal to feel cramping or diarrhea. You may take Imodium AD or try a probiotic. Diarrhea is a more frequent problem with patients undergoing the Duodenal Switch procedure and can lead to dehydration. Make sure to increase your water consumption beyond the normal recommendations. Call our office if diarrhea persists more than 2-3 days.

What do I do if I am feeling nauseous or vomiting? Nausea can be expected in the first few weeks after surgery. Watch your eating behavior. Are you eating too much, too fast, or eating foods high in sugar or fat? Are you drinking with your meals? You may also be dealing with food intolerances. If you are feeling nauseous or vomiting, wait about two hours until symptoms subside, then go back to full liquids again. If vomiting continues for more than a 24-hour period, call our office.

When can I drive?

As soon as you feel comfortable, assuming you are not taking any pain medication.

When can I start to exercise after surgery?

You can begin to walk as soon as you feel stable on your feet. For most people, this is within hours of the surgery.

When can I go back to work?

You cannot lift, push, or pull anything greater than 10 pounds for 3 weeks after surgery. If your job does not require heavy lifting/pushing/pulling, return to work is typically 1 week after surgery.

Why do I need to drink so much water? Proper hydration is critical during recovery from surgery. When food intake is low, it becomes even more important to drink fluids to meet the needs of your body. Dehydration is one of the most common reasons for re-hospitalization. It can cause weakness, fatigue, light-headedness, dizziness and constipation. You should sip constantly on water between meals. Your goal is 64 ounces of water a day.

Why do I sometimes feel tightness in my chest area after eating? This can be caused by eating too fast, not chewing well enough, taking too big of a bite, or drinking with meals. Stop what you are doing. Stand up and pace the floor. This may alleviate tightness sooner.

Will my taste/smell change?

It is possible. We recommend not purchasing large amounts of protein drinks before surgery, as you may not like the same flavor afterwards.

When can I get pregnant after surgery? It is strongly recommended to wait at least 18 months after surgery before trying to conceive, as your body will be fairly stable from a weight and nutrition standpoint. You should note fertility often increases with weight loss, so be sure to take extra precautions, as it is possible to conceive anytime after surgery.

What are the surgical risks/outcomes for these procedures?

Risks/outcomes vary based on many factors (surgeon, procedure, age, health conditions, etc.). Weight loss is never guaranteed.

Here is the most recent *national* outcomes data for bariatric surgery (2024) provided by the MBSAQIP:



Standard 5.1: MBSAQIP Aggregate Event Rates for 01/01/2024 - 12/31/2024

INITIAL PROCEDURE CASE TYPE						
Case Type	Leak %	Bleed %	SSI %	Related Reoperations %	Related Interventions %	Related Readmissions %
Laparoscopic Sleeve Gastrectomy	0.15%	0.60%	0.51%	0.37%	0.33%	1.77%
Laparoscopic Roux-en-Y Gastric Bypass	0.27%	1.34%	0.87%	1.13%	1.02%	3.99%
Laparoscopic Biliopancreatic Diversion with Duodenal Switch	0.75%	1.21%	1.11%	1.68%	0.93%	3.59%
Single Anastomosis Duodeno Ileal Bypass (w/ and w/o sleeve)	0.67%	1.01%	1.39%	1.57%	0.79%	3.22%
All Initial Procedures	0.21%	0.84%	0.65%	0.64%	0.56%	2.49%

CONVERSION CASE TYPE						
Case Type	Leak %	Bleed %	SSI %	Related Reoperations %	Related Interventions %	Related Readmissions %
Sleeve Gastrectomy to Gastric Bypass	0.53%	1.59%	1.31%	2.13%	1.60%	6.49%
Adjustable Gastric Band to Sleeve Gastrectomy	0.58%	0.84%	1.47%	1.16%	0.95%	2.31%
Adjustable Gastric Band to Gastric Bypass	0.86%	0.68%	1.78%	2.09%	1.17%	5.47%
All Conversion Procedures	0.75%	1.38%	1.16%	2.13%	1.51%	5.77%

REVISION CASE TYPE						
Case Type	Leak %	Bleed %	SSI %	Related Reoperations %	Related Interventions %	Related Readmissions %
Gastric Bypass Revision	0.59%	1.46%	1.91%	1.71%	1.74%	5.42%
Sleeve Gastrectomy Revision	0.76%	0.61%	1.06%	1.06%	1.67%	3.94%
All Revision Procedures	0.73%	1.24%	1.74%	1.70%	2.11%	5.15%

Note: MBSAQIP national aggregate data will be updated every July, in accordance with the July SAR release.

OF NOTE: Dr. Neichoy and Dr. Schniederjan's rates of aggregate events are LOWER than the national averages above.

Contact Us

If you are experiencing a medical **emergency**, **call 911** or go to the emergency room. If possible, return to the hospital at which you had surgery and notify Panhandle Weight Loss Center.

Please notify any medical personnel of your history of bariatric surgery before they treat you!

Our office is staffed Monday through Thursday 8:30 AM - 5:00 PM and Fridays from 8:30 AM - 12:00 PM. During normal business hours, if you experience a non-emergent complication or believe you need to be seen by one of our providers, please call for an appointment or to speak with a nurse. Outside normal business hours, if you experience a non-emergent complication or believe you need to be seen by one of our providers, please call our office and the on-call provider will be notified.

Please notify your surgeon/nurse if any of the following occur:

- Bright red blood in your vomit or stool
- Excessive pain in your chest
- Pain, redness, or swelling in your legs
- Difficulty breathing or increased shortness of breath
- Inability to keep fluids down and no urination
- Frequent vomiting or diarrhea lasting more than 24 hours
- Abdominal pain that persists for more than 4 hours
- No bowel movements after utilizing Colace or Milk of Magnesia
- Uncontrollable pain or severe pain/bleeding around incisions
- Increased redness or milky, malodorous discharge from incisions
- Fever over 100.5 degrees

Important Phone Numbers

Panhandle Weight Loss Center 806.677.7952
Fax: 806.353.6081

*For urgent after-hours matters, call our office to reach
the on-call provider*

Surgery Center of Amarillo 806.418.8870

BSA Hospital 806.212.2000

Northwest Texas Hospital 806.354.1000

Cardiology Center of Amarillo 806.354.9764

Amarillo Heart Group 806.358.4596

Kristin Wylie (Psych Eval) 806.418.2283

Dr. Cartwright (Psych Eval) 214.918.1999

Dr. Bricken (Psych Eval) 281.364.0067

**Amarillo Diagnostic Clinic
Pharmacy** 806.358.0331