Cleveland Clinic
Akron General

Bariatric Center
330.344.4751

Guide to Surgery

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Making the Decision to Have Weight Loss Surgery

Our surgeons work with multi-specialty, full-time support staff that is dedicated to providing the best experience possible for the entire surgical process. Our team works with patients to ensure they receive the best care before, during, and after their surgery. Our commitment to you is to provide life-long follow up care.

Weight loss surgery requires serious consideration and commitment. Patients need to be aware of and have a fundamental understanding of all aspects of this surgery. All facets of your life, body, mind and spirit - will potentially undergo significant change. We will provide support and direction to help you be successful through your weight loss journey. The successful patient will not only lose weight but will also have significant improvement in many of their current medical problems and enjoy a better quality of life.

To provide ongoing support, we host monthly support group meetings for patients who have had surgery and those interested in weight loss surgery at our different sites. A list of support groups can be found on our website. Potential patients, past and current patients, family, and friends are always welcome.

This book is designed to guide you through our program.

Please call us with any questions at 330.344.4751.

Cleveland Clinic Akron General Bariatric Center

Welcome to the Bariatric Center at Cleveland Clinic Akron General. We strive to set the standards for quality in the field of bariatric (weight loss) surgery and total patient satisfaction. Our multidisciplinary team is comprised of professionals committed to your care as we assist you through your surgical weight loss journey

Bariatric Surgery Excellence

The Bariatric Center at Cleveland Clinic Akron General is devoted to providing world-class care. We meet or exceed the following standards for excellence in weight loss surgery recommended by the American College of Surgeons and the American Society of Metabolic and Bariatric Surgery:

Multidisciplinary expertise in the following obesity associated specialties:

Endocrinology
Gastroenterology
Cardiology
Pulmonary Medicine (Sleep Apnea)
Critical Care
Nutrition
Physical Therapy/ Exercise Therapy
Psychology/Psychiatry

- Designated integrated health team for care and education
- Full line of equipment and instruments for the care of bariatric surgical patients
- Dedicated inpatient unit with suitable furniture and medical equipment
- Dedicated outpatient clinic with suitable furniture and medical equipment
- Perioperative care standardized with utilization of clinical pathways
- Availability of organized and supervised support groups
- Long-term follow-up care with a system for outcomes reporting

Surgeon Qualifications and Credentialing

Our pursuit of world-class care at the Bariatric Center begins with the leadership, skill and experience of our surgeons. Our surgeons meet the highest standard of qualifications and credentialing for bariatric surgery. Our surgeons are active members of the American Society of Metabolic and Bariatric Surgery and specialize in providing a range of weight loss surgery procedures that set the benchmark in bariatric surgery programs worldwide.

We emphasize minimally invasive or laparoscopic surgery for nearly all bariatric operations performed at Cleveland Clinic.

Qualifications that all our surgeons meet include the following:

- Graduation from approved medical school
- Completion of accredited residency training in general surgery
- Completion of fellowship training in advanced laparoscopic surgery and bariatric surgery
- Membership in the American Society of Metabolic and Bariatric Surgery

Message from the Staff

Many people do not realize the profound effect severe obesity has on the mind and body. Those affected by obesity face health, social, and psychological problems that are not recognized by society. Obesity is not caused by a lack of willpower as is commonly believed. The difficulties faced in everyday life are often not appreciated. Tasks such as getting in and out of cars, simple daily hygiene, even tying your shoelaces all become challenging. Living with obesity can be overwhelming, especially when considering the serious and sometimes lifethreatening health risks that are caused by obesity. Obesity is strongly associated with high blood pressure, infertility, arthritis, diabetes, heart and lung disease, and a shortened life span.

Obesity can severely affect the quality of your life! It is a disease that is so powerful that you alone cannot cure it. Just like any other disease, obesity needs intervention and should not be ignored. It is no one's fault that he or she suffers from obesity. Many of you have probably struggled with why you are affected by this disease and feel defeated by your inability to change your weight. But no matter how many diets you try, diets often have a minimal and short-term impact on weight loss. Statistics show that with non-surgical diet plans, 95 percent of people will regain their weight. The only proven long-term solution to obesity and its related illnesses is weight loss surgery.

Surgery, despite its modest risks, can drastically improve your life. You can have control and make decisions toward a healthier future. We offer minimally invasive surgical options using the most advanced techniques for permanently treating obesity and its related complications.

You will probably have some questions about the surgery. This patient information guide will begin your journey to understanding the role of weight loss surgery. Most importantly, it will prepare you for what to expect before and after your surgery.

We look forward to answering any questions you may have and welcome you to our program.

The Medical Staff of the Bariatric Center

MBSAQIP®

METABOLIC AND BARIATRIC SURGERY
ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM

The Bariatric Center is accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement program (MBSAQIP). The designation awarded to programs by the American Society for Metabolic and Bariatric Surgery and The American College of Surgeons to programs with a proven record of favorable outcomes for weight-loss surgery.

Meet Our Staff

Our staff includes board-certified surgeons, obesity medicine physicians and nurse practitioners, as well as a dedicated team of dietitians, psychologists, registered nurses, health and fitness professionals and surgical technicians. Additionally, we work closely with your primary care doctor, as well as any appropriate specialists, who could include gastroenterology, endocrinology, cardiology, internal medicine and other obesity-related fields.

Meet our Medical Team

Christopher Daigle, MD, FRCSC, FACS

Christopher Daigle, MD, is the Medical Director and Chief of Bariatric Surgery at Akron General. He completed his bariatric fellowship training at Cleveland Clinic. He currently serves as the president of the Ohio/Kentucky state chapter of the American Society for Metabolic and Bariatric Surgery. He is also an accomplished researcher in the field of bariatric surgery with over 70 peer-reviewed publications, book chapters and meeting presentations.

Marita Bauman, MD

Marita Bauman, MD, is originally from Indiana where she attended medical school at Indiana University School of Medicine. She completed her surgical residency at Indiana University in Indianapolis. Dr. Bauman then moved to Cleveland where she completed an advanced laparoscopic, endoscopic and bariatric surgery fellowship at Cleveland Clinic. She specializes in bariatric surgery, in addition to a wide range of minimally invasive procedures treating reflux, hiatal hernias, gastroparesis, achalasia and other general surgical diseases.

Shweta Diwakar, MD

Shweta Diwakar, MD specializes in obesity medicine and medical weight management. She provides comprehensive management of obesity including counseling, lifestyle and behavior modifications. Dr. Diwakar graduated from the Medical School at the Institute of Medicine at Tribhuvan University in Kathmandu, Nepal. She completed her Internal Medicine Residency at Akron General Medical Center.

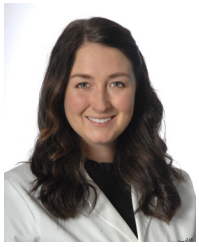
Amy Laktash, NP

Amy Laktash, NP, received her master's degree from The University of Akron after completing a bachelor's in nursing at Miami University. She currently works as a nurse practitioner for the Bariatric Center, as well as the clinical coordinator for the Center's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). She has more than 10 years of clinical and healthcare administration experience with Akron General and is certified as an Adult-Gerontology Primary Care Nurse Practitioner through the American Academy of Nurse Practitioners. She resides in West Akron with her husband, Mike, and son, Milo.

Meet Our Staff

Serena D. Stevens, PhD

Serena D. Stevens, PhD, is a clinical psychologist in the Bariatric Center. She completed her PhD at Loma Linda University, with clinical and research emphases in eating disorders, body image, weight stigma, and weight management. Dr. Stevens also completed a fellowship in Health Psychology at the Cleveland Clinic, with a dual emphasis on managing the behavioral health aspects of individuals diagnosed with MS, as well as individuals pursuing weight loss surgery. Dr. Stevens works with patients while they are preparing for bariatric surgery, helping them identify emotions, thoughts and behaviors that could be unsafe or could get in the way of being successful following surgery.



Angela Gromovsky, CNP

Angela Gromovsky, CNP, received her master's degree in nursing and her bachelor's degree in nursing from Kent State University. She is a certified as an Adult-Gerontology Primary Care Nurse Practitioner through the American Academy of Nurse Practitioners. She currently works in the Bariatric Center as a nurse practitioner seeing patients preoperatively and postoperatively.

Chelsey Ludwiczak, RD

Chelsey Ludwiczak, RD, graduated from Youngstown State University in Youngstown, Ohio with a bachelor's degree through the Coordinated Program in Dietetics. She also completed various internships at Trumbull County WIC and Northside Medical Center in Youngstown, Ohio. Chelsey is currently a licensed dietitian in the state of Ohio and has received ServSafe Manager certification. Additionally, she is member of the American Society for Metabolic and Bariatric Surgery and has received a Certificate of Training in Adult Weight Management.

Step by Step

The Steps to Weight Loss Surgery

STEP 1
Verification of Insurance and Financing

STEP 2
Medical Consultations and Assessments

STEP 3
Surgical Pre-certification Insurance Approval

STEP 4
Scheduling of Surgery Date and Pre-op Clinic Visit

STEP 5
Surgery and Follow-up Visits

Each of the steps listed above are explained in greater detail on the following pages.

Step By Step

STEP 1: Verification of Insurance and Financing

While it is not a mandatory step in the Pathway process, we always recommend you confirm that your health insurance allows you to come to Cleveland Clinic Akron General.

If you plan to go through your health insurance for coverage of surgery, we will verify your benefits for you. We will communicate to you both your benefits and any specific criteria which must be met for your insurance plan to cover surgery. Please see the Insurance and Financial Eligibility section of our website at akrongeneral.org/bariatriccenter for more detailed information. Ask your insurance company if the following procedures are covered at Cleveland Clinic Akron General by your insurance plan

- Roux-en-Y gastric bypass (CPT Code 43644)
- Sleeve gastrectomy (CPT Code 43775)

Cleveland Clinic Akron General accepts all major insurance carriers including Medicare and Medicaid.

A VERY IMPORTANT NOTE: Most insurance companies require the following:
- medical documentation of a weight history.
- any actual documentation of obesity medication and medically supervised obesity management prescribed.

If you have a weight history and weight treatment history at Cleveland Clinic, we will gather that weight information and anti-obesity medication prescribed by Cleveland Clinic providers from your medical record. For weight history outside Cleveland Clinic or its satellite offices you will need to contact the provider who weighed you and/or prescribed anti-obesity medications for a copy of that documentation. Copies of the provider's office notes detailing your weight loss attempts may be required. The weight loss attempts must note weight loss or gain for the visit, the recommended nutrition plan and a review of your exercise for the month.

If you plan to self pay, please contact 330.344.4751 directly to set up your consultation.

STEP 2: Medical Consultations and Assessments

After your insurance coverage has been verified, your **Initial Patient Worksheet Questionnaire** will be evaluated by our staff to determine if you qualify for weight loss surgery according to the National Institutes of Health guidelines. In addition, other medical problems may be revealed, which could require evaluation by our specialists.

At these office appointments, the medical staff will review your history and examine you briefly. You will have an opportunity to discuss surgical weight loss options with your surgeon and ask questions. At the conclusion of your visit you will receive a personal patient tracker. The patient tracker serves as a tool and lists consultations, clearances, and testing that you will need to complete. We recommend bringing your patient tracker to all appointments.

You must complete all testing, assessments and consults that are ordered. Please note that **all** patients are required to have a nutritional and psychological evaluation done at the Cleveland Clinic. The need for other consultations and evaluations will be determined by your medical history, physical exam and our discussion with you. You will be provided with the names and phone numbers of consultants and testing areas so that you can make appointments that will be convenient for you.

Step By Step

These clearances and assessments are broken down into four areas. You will need to be cleared in all four areas in order to proceed.
These are:
1. Surgery Consult
2. Medical Evaluation
3. Psychological Evaluation
4. Nutritional Evaluation

You **MUST BE CLEARED BY ALL** before we will submit to your insurance.

It is necessary that **you keep copies** of your test results, consultations and other records of treatment if performed **outside** the Cleveland Clinic. Any records of care provided at the Cleveland Clinic main campus or Cleveland Clinic satellite offices (Family Health Centers) are available to us. Although we do not need copies of records of care you receive at the Cleveland Clinic or satellite offices, you may want to ask for a copy of these records **for your own** file at the time of your tests and consultations.

When all testing and evaluation is complete, copies of outside (non-CCF) testing results, evaluations and other documents should be sent to our program office. Mail to:

Cleveland Clinic Akron General Bariatric Center
1 Akron General Avenue, Suite 492, Akron, Ohio 44307
or FAX to 330-344-0092

STEP 3: Surgical Pre-certification Insurance Approval

ALL MEDICAL CLEARANCES AND TESTS MUST BE COMPLETED BEFORE WE CAN SUBMIT TO YOUR INSURANCE COMPANY. Once all of your requirements (testing, consults, psychology, and nutrition, etc.) for surgery have been completed:

We will submit a letter of recommendation to your insurance carrier requesting approval for the surgical weight loss procedure. Some insurance companies will make the decision about your surgery within a few weeks. Some insurance carriers take several weeks or months to return a decision. We will contact you when we have heard from your insurance company. You may contact your insurance company to check on the status of your insurance approval.

If your insurance company denies the request, our financial counselor will discuss appeals and self-pay options with you.

STEP 4: Scheduling of Surgery Date and Pre-operative Clinic Visit

Once your insurance approval is obtained, you will be contacted to arrange a pre-operative clinic visit date and a date for surgery. The medical team will review your testing and complete a history and physical exam, as well as provide your before surgery instructions. You will also meet privately with your surgeon who will review all aspects of your upcoming surgery.

STEP 5: The Surgery and Follow-up Visits

In most cases you will be admitted to the hospital the morning of surgery. The actual time you will need to arrive will not be known until your surgery is scheduled. Most surgical weight management patients are in the hospital for 1 -2 days. Most patients return to work approximately 4 weeks after surgery or sooner. There are many more questions that you will have about this step. Many of these questions will be answered during your **pre-op visit**. We look forward to working with you in reaching and maintaining your health goals. Keeping with a follow-up schedule is very important. Regular follow up visits are **essential** to helping you achieve your personal and health goals and will help us evaluate your progress with lifestyle changes. The schedule of routine follow-up appointments can be found in the post-op section of this book.

Obesity & Surgery

Defining Obesity

Obesity | Causes and Treatments

Obesity is a common problem in the United States. Current research suggests that one in three Americans suffers from obesity. In the United States alone, about 300,000 deaths per year can be caused by obesity.

The disease of obesity has multiple causes. Obesity tends to run in families, suggesting there may be a genetic contribution. However, family members also tend to share the same nutrition and lifestyle habits. Environment also plays a role in obesity. These environmental factors include what and how often a person eats, a person's level of activity and behavioral factors. We have come to realize that obesity is a chronic condition and a lifelong battle that requires long-term lifestyle changes.

The treatment of obesity can be difficult, especially when the patient does not have a correctable endocrine problem, such as a thyroid disorder. Low-calorie, low-fat diets – along with exercise – usually are recommended to treat obesity. However, this is often hard to maintain over a long period of time. "Crash" diets and anti-obesity medications generally are appropriate only under very specific conditions and under close medical supervision.

Do I Suffer From Obesity?

Patients are affected by obesity if they weigh more than 100 pounds over their ideal body weight or have a body mass index (BMI) greater than 35 to 40.

To calculate your BMI, refer to the chart below:

Height in Inches	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330
4' 5"	30	33	35	38	40	43	45	48	50	53	55	58	60	63	65	68	70	73	75	78	80	83
4' 6"	29	31	34	36	39	41	43	46	48	51	53	56	58	60	63	65	68	70	72	75	77	80
4' 7"	28	30	33	35	37	40	42	44	47	49	51	54	56	58	61	63	65	68	70	72	75	77
4' 8"	27	29	31	34	36	38	40	43	45	47	49	52	54	56	58	61	63	65	67	70	72	74
4' 9"	26	28	30	33	35	37	39	41	43	46	48	50	52	54	56	59	61	63	65	67	69	72
4' 10"	25	27	29	31	34	36	38	40	42	44	46	48	50	52	54	57	59	61	63	65	67	69
4' 11"	24	26	28	30	32	33	36	38	40	43	45	47	49	51	53	55	57	59	61	63	65	67
5' 0"	23	25	27	29	31	32	35	37	39	41	43	45	47	49	51	53	55	57	59	61	63	65
5' 1"	23	25	26	28	30	32	34	36	38	40	42	44	45	47	49	51	53	55	57	59	61	62
5' 2"	22	24	25	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	55	57	59	60
5' 3"	21	23	25	27	28	30	32	34	36	37	39	41	43	45	46	48	50	51	53	55	57	59
5' 4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43	45	46	48	50	52	53	55	57
5' 5"	27	29	31	34	36	38	40	43	45	47	49	52	54	56	58	61	63	65	67	70	72	74
5' 6"	19	21	23	24	26	27	29	31	32	34	36	38	39	40	42	44	45	47	49	50	52	53
5' 7"	19	20	22	24	25	27	28	30	31	33	35	36	38	39	41	42	44	46	47	49	50	52
5' 8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38	40	41	43	44	46	47	49	50
5' 9"	18	19	21	22	24	25	27	28	30	31	33	34	36	37	38	40	41	43	44	46	47	49
5' 10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36	37	39	40	42	43	45	46	47
5' 11"	17	18	20	21	22	24	25	27	28	29	31	32	34	35	36	38	39	41	42	43	45	45
6' 0"	16	18	19	20	22	23	24	26	27	29	30	31	33	34	35	37	38	39	41	43	43	45
6' 1"	16	17	19	20	21	22	24	25	26	28	29	30	32	33	34	36	37	38	40	41	42	44
6' 2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	39	40	41	42
6' 3"	15	16	18	19	20	21	23	24	25	26	28	29	30	31	33	34	35	36	38	39	40	41
6' 4"	15	16	17	18	20	21	22	23	24	26	27	28	29	30	32	33	34	35	37	38	39	40
6' 5"	14	15	17	18	19	20	21	23	24	25	26	27	29	30	31	32	33	34	36	37	38	39
6' 6"	14	15	16	17	19	20	21	22	23	24	25	27	28	29	30	31	32	34	35	36	37	38
6' 7"	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	32	33	34	35	36	37
6' 8"	13	14	15	17	18	19	20	21	22	23	24	25	26	28	29	30	31	32	33	34	35	36
6' 9"	13	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	31	32	33	34	35
6' 10"	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	34	35

WHAT IT MEANS

BMI from **18.5 to 24.9** is a healthy weight

BMI from **25.0 to 29.9** is an overweight condition

BMI from **30.0 to 39.9** is moderate obesity

BMI of **40 or above** is severe obesity

Am I A Candidate?

For patients who continue to be affected by obesity after conventional approaches to weight loss – such as diet and exercise – have failed, or for patients who have an obesity-related disease, surgery may be the best treatment option. For other patients, however, continued medical management toward weight control – such as changes in eating habits, behavior modification and increasing physical activity – may be more appropriate.

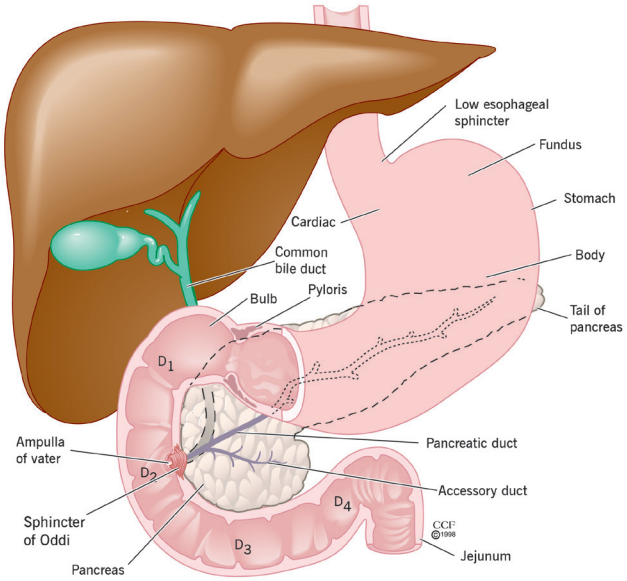
Research supports the benefits of weight loss surgery for those with a BMI between 35 and 39.9 with obesity related health conditions such as type 2 diabetes, obstructive sleep apnea, high blood pressure, osteoarthritis and other obesity related conditions. You could be a candidate for surgical weight loss if you meet any of the following criteria:

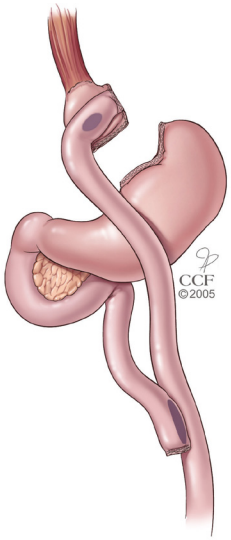
- You are more than 100 lbs. over your ideal body weight.
- You have a Body Mass Index (BMI) of over 40.
- You have a body mass index (BMI) of 35-39.9 and an obesity related health problem
- You are unable to achieve a healthy body weight for a sustained period of time, even through medically supervised dieting.
- Some patients may qualify with a BMI below 35 for treatment of type 2 diabetes

Weight Loss Surgery Overview

The Digestive Process

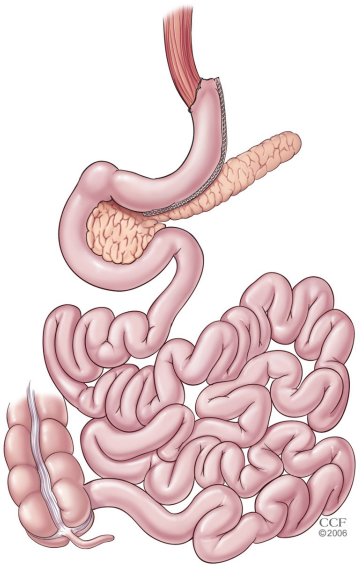
To better understand how weight loss surgery works, it is helpful to know how the normal digestive process works. As food moves along the digestive tract, special digestive juices and enzymes arrive at the right place at the right time to digest and absorb calories and nutrients. After we chew and swallow our food, it moves down the esophagus to the stomach, where a strong acid and powerful enzymes continue the digestive process. The stomach, which is about the size of a football, can hold about three pints of food at one time.





Roux-en-Y Gastric Bypass (RYGB)

The surgeon begins by creating a small pouch by dividing the upper end of the stomach. The small stomach restricts the food intake. Next, a section of the small intestine is attached to the pouch to allow food to bypass the duodenum, as well as the first portion of the jejunum. The small intestine is reconnected 150 centimeters from the pouch to allow ingested food and digestive enzymes to mix.



Laparoscopic Sleeve Gastrectomy (LSG)

The Laparoscopic Sleeve Gastrectomy (also known as Vertical Gastrectomy) includes removing about 75% of the stomach leaving a narrow gastric tube or “sleeve” through which food passes. No intestines are removed or bypassed during sleeve gastrectomy, and no device or implant is placed.

Laparoscopic Sleeve Gastrectomy can be used as a primary weight loss operation and is also used as a first step operation in very high risk BMI or high risk medical patients. The second stage operation in these patients is a bypass procedure that is done 12-18 months after LSG when the patient has lost weight and is lower risk.

Results of Weight Loss Surgery

Roux-en-Y Gastric Bypass

Most patients will lose about 65 to 80 percent of their excess body weight. Substantial weight loss occurs 18 to 24 months after surgery; some weight regain is normal and can be expected at two to five years after surgery.

Laparoscopic Sleeve Gastrectomy

Most patients will lose 55 to 75 percent of their excess body weight in 12 months. Some long-term data suggests that most patients, after 5 years, maintain over 50 percent excess weight loss.

Benefits of Surgical Weight Loss

In our section about the health consequences of severe obesity, we listed problems, or co-morbidities, that affect most of the organs in the body. Most of these problems can be greatly improved, or entirely resolved, with successful weight loss. Many people have observed this, at least for short periods, after a weight loss through lifestyle modifications. Unfortunately, with lifestyle modifications alone, such benefits usually do not last, because weight regain almost always occurs. We have shown that the weight loss achieved with Roux-en-Y Gastric Bypass can average **80 percent of excess body weight**, and can be maintained for years following surgery. We instruct patients in a very simple program, which is much easier to follow when one is not constantly deprived on a diet.

Medical conditions that may be greatly improved after surgery includes:

High blood pressure

Most patients who have high blood pressure, and who are taking medications to control it, are able to stop all medications and have a normal blood pressure, usually within two to three months after surgery. When medications are still required, their dosage can be lowered, with reduction of the bothersome side effects.

High cholesterol

Most patients will develop normal cholesterol levels within six months after the operation.

Diabetes

Patients with Type II diabetics typically obtain excellent results after Gastric Bypass, usually within a few weeks after surgery: normal blood sugar levels, normal Hemoglobin A1C values, and freedom from all their medications, including insulin injections. Based upon numerous studies of diabetes and the control of its complications, it is likely that the problems associated with diabetes will slow in their progression when blood sugar is maintained at normal values. There is no medical treatment for diabetes that can achieve as complete and profound an effect as surgery - which has led some physicians to suggest that surgery may be the best treatment for diabetes in patients with obesity. Abnormal glucose tolerance, or “borderline diabetes,” is even more reliably reversed by gastric bypass. Since borderline diabetes typically develops into Type II diabetes, the operation can frequently prevent diabetes as well. Sleeve Gastrectomy patients typically see good improvement with remission of diabetes within 1 to 2 years of surgery.

Benefits of Bariatric Surgery

Heart disease

Although we can't say definitively that heart disease is reduced, the improvement in problems such as high blood pressure, high cholesterol, and diabetes certainly suggests that improvement in risk is very likely. In one recent study, the risk of death from cardiovascular disease was profoundly reduced in patients with diabetes who are particularly susceptible to this problem. It may be many years before further proof exists, since there is no easy and safe test for heart disease.

Asthma

Most patients with asthma find that they have fewer and less severe attacks, or sometimes none at all. When asthma is associated with gastro-esophageal reflux disease, it is particularly benefited by gastric bypass.

Respiratory insufficiency

Improvement of exercise tolerance and breathing ability usually occurs within the first few months after surgery. Often, patients who have barely been able to walk find that they are able to participate in family activities, and even sports.

Sleep apnea syndrome

Dramatic relief of sleep apnea occurs as our patients lose weight. Many report that within a year of surgery, their symptoms were completely gone, and they had even stopped snoring completely—and their partners agree. Many patients who require an accessory breathing apparatus to treat sleep apnea no longer need it after surgically induced weight loss. This should be confirmed by a repeat sleep study.

Gastroesophageal reflux disease

Relief of all symptoms of reflux usually occurs within a few days of Gastric Bypass surgery for nearly all patients. We are now beginning a study to determine if the changes in the esophageal lining membrane, called Barrett's esophagus, may be reversed by the surgery as well—thereby reducing the risk of esophageal cancer. Sleeve Gastrectomy patients generally have major improvement in GERD, some patients may need to take heartburn medication long-term.

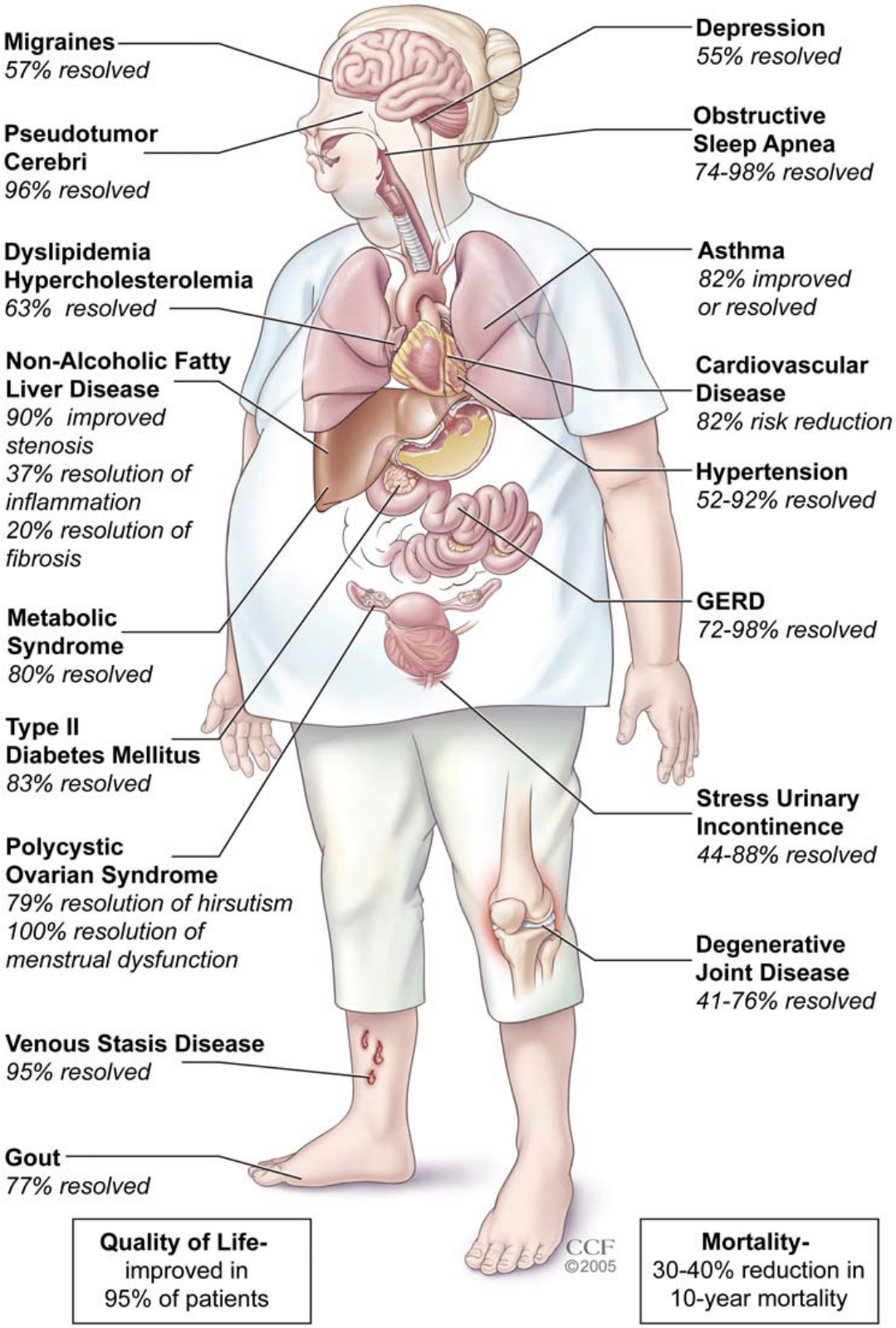
Stress urinary incontinence

This condition responds dramatically to weight loss and usually becomes completely controlled. A person who is still troubled by incontinence can choose to have specific corrective surgery later, with much greater chance of a successful outcome with a reduced body weight.

Low back pain, degenerative disk disease, and degenerative joint disease

Patients usually experience considerable relief of pain and disability from degenerative arthritis and disk disease and from pain in the weight-bearing joints. This tends to occur early, with the first 25 to 30 pounds lost, usually within a month after surgery. If there is nerve irritation or structural damage already present, it may not be reversed by weight loss, and some pain may persist.

Even More Benefits



Risks of Bariatric Surgery

What are the risks of gastric bypass surgery?

The more extensive the bypass operation, the greater is the risk for complications and nutritional deficiencies. Patients with extensive bypasses of the normal digestive process require not only close monitoring, but also lifelong use of special foods and medications.

Rare complications of gastric bypass surgery include bleeding requiring blood transfusion, leakage at the bowel connections or staple lines, ulcers in the stomach or small intestine, blood clots in the lungs or legs, persistent vomiting and abdominal pain, inflammation of the gallbladder, and failure to lose weight (very rare), long-term weight gain, bowel obstruction or twisting of the intestine ("internal hernia").

More than one-third of obese patients who have gastric surgery develop gallstones. Gallstones are clumps of cholesterol and other matter that form in the gallbladder. During rapid or substantial weight loss, a person's risk of developing gallstones increases. Gallstones can be prevented with supplemental medication (Ursodiol) taken for the first six months after surgery.

Patients who have gastric bypass can experience vitamin and nutrient deficiencies such as iron, B12, calcium and Vitamin D that can lead to anemia, osteoporosis and metabolic bone disease. These deficiencies can be avoided if vitamin and mineral intakes are maintained and monitored regularly.

Women of childbearing age should avoid pregnancy for 18 months to two years after surgery until their weight becomes stable because rapid weight loss and nutritional deficiencies during pregnancy can put the developing baby at risk.

The risks of surgery should always be considered relative to the benefits. Patients should carefully consider all of the risks and benefits before electing to have this surgery.

What are the risks of Sleeve Gastrectomy?

There are risks that are common to any laparoscopic procedure such as bleeding, infection, injury to other organs, or the need to convert to an open procedure. There is also a small risk of a leak from the staple line used to divide the stomach. These problems are rare and major complications occur less than 1% of the time.

Complications

Possible risks for Gastric Bypass and Sleeve Gastrectomy surgery include, but are not limited to:

Complication	Description
Allergic Reactions	From minor reactions such as a rash to sudden overwhelming reactions that may cause death.
Anesthetic Complications	Anesthesia used to put you to sleep for the operation can be associated with a variety of complications up to and including death.
Bleeding	From minor to massive bleeding that can lead to the need for emergency surgery transfusion or death.
Blood Clots	Also called Deep Vein Thrombosis and Pulmonary Embolus that can sometimes cause death.
Infection	Including wound infections, bladder infections, pneumonia, skin infections and deep abdominal infections that can sometimes lead to death.
Leak	After operation to bypass the stomach the new connections can leak stomach acid, bacteria and digestive enzymes causing a severe abscess and infection. This can require repeated surgery, and intensive care and even death.
Narrowing (stricture)	Narrowing (stricture) or ulceration of the connection between the stomach and the small bowel can occur after the operation. This may require endoscopic dilation and, rarely, re-operation.
Dumping Syndrome	Dumping Syndrome (symptoms of the dumping syndrome include problems with weakness, sweating, nausea, diarrhea and dizziness) can occur in some patients after Gastric Bypass caused by excess sugars, carbohydrates or fats.
Bowel Obstruction	Any operation in the abdomen can leave scar tissue that can put the patient at risk for later bowel blockage.
Laparoscopic Surgery Risks	Laparoscopic surgery uses punctures to enter the abdomen and can lead to injury, bleeding and death.
Need for and Side Effects of Drugs	All drugs have inherent risks and in some cases can cause a wide variety of side effects including death.

Complications

Complication	Description
Loss of Bodily Function	Including stroke, heart attack, limb loss and other problems related to the operation and anesthesia.
Risks of Transfusion	Including Hepatitis and Acquired Immune Deficiency Syndrome (AIDS), from the administration of blood and/or blood components.
Hernia	Cuts in the abdominal wall can lead to hernias after surgery. Internal Hernia (twisting of the bowel) can occur after Gastric Bypass.
Hair Loss	Many patients develop hair loss for a short period after the operation. This usually responds to increased levels of vitamins.
Vitamin and Mineral Deficiencies	Vitamin and mineral deficiencies can occur with any weight loss surgery but can be more common or severe with gastric bypass surgery. It is essential to take recommended vitamins and supplements life-long to prevent deficiencies.
Complications of Pregnancy	It is recommended to wait 12-24 months following bariatric surgery to pursue a planned pregnancy. Risks associated with pregnancy soon after weight loss surgery include increased nutritional deficiencies, delayed growth of the baby, and decreased weight loss. Since most pregnancies are unplanned, it is important to discuss birth control options with your healthcare providers.
Ulcers	Patients undergoing Gastric Bypass may develop ulcers of the pouch, the bottom of the stomach or parts of the intestine. Ulcers may require medical or surgical treatment, and have complications of chronic pain, bleeding, and perforation and caused by smoking and NSAID use.
Other	Major abdominal surgery, including Laparoscopic Gastric Bypass, is associated with other risks and complications, both recognized and unrecognized that occur both soon after and long after the operation.
Depression	Depression is a common medical illness and has been found to be particularly common in the first weeks after surgery.
Alcohol Use Disorder	These surgeries increase sensitivity to alcohol and some individuals develop problema problematic alcohol use afterwards. The best way to avoid this risk is to abstain from alcohol.
Death	In general, the risk of death is 0.5 % with gastric bypass. If it occurs, it is usually caused by a staple line leak or a blood clot (pulmonary emboli). In general, the risk of death with sleeve gastrectomy is 0.19%. If it occurs, it is usually caused by a staple line leak or a blood clot (pulmonary emboli).

Potential Problems

Possible Occurence	May Be Caused By	Possible Solution
Constipation	Having a bowel movement every 3 days after surgery is a normal occurrence. Constipation may also be caused by less total food intake, inadequate fluid intake, high protein, low fiber intake. Some vitamins, minerals or medications may also cause constipation. Inactivity may lead to constipation.	Stay well hydrated. Fluid intake should be at least 64 ounces per day. If constipated, try to increase fluid intake with an additional 8–10 cups per day. Continue eating proteins, and taking vitamins, minerals and medications as directed. You may use over the counter laxatives, fibers or stool softeners such as MiraLax®, Benefiber®, Metamucil®, Senokot® or Colace®. If constipation persists, contact your medical team.
Dumping Syndrome	This may be caused by high sugar in the Gastric Bypass procedure.	Avoid added sugars. (See list of other names of sugars.) Avoid fried foods and high fat foods. Stay well hydrated. Fluid intake should be at least 64 ounces per day.
Diarrhea	This may occur during the liquid protein phase of your diet plan. Diarrhea may also be caused by low fiber intake, lactose intolerance, food allergy, high sugar or fat intake or food borne illness.	Stay well hydrated. Fluid intake should be at least 64 ounces per day. Switch to lactose-free milk, always check for food tolerances. Limit added sugar intake to no more than 5 grams per serving. Avoid fried food and high fat. Do not eat food that you are allergic to. Always cook, cool and store your food appropriately to avoid food spoilage and food borne illness. Using bulking fibers such as Benefiber® may help. If diarrhea persists, contact your medical team.
Vomiting	This may be caused by eating too fast, not chewing well, swallowing large pieces of food, a food intolerance or food borne illness, or overeating. If vomiting persists, this may be due to a stricture or stenosis. Call the office to make an appointment with the physician.	Cut food into small pieces and chew at least 25 times before swallowing. Swallow food only after it has been made “mushy” in your mouth. Always check for food tolerances. Stop eating the food which makes you vomit. Always cook, cool and store your food appropriately to avoid food spoilage and food borne illness. Don’t overeat. If vomiting persists, contact your medical team.
Nausea	Having nausea is a common occurrence after surgery. This feeling is not permanent. Food intolerances, dehydration or sensory changes may also cause feelings of nausea. Some vitamins and minerals may cause nausea.	Stay well hydrated. Fluid intake should be at least 64 ounces per day. Always check for food tolerances. Avoid extreme temperatures of hot and cold. This may trigger nausea. Do not skip meals, vitamins and minerals. If nausea progresses into vomiting, see above.

Potential Problems

Possible Occurence	May Be Caused By	Possible Solution
Pain After Eating or Drinking	This may be caused by eating too fast, not chewing well and swallowing large pieces of food. Pain may also be caused by overeating or drinking carbonated or caffeinated beverages. If pain persists, call the office to make an appointment with the physician.	Cut food into small pieces and chew at least 25 times before swallowing. Swallow food only after it has been made "mushy" in your mouth. Stop eating when you feel the sense of fullness and restriction. Do not overeat. Avoid all carbonated and caffeinated beverages.
Gas	This may be caused by eating too fast, drinking carbonated beverages, or eating gas-producing foods such as legumes (beans), broccoli, onions, cabbage or Brussels sprouts.	Slow down. Do not eat fast. Avoid all carbonated beverages. Soak beans in cool water overnight to reduce gas-producing enzymes in legumes. Temporarily avoid gas-producing vegetables. You may take anti-gas medications such as Beano® or Mylicon®.
Vitamin or Mineral Deficiency	This may be caused by malabsorption of nutrients and not taking the recommended types, dosage or timing of the recommended vitamin and mineral regimen.	Adhere to the recommended vitamin and mineral protocol. Have your blood work done so the medical team and dietitian can assess your vitamin and mineral levels. If you have any questions about vitamins and minerals, contact your medical team or dietitian.
Sensory Changes (Taste and Smell)	This is common after surgery. Although the physiological mechanism is unknown, sensory changes may be exacerbated by strong food odors, spicy foods or extreme temperatures of hot or cold.	Do not skip meals and stay well hydrated with alternative food selections.
Lactose Intolerance	This is common in patients who have had surgery. Lactose intolerance means that you cannot digest the lactose found in milk and dairy products. Lactose is a natural sugar found in milk.	Always use lactose free milk such as Lactaid®. Fermented dairy products such as cheese and yogurt have very little lactose in it. However, always check your tolerance to these foods when eating them for the first time after surgery.

Important Considerations

CAUTION: PREGNANCY & MEDICATION

Pregnancy and Weight Loss Surgery

During the first 18 months after your surgery, your body is undergoing many changes. In addition to weight loss, your body is also experiencing hormonal changes, increasing your fertility.

Please be cautious during this time and use a method of birth control to ensure that you do not become pregnant.

If applicable, a pregnancy test will be conducted prior to your surgery.

Non-Steroidal Anti- Inflammatory (NSAIDS)

Please ask your surgeon about Non-Steroidal Anti- Inflammatory (NSAIDS).

Stop TWO WEEKS prior to weight loss surgery.

Non-Steroidal Anti- Inflammatory (NSAIDS) have been linked to cause stomach ulcers after weight loss surgery.

List of Medications Associated with Bleeding or Ulcers:

Non-Steroidal Anti- Inflammatory (NSAIDS)

Advil
Aleve
Anaprox
Ansaid
Aspirin (Including Excedrin, Bufferin)
Bextra
Cataflam
Celebrx
Clinoril
Daypro
Feldene
Ibuprofen
Indocin
Indocin SR
Lodine
Lodine XL
Motrin
Naprelan
Naprosyn /EC-Naprosyn
Orudis
Relafen
Tolectin
Toradol
Vioxx
Voltaren

Preparing for Surgical Weight Loss

Behavioral Health Welcome

Weight Loss Surgery and Behavioral Health

Weight loss surgery is a life-changing procedure that requires careful thought, considerable awareness, and adjustment. Changes occur emotionally, socially and physically. Weight loss surgery is only a tool. However, this tool can be incredibly powerful in a well prepared patient. We want you to be as successful as you can be with weight loss surgery!

In order to have a successful long-term outcome, it is necessary to make a number of permanent lifestyle changes. You will need to permanently change your behaviors, eating habits and activity patterns. All bariatric patients receive a behavioral health evaluation because many habits, behaviors, thoughts and emotions can affect the success of weight loss surgery. Minimally, the evaluation will include a one hour interview and questionnaire(s) assessing eating habits, weight history, stress and coping, and lifestyle behaviors. Sometimes additional visits may be needed to complete this evaluation. The behavioral health team member will make individualized recommendations to build upon your strengths and help you address challenges so that you can best lose weight and keep it off.

In addition to the behavioral health evaluation, our team can work with you both before and after surgery. It is sometimes necessary to have follow-up behavioral health visits either individually or in a group to change behavioral, emotional or psychological patterns that would interfere with a good surgical outcome. For example, many patients need help from a psychologist to change eating behaviors prior to surgery. Some eating patterns can reduce your ability to benefit from the surgery. Behavioral health can also provide additional support, stress management skills, assertiveness building, emotion management (e.g., anger or depression), assistance with stopping smoking, and strategies for reducing anxiety or fears associated with having surgery. Further, after the surgery, many individuals are helped from behavioral health follow-up to improve psychological and social adjustment to your new lifestyle. Finally, we also encourage you to attend a weight loss surgery support group. Support groups give you additional information about weight loss surgery and the behavioral changes that you will need to make in order to reach a healthier weight and maintain it for the rest of your life.

In summary, we want to help you achieve the best possible post-surgical outcome. If you have any questions or concerns, please do not hesitate to share them with us during your first behavioral health appointment.

Sincerely,
Serena Stevens, PhD and Medical Team

Behavioral Health Considerations

Though weight loss surgery physically reduces the size of your stomach, it will not prevent you from eventually gaining back weight if you do not learn how to reduce the amount of food you eat and increase your physical activity to promote calorie burning.

- It is entirely possible to "beat" the surgery by eating fatty foods or liquids (such as potato chips, milkshakes, ice cream, etc.), "graze" throughout the day or return to a sedentary lifestyle.

Having a diagnosable eating disorder before surgery may increase the chances of poorer weight loss outcomes. Weight regain often occurs 2-5 years after surgery.

- Binge Eating Disorder and Night Eating Syndrome are linked with greater risk of weight regain if loss of control eating persists after surgery.
- Cognitive-behavioral consultation/psychotherapy is often necessary to treat such eating disturbances.

Individuals with mental health difficulties are at an increased risk of medical complications, emotional distress, and decreased satisfaction following surgery. Stabilization of any mental health problems is an important pre-operative goal.

- There is a higher rate of psychological difficulties in individuals with severe obesity compared to national norms.
- Clinical depression is the most commonly reported psychiatric illness.
- A prescreening for psychological difficulties is important so that proper intervention can be instituted, reducing the risk of post-surgery complications.

Individuals who use eating to cope with negative emotions or stress are more successful after surgery if they have learned to replace eating with healthier coping strategies such as relaxation, exercise, or developing a hobby.

The majority of patients who have weight loss surgery report having a better quality of life after surgery and recovery.

Weight loss surgery alone will not increase your self-esteem. Many factors play a role in one's self-esteem, such as current and past experiences, perceptions, and attitudes.

- How you perceive yourself after surgery depends on more than just weight loss. This is especially true when an individual's weight begins to increase or stabilize after surgery.

The majority of patients also report improved body image.

- It is not uncommon to develop new attitudes and perceptions about life after surgery as a result of the dramatic weight loss and new body image. However people can be dissatisfied with excess skin after weight loss. As a result of lifestyle changes, individuals often report significant changes in their relationships.

Behavioral Health Considerations

If you are currently on disability for obesity or an obesity-related medical condition, it is important to plan for potential discontinuation of this income after surgery.

Individuals who have weight loss surgery often experience both positive and negative effects on their marital and interpersonal relationships.

Patients who have undergone surgery and returned to work have reported mixed feelings. This is due to individual differences in how one welcomes the new attention received.

The majority of patients who have undergone weight loss surgery report an increase in energy after a brief recovery period. This new energy should be put to good use as soon as possible by exercising and being active.

Those who have had prior substance abuse problems are at an increased risk for relapse. Alcohol is metabolized differently after surgery leading to quick intoxication on much smaller amounts. Some individuals may develop new problems with substances after surgery. Ongoing awareness and support can help to reduce this risk. The best way to reduce this risk is to avoid alcohol and other substances.

As you make permanent lifestyle changes to create a healthier you, behavioral health care is able to provide you with:

- Ongoing support and information about how our thoughts and beliefs can impact our ability to make changes in our eating and exercise patterns.
- Identification and treatment of potential problem areas such as depression, anxiety, or eating disorders.
- The development of specific plans for how to cope with problem

Behavioral Health Considerations

Tobacco

Patients are required to stop smoking at least six weeks prior to surgery and permanently avoid all tobacco products (e.g., cigarettes, cigars, chewing tobacco, hookah, e-cigarettes).

Smoking Effects:
- Impedes proper lung function.
- Increases risk of pneumonia post-op.
- Reduces circulation by constriction.
- Inhibits healing of surgical sites.
- Increases risk of blot clots (DVT)
- Stimulates production of stomach acid.
- Increase risk of ulcer formation.

Cleveland Clinic Akron General offers a FREE seven-session smoking cessation class.
To register, please call: 330-344-7640 .

For additional information call Ohio Quit Line at 1-888-Quit-Now (1-800-784-8669)

Alcohol

Excessive use of alcohol may substantially increase operative risks or may result in cancellation of surgery.

Post-operative alcohol use the first three months should be completely avoided while your surgical sites are healing. Alcohol can cause gastric irritation and lead to ulcer formation.

It is best to abstain from alcohol. After your three-month recovery post operatively, alcohol may be consumed on a very limited basis. Avoid alcohol taken in high sugar content mixers, this can cause “dumping syndrome”. Your tolerance for alcohol will dramatically change after surgery. Use caution with alcohol consumption, a few sips can be highly intoxicating. It will also take longer to metabolize alcohol. One drink after gastric bypass surgery puts you above the legal level of intoxication (0.08)

Finally, alcohol is highly caloric and may impede weight loss and/or maintenance.

Individuals who have had weight loss surgery, particularly gastric bypass, are at an increased risk for developing alcohol use disorders.

The Facts about Tobacco Use and Your Bariatric Surgery

We recommend that patients stop the use of **all** tobacco products (e.g., cigarettes, cigars, chew, hookah) at least 6-8 weeks before surgery and **never restart**[a]. There are several good reasons why.

1. **Tobacco use increases the risk of death associated with bariatric surgery.** The risk of death associated with bariatric surgery is extremely low (around 1%.. However, smokers are **two times** more likely to die from bariatric surgery compared to nonsmokers[b].

2. **Tobacco use increases the risk of developing complications after surgery.**
   a. Compared to someone who does not use tobacco, tobacco users are:
      - 1.5 times more likely to develop **any** surgery-related problem within a month of having surgeryc (52% of patients who continued to use tobacco developed a complication; 31% of these were problems with wound healing[d].
      - 30 times more likely to develop a marginal ulcere; ulcers are also very likely for those who return to using tobacco after surgery.
      - 21 times more likely to have "staple-line dehiscence" (the separation of a surgical incision or rupture of a wound closure.
      - At higher risk for developing a pulmonary embolism
      - At higher risk for developing pneumonia after surgery[f]
      - At higher risk for infection and slowed healing after surgery[f]
      - Almost two times more likely to develop a venous thromboembolism (the blocking of a blood vessel by a particle that has broken away from a blood clot[g].
   b. Smoking interferes with breathing capacity and lung function. This increases the risk associated with anesthesia.
   c. Tobacco users accumulate more mucus in their airways that can lead to infection. Infection can inflame the lungs and lead to pneumonia. Pneumonia in turn requires a longer hospital stay[h].
   d. Tobacco use reduces circulation to the skin and thus can slow wound healing[i].
   e. Nicotine, the primary addictive substance in tobacco, makes your heart work harder[h].
   f. Smoking increases carbon monoxide, the same substance emitted from a car exhaust pipe. Carbon monoxide reduces oxygen in your body and can tax your heart and reduce healing of body tissue[h].
   g. Smoking stimulates stomach acid production, leading to acid reflux and the formation of ulcers.

3. **Tobacco users tend to require more pain management medication after bariatric surgery**[j].

4. **Smoking reduces the ability to taste and results in more use of salt, sugar, and spices in food**.

5. **The more time that elapses between stopping tobacco and having surgery, the less risk you have of developing a surgery complication**.
   a. Heart and circulation improvements begin within 24 to 48 hours of stopping tobacco[h].
   b. Pulmonary (lung. function improves within 6 to 8 weeks after stopping tobacco[h].

6. **You are having surgery to improve your health, y**et tobacco use is the leading preventable cause of premature death and disease in the world. Half of all current smokers will die prematurely from smoking-related causes[k].

The Facts about Tobacco Use and Your Bariatric Surgery

7. **The benefits of quitting tobacco extend far beyond your bariatric surgery**[l].
   a. Within **20 minutes** of quitting. . .
      - Blood pressure and pulse rate drop to normal
      - Body temperature of extremities (hand/feet. increases to normal

   b. Within **8 hours** of quitting. . .
      - Carbon monoxide level in blood drops to normal
      - Oxygen level in blood increases to normal

   c. Within **24 hours** of quitting, the risk of sudden heart attack decreases.
   d. Within **48 hours** of quitting. . .
      - Nerve endings begin to regenerate
      - Senses of smell and taste begin to return to normal

   e. Within **2 weeks to 3 months** of quitting. . .
      - Overall energy increases
      - Symptoms associated with chronic use decrease (such as coughing, nasal congestion, fatigue, and shortness of breath.
      - Cilia (fine hairs lining the lower respiratory tract. function begins to return to normal, which increases the body's ability to handle mucus, clean the respiratory tract, and reduce respiratory infections

   f. Within **1 year of** quitting, excess risk of coronary heart disease is half that of a tobacco user.
   g. Within **5 years** of quitting. . .
      - The rate of death from lung cancer decreases by nearly 50%
      - Risk of cancer of the mouth is half that of a tobacco user

   h. Within **10 years** of quitting. . .
      - Lung cancer death rate becomes similar to that of a non-tobacco user
      - Precancerous cells are replaced with normal cell growth
      - Risk of stroke is typically lowered, possibly to that of a non-tobacco user
      - Risk of cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases

   i. Within 15 years of quitting, risk of coronary heart disease is that of a non-smoker.

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The Facts about Alcohol Use and Your Bariatric Surgery

Alcohol should be used with extreme caution, if at all, after weight loss surgery. Here are just a few of the reasons why:

- Alcohol is much more intoxicating after surgery. After drinking a single glass of wine, gastric bypass patients' alcohol levels are greater than the legal driving limit of 0.08 and they have different symptoms of intoxication. In other words, patients become more intoxicated more quickly on less alcohol because of differences in absorption and may not recognize they are impaired. It also takes almost twice as long to return to sobriety.
- Alcohol is high in calories. A glass of wine or beer averages 100-150 calories, whereas mixed drinks may be upwards of 700 calories each.
- Alcohol may lead to weight gain. The liquid calories in alcohol can add up quickly and contribute to weight gain for bariatric patients.
- Alcohol may lead to dumping syndrome. Most alcoholic drinks contain high amounts of sugar that could cause dumping syndrome, a painful and unpleasant side effect of bariatric surgery.
- Alcohol may affect the liver. Alcohol can damage or destroy liver cells. The liver breaks down alcohol so it can be removed from the body. However, metabolic changes after surgery put more stress on the liver since the stomach and intestines are less able to process alcohol. Your liver can become injured or seriously damaged if you drink more alcohol than you can handle. Patients with obesity are already at risk for liver damage.
- Alcohol can contribute to malnutrition. Alcohol has poor nutritional content and can contribute to vitamin deficiencies; it decreases the absorption of many vitamins and minerals.
- Alcohol can contribute to dehydration. Alcohol can cause or worsen dehydration after surgery. It has a diuretic affect (increases urine output); vomiting after alcohol intake can also worsen dehydration.
- Alcohol impairs judgment. People tend to eat more when drinking alcohol, and they may make poor food choices with their impulse control is impaired.
- Alcohol can contribute to ulcers after surgery. Alcohol consumption increases the risk of gastric ulcers.
- Alcohol is addictive. Bariatric surgery candidates may be at increased risk for alcohol abuse. Some studies have found evidence that bariatric patients who had never had a problem before surgery developed an alcohol dependence problem after surgery.

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Nutritional Guidelines

Nutritional Pyramid for Post-Bariatric Patients

TRY TO AVOID INTAKE

High saturated and trans fats and cholesterol foods
High sugar foods
Carbonated and/or alcoholic beverages

CONTROL INTAKE

Servings: 2/day
Whole Grains: rice, pasta, cereals, bread and toast
Tubers: potato, sweet potato

PREFERENT INTAKE

Servings: 2-3/day of each food group
Fruit: fresh, frozen, or canned (in water or natural juices)
Vegetable oil: (preferably olive oil): 1 teaspoon
All types of vegetables

PREFERENT INTAKE

Servings: 4-6/day
Low fat meat: chicken, beef, pork
Fish
Low fat or fat free dairy products: hard cheese, soft cheese, milk, Greek yogurt
Legumes: lentils, peas, black and white beans, soybean
Eggs: 1 large

DON'T FORGET EVERY DAY

Daily nutritional supplements:
Calcium and vitamin D
Iron
V&M complex
Vitamin B12

Ensure daily water or non-carbonated, sugar free non-caffiene fluid intake

EAT 3 MAIN MEALS AND AVOID SKIPPING MEALS

DRINK AT LEAST 64 OUNCES OF FLUID A DAY

EAT REGULARLY

EAT SLOWLY

Protein - A Necessary Part of Your Diet

What is protein?

Protein is the nutrient responsible for maintenance of all of the tissues in your body. This includes bone, muscle, organs and even hair and skin. In addition, protein helps the body function properly and is essential for healing. The average woman needs 50-60 grams of protein a day and the average man needs 60-70 grams of protein a day to stay healthy. After weight loss surgery, your minimum protein intake is 60 grams a day.

Your specific protein goal: _____

Your best sources of protein are: lean beef, poultry, fish, milk, dairy products, low fat peanut butter, beans, and eggs. Make sure you use low-fat dairy products, lean cuts of meat, white or dark meat of poultry without the skin, eggs or egg substitutes.

Protein Supplements

*Note: The Bariatric Center does not endorse these products. Also, check with your dietitian or surgeon before using any other products that are not listed on this page. Some products contain large amounts of other substances (i.e. caffeine, hidden sugars, herbs) or they may interact with medications.

Protein Shakes, Powders and Drinks

Protein Powders	Serving Size	Sugar (g)	Protein (g)	Comments
Bariatric Aid Whey Protein	2 scoops	2.5	17	
Isopure®	20 oz	0	40	
Unjury®	1 scoop	0-2	20	Available unflavored
Myoplex® Lite Powder	1 pkg.	2	25	
Pure Whey	1 scoop	3	22	
100% Whey Protein	1 scoop	2	21	
American Whey Protein™	1 scoop	6g CHO	20	
Designer Whey Protein Powder®	1 scoop	<1 g	18.5	
Pro-Score® 100	1 scoop	1	7	
Atkins™ Nutritionals Shake Mix	2 scoops	1	24	
Muscle Milk™	2 scoops	4	32	
Met-Rx® Protein Plus	2 scoops	2	46	
EAS® Precision Protein	1 scoop	2	20	
Nectar™	1 scoop	0	23	
Zero Carb Isopure®	3 scoops	0	50	
Keto Shake™	2 scoops	0	24	
Ultimate Nutrition® LO Carb Whey	1 scoop	<0.5	20	
ISS Research™ Advantage Matrix	1 packet	3	42	
ISS Research™ Complete Pro	1 packet	1	42	
Carb Watchers Lean Body®	1 packet	2	40	
Optimum Nutrition® Why Gold	1 packet	4	45	
Muscle-Link™ Muscle Meals	1 packet	2	40	
Champion Ultramet® Lite	1 packet	2	29	
Jay Robb® Whey Protein*	1 package	0	25	
100% Raw Foods and Whey Protein*	1 package	1	20	
Biochem® 100% Green & Whey*	2 scoops	<1	20	

Soy Protein Powders	Serving Size	Sugar (g)	Protein (g)	Comments
Genisoy® Soy protein	3 Tbsp			
Puritan's Pride® Pure Soy Protein	1 scoop	0	25	
Soy Ultra XT® Natural Protein Powder	1 scoop	0	25	Available unflavored
Soy Protein	1 serving	10g CHO	21	Available unflavored
Super Blue Pro-96®	1 packet	<0.5	25	Available unflavored

Protein Shakes, Powders and Drinks

Protein Powders with No Artificial Sweeteners	Serving Size	Sugar (g)	Protein (g)	Comments
Whey To Go®	1 packet	1	16	Available unflavored
Carb Solutions®	2 scoops	0	21	

Ready to Drink Protein Shakes	Serving Size	Sugar (g)	Protein (g)	Comments
Zoic®	1 can	0	21	
Atkins™	1 can	1	20	
EAS® AdvantEDGE®	1 container	0	17	
Slim Fast® Low Carb	1 can	1	20	
EAS® Myoplex Lite	1 container	1	25	
EAS® Myoplex Carb Sense	1 container	<1	25	
EAS® Results	1 container	1	15	
Ultra® Pure Protein	1 can	1	35	
Resource Optisource®	4 oz	0	2	

Clear Protein Drinks (Fruit Flavored)	Serving Size	Sugar (g)	Protein (g)	Comments
Isopure® Drink	20 fl	0	40	
Extreme Pure Protein® Drink	20 fl	0	42	
Premier Clear	16.9 fl oz	0	20	
Premier Protein	1 container	<1	30	
Protein2O	16.9 fl oz	0	15	
Protein Twist™	20	0.5	40	
Whey Fruity®	1 scoop	0	26	
Nectar™	1 scoop	0	23	

Preferably choose a protein shake that is:

- High in protein (20 grams or more per serving)
- Low in sugar (<5 grams)

If you find another protein shake that you prefer or have any questions, please provide label to our office for approval.

Caffeine - A Little Can Be Too Much

What is Caffeine?

Caffeine is a stimulant and is naturally found in more than 60 plants, including cocoa, tea and coffee. Caffeine is also added to soft drinks and is often a component of many over-the-counter medications and dietary supplements including certain protein powders and drinks. Caffeine temporarily speeds up the body's heart rate, boosts energy and is often used to "fight fatigue." Caffeine acts as a diuretic, which means loss of fluids. As a result, caffeine can leave you feeling thirsty if used as your main source of fluid intake. The recommended intake of caffeine is defined as no more than 300 milligrams per day.

However, it is best to **AVOID** caffeine after surgery. For every 8 oz. of caffeine you drink, you would have to add an additional 8 oz. of a non-caffeinated beverage. If you continue to drink caffeine after surgery, it will be very difficult for you to meet your fluid goals.

If your diet contains a large amount of caffeine, you should decrease your intake gradually to prepare for surgery. This will help to avoid headaches caused by caffeine withdrawal.

Some common caffeine-containing foods and beverages:

Beverage/Food	Amount	Caffeine (milligrams)
Coffee, brewed	1 cup	180
Coffee, instant	1 cup	120
Coffee, decaf	1 cup	3
Tea, brewed	1 cup	90
Tea, instant	1 cup	28
Tea, decaf	1 cup	1
Cocoa	1 cup	4
Cola	12 oz	36-90
Chocolate	1 oz	25

Post-op Vitamin and Mineral Supplementation

For the first three months after Roux-en-Y or Sleeve Gastrectomy, all medications need to be CHEWABLE, CRUSHED or in LIQUID FORM

Type of Vitamin/Mineral	Dosage
Adult Multivitamin with Iron	Daily
Calcium Citrate with Vitamin D **Vitamin D3**	1200-1500 mg in divided doses 3,000 IU
Vitamin B12	500mcg sublingual pill/day or 1cc injection monthly or weekly nasal spray (Rx)
Vitamin B Complex (with Thiamine)	Thiamine should be in the dosage of at least 12mg/day
Iron DO NOT TAKE WITH CALCIUM	45-60mg/day or as directed
Zinc **Biotin-optional** Optimal to minimized temporary hair thinning	15mg/day 3000mcg//day

Read the supplement label. NO single vitamin or mineral may contain everything you need. Check your multivitamin to see what is included.

Where to buy vitamins?

Please read the labels to get the specific form and amount of vitamins.

- Bariatric Fusion | www.bariatricfusion.com
- Bariatric Advantage | www.bariatricadvantage.com
- Celebrate Vitamins | www.celebratevitamins.com
- Health stores: GNC, The Vitamin Shoppe, Whole Foods
- Pharmacy stores: Walgreens, CVS
- ProCare Health | www.ProCareNow.com
- Vita4Life | www.vita4life.net
- See “Obesity and Bariatric Resource Information” for more references as to where you can buy vitamins.

We do not endorse any company mentioned in this guidebook

Clear Liquids

Non carbonated sugar-free/low sugar clear liquids

Water

Crystal Light®

Wyler's Light®

Diet Snapple®

Diet Iced Tea®

Propel®

Veryfine Fruit20 O Plus®

Glaceau Smart Water®

Walgreens Natural Flavor H2O Plus®

Low Calorie Juice (Splenda®)

Diet Ice Tea (Splenda®)

Country Time Sugar-free Pink Lemonade Mix®

Sugar-free Kool-Aid®

Mix Champion Lyte Sugar-free Refresher®

Nestea®

Diet Citrus Green Tea

PJ's Crystal Beach Loganberry Diet®

Caffeine Free Coffee

Caffeine Free Tea

Sugar-free Jello®

Sugar-free Popsicle®

Eddy's No Added Sugar Fruit Pops®

Broth (chicken, beef, vegetable)

Instructions for Liquid Diet before Surgery

Once you are given your surgery date you will be asked to follow an 800 calorie liquid diet to begin 2 weeks before your surgery date.

This diet will consist of only protein shakes and clear liquids.

Below are 4 options that are recommended for the 800 calorie protein liquid diet

If you would like to use other products discuss this with your dietitian or refer to the nutrition chapter in "Your Guide to Surgery" book.

1. 4 ½ bottles of "High Protein" Slim Fast daily **or**
2. 5 ½ packets of "Light Start" Carnation Instant Breakfast Drink mixed with 5 1/2 cups of fat free or 1% milk daily **or**
3. 5 individual cartons of Atkins Advantage daily **or**
4. 4 ½ bottles of "Glucose Controlled" Boost daily

Note: If you have diabetes and are taking oral medications and/or insulin or if you are being treated for high blood pressure you will want to discuss this pre-op diet with your doctor who manages these medications

Clear liquids include:

- Water
- Plain gelatin (NO sugar added, NO fruit or topping)
- Propel or Crystal Light beverages (NO sugar added)
- Clear broth or bouillon
- Decaffeinated Coffee or Tea (NO milk/creamer/sugar
- Popsicles (NO sugar added)

DAY BEFORE SURGERY - Liquid Diet

1. Last Protein shake should be before 6pm.

2. It is important that you stay hydrated - 64 ounces of fluid per day. Please measure the amount of fluid you drink.

3. **Drink a 28-32 ounce bottle of a regular (not sugar free) sport drink (Gatorade, Powerade, etc.) the night prior to surgery.**

If the sport drinks aren't tolerable, you may substitute with no sugar added - no pulp juice - apple, cranberry, lemonade, white grape or orange

DAY OF SURGERY - Clear Liquid Diet

Drink 12-20 ounces of a regular sport drink (or juice as above) stop liquids 2 hours before scheduled arrival time.

Phase I: Sugar-free, Clear Liquids

Duration of Phase I: Approximately 1–3 days post-op

Important Considerations

- Phase I may begin once water is well tolerated
- You may be on Phase I for 1-3 days or until tolerated or discharged from the hospital
- Drink 1–4 ounces (1/8 to 1/2 of a cup) or as tolerated of sugar-free, clear liquids every hour (goal of 4 ounces per hour or 1 ounce every 15 minutes before discharge)
- A clear liquid is defined as non-dairy fluids that cause a minimal amount of residue in the digestive tract
- Clear "solids" that become liquid at body temperature are also appropriate such as diet Jello® and sugar-free popsicles
- No carbonated beverages
- Drink decaffeinated clear liquids (for at least 3 months)
- No milk or dairy
- No vitamin or mineral supplementation at this time
- Sugar substitutes can be used (see list of sugar substitutes)

Nutritional Considerations

- Consume at least 64 ounces of sugar-free, decaffeinated clear liquids per day
- Check tolerance level
- Stop drinking when you feel full

Examples of Clear Liquids

- Water
- Crystal Light®, sugar-free Snapple®, sugar-free Kool-Aid®, etc.
- Plain decaffeinated tea (no milk or creamer)
- Plain decaffeinated coffee, black (no milk or creamer)
- Jello®
- Popsicles
- Clear flavored broth (chicken, beef, seafood, ham)

Phase I: Sugar-free, Clear Liquids

Menu Sample

Morning: Decaffeinated coffee with Splenda®

Breakfast: Low sodium chicken both

Mid-morning: Crystal Light®

Lunch: Low sodium vegetable broth

Mid-afternoon: Water

Dinner: Low sodium ham broth

Evening: Decaffeinated tea with Splenda®

Important Reminders when on Phase I

- Consume at least 64 ounces of sugar-free, decaffeinated, clear liquids per day
- Check tolerance level
- Stop drinking when you feel full
- Sip slowly, do not gulp
- Do not use a straw
- Avoid extreme temperatures (extreme hot or cold)
- No carbonated beverages
- No milk, cream or other dairy products
- Consume decaffeinated clear liquids for at least 3 months after surgery
- Remember to keep increasing physical activity as tolerated

Exercise – Sample Workout

POST-OP AT HOME, WEEK 1

Walk 5–10 minutes, 3 times per day

POST-OP, WEEK 2

Exercise Time Frequency Intensity - Walk 20 minutes, 2 times a week as tolerated

Strength Exercise - Do not start until medically cleared

Phase II: Sugar-free, Liquid, High Protein shakes

Duration of Phase II: Approximately 2 weeks post-op

Important Considerations

- Phase II may begin in the hospital if you tolerate Phase I or at home upon discharge
- It is recommended that you stay on Phase II for a total of 2 weeks to ensure proper tolerance and healing
- The goal is to consume at least 60 grams of protein per day in the form of a liquid, high protein shake
- Consume no solid food at this time
- Drink 4–8 ounces of protein shake 3 times per day (4–8 ounces or ½ to 1 cup for breakfast; 4–8 ounces or ½ to 1 cup for lunch; 4–8 ounces or ½ to 1 cup for dinner)
- Do not skip any meals
- Stop drinking when you feel full
- Consume sugar-free, non-carbonated, decaffeinated clear liquids in between shakes for a total of 64 ounces (8 cups) per day
- Follow the "30-Minute Rule" to fluid intake: wait 30 minutes before and after your shake to drink other fluids
- Vitamin or mineral supplementation as tolerated

Important Considerations About Protein Shakes

- Choose a High Protein Shake that contains at least 20 grams of protein per serving
- Choose a High Protein Shake that contains less than 10 grams of sugar
- The source of the protein should preferably be whey protein, however, shakes may be soy or egg based or a combination of whey, soy or egg
- You may use skim or 1% milk or water to mix the protein shake if it is powder-based
- You may use lactose-free milk if lactose intolerant
- Do not use milk as a substitute for protein shakes since it does not provide enough protein per serving
- Due to possible sensory changes in taste and smell, choose a variety of flavors or non-flavored protein shakes; always check for tolerance

Nutritional Considerations

- Consume at least 60 grams of protein per day in the form of a liquid, high protein shake
- Consume sugar-free, non-carbonated, decaffeinated clear liquids in between shakes for a total of 64 ounces (8 cups) per day
- Consume no solid food at this time
- Check tolerance level
- Stop drinking when you feel full

Phase II: Sugar-free, Liquid, High Protein shakes

Menu Sample

Morning: Decaffeinated coffee with Splenda

Breakfast: Protein shake with 20 grams of protein

Mid-morning: 8 oz. Crystal Light

Lunch: Protein shake with 20 grams of protein

Mid-afternoon: 8 oz. chicken broth

Dinner: Protein shake with 20 grams of protein

Important Reminders when on Phase II

- Consume at least 60 grams of protein per day in the form of a liquid, high protein shake.
- Consume sugar-free, non-carbonated, decaffeinated clear liquids in between shakes for a total of 64 ounces (8 cups) per day.
- Consume no solid food at this time.
- Check tolerance level.
- Stop drinking when you feel full.
- Sip slowly, do not gulp.
- Do not use a straw.
- Avoid extreme temperatures (extreme hot or cold)
- No carbonated beverages, no alcoholic beverages.
- Consume decaffeinated clear liquids for at least 3 months after surgery.
- Follow the “30-Minute Rule” to fluid intake. Wait 30 minutes before and after your shake to drink other fluids
- Remember to keep increasing physical activity as tolerated.

Exercise – Sample Workout

POST-OP, WEEK 2

Exercise Time Frequency Intensity - Walk 20 minutes, 2 times a week as tolerated

Strength Exercise - Do not start until medically cleared

Phase III: Soft, High Protein Foods

Duration of Phase III: 2 weeks to 2 months post-op

Important Considerations

- Phase III may begin 2 weeks after surgery if Phase II is well tolerated
- It is recommended that you stay on Phase III for 6 –8 weeks to ensure proper tolerance of solid, soft foods
- Follow the "30-Minute Rule" to fluid intake: wait 30 minutes before and after your food to drink fluids
- The goal is to consume at least 60–80 grams of protein per day in the form of soft or pureed high protein foods
- Inadequate protein intake can lead to fatigue, loss of lean body mass and increase your risk of infection and other illnesses
- Consume 3–4 ounces of protein 3 times per day (3–4 ounces for breakfast; 3–4 ounces for lunch; 3–4 ounces for dinner)
- As an estimate, 1 ounce of protein is approximately 7 grams. For example, if you consume 3 ounces of chicken, this would equal approximately 21 grams of protein

Some good protein suggestions are:

Seafood
Tuna, tilapia, grouper, soft flaky fish such as cod, haddock, sea bass – canned or fresh

Shellfish
Scallops, lobster, shrimp, crab – canned or fresh

Dairy
Low fat, sugar-free or carbohydrate-controlled Greek yogurt without visible fruit pieces. Low fat cottage cheese, ricotta cheese, farmer's cheese or other soft cheeses

Eggs
Eggbeaters®, egg whites or whole eggs (no more than 1 egg yolk per day): boiled, scrambled, baked, poached (avoid fried or under cooked eggs)

Poultry
Turkey, chicken, game hen, duck breast. Deli such as roast turkey breast or chicken breast – canned or fresh

Legumes
Black beans, kidney (red) beans, garbanzo beans, white beans, lentils etc. Hummus and pureed beans may be well tolerated

Tofu
Tofu, Boca Burger® (without the bun), MorningStar Farms® soy products

Meat
Ham (red meat and pork may be difficult to digest; always check your tolerance level) Low sodium, rind-less, no sugar added cold-cuts and deli meats – canned or fresh

Phase III: Soft, High Protein Foods

Important considerations about soft or pureed proteins

- It is acceptable to add low sodium broths or low fat dressings to prepared protein sources to add moisture.
- Do not fry or put “breading” on the protein
- Proteins should be moist and lean
- Place food in a blender or food processor to create a soft consistency
- Avoid soups
- Lean red meat as tolerated
- Avoid spicy foods
- Avoid dried out, over-cooked meats; many patients find that they cannot tolerate chicken after surgery; always check your tolerance to any food
- Introduce one “new” food at a time
- Use moist cooking methods such as boiled, baked, sautéed, poached, stewed or braised (See definitions of cooking terms)
- Avoid frying protein foods
- Always check for tolerance when trying a “new” food. Introduce solid food slowly
- Even though food is soft, take small bites of food and chew food well (25 times)

Exercise – Sample Workout

POST-OP, WEEK 3 - 2 MONTHS

EXERCISE	TIME	FREQUENCY	INTENSITY
Walk	15-30 Minutes	4 times/week	Increase the time by 5 minutes every session until you are working continuously for 45 minutes per session
Strength Exercise	May begin weight training with doctor’s approval. Add 2 days of light weight training as follows: Day 1: Upper body, 15-30 minutes		
Walk or start other cardio exercises;swimming, rowing, aerobics, stair climbing with surgeon’s approval.	30-45 minutes	5-6 times per week	Add a 3rd day of light weight training alternating upper and lower body, 15-30 minutes, as tolerated

Phase III: Soft, High Protein Foods

Nutritional considerations

- You may continue to use protein shakes as a meal replacement if you find that you cannot consume enough protein
- Do not skip meals; have 3 meals per day (breakfast, lunch and dinner)
- Consume sugar-free, non-carbonated, decaffeinated clear liquids in between soft high protein foods for a total of 64 ounces (8 cups) per day
- Check tolerance level
- Stop eating when you feel the sense of fullness
- During Phase III, no breads, no cereals, no rice, no noodles, no pastas, no crackers, no potatoes (sweet or white), no yams, no corn, no plantain, no yucca, no fruits, no fruit juices, no vegetables, no carbonation, no caffeine, no alcoholic beverages
- Continue vitamin and mineral supplementation

Menu Sample

Morning: Decaffeinated coffee with Splenda® may be used; Wait at least 30 minutes after consuming fluids before eating protein foods

Breakfast: 4 ounces of scrambled egg

Mid-morning: 8 oz Crystal Light®

Lunch: 3–4 ounces of pureed tuna fish made with 1 Tbsp of low fat mayonnaise

Mid-afternoon: 8 oz Crystal Light®

Dinner: 3–4 ounces of low fat, low sodium turkey deli slice

Evening: 8 oz Crystal Light®

Important reminders when on Phase III

- Even though food is soft and pureed, take small bites of food and chew food well (25 times) before you swallow
- Stop eating or drinking when you feel full
- Sip fluids slowly, do not gulp
- Do not use a straw
- Avoid extreme temperatures (extreme hot or cold)
- Follow the “30-Minute Rule” to fluid intake: wait 30 minutes before and after your food to drink fluids
- Remember to keep increasing physical activity as tolerated

Phase III: Soft, High Protein Foods

Phase III breakfast ideas

- Protein shakes are a fine way of getting in some of your daily protein intake and may be more convenient to consume for breakfast
- Low fat, carbohydrate-controlled or sugar-free, yogurt
- Low fat, cottage cheese, farmer's cheese or ricotta cheese
- Low fat string cheese
- Eggs, whole, egg whites or EggBeaters®; Eggs may be scrambled, baked, poached or made into an omelet
- For example, if you are in Phase III and you make an omelet, you can add cheese and ham but no vegetables
- For example, if you are in Phase IV and you make an omelet, you can add cheese, ham and mushrooms (or other vegetable)
- Low fat turkey or tofu breakfast sausage; bake or microwave them; don't fry them
- Low fat, tofu hotdogs
- You may also consume lunch/dinner foods for breakfast! Always check your own personal food tolerances and preferences.

Phase III lunch/dinner ideas

- Grilled, baked, poached seafood/shellfish (any type that you can tolerate); do not fry or bread the seafood. Whitefish, tilapia, grouper, orange roughy, flounder, sole, snapper, catfish, perch, herring, swordfish, halibut, cod, sea bass, salmon, scallops, shrimp, lobster, crab, etc.
- Egg salad, tuna salad, crab salad, chicken salad
- Grilled, baked, poached, braised or sautéed poultry such as chicken, Cornish game hen, turkey or duck
- Legumes (black beans, navy beans, pinto beans, Northern beans, white beans, etc); these can easily be made into a "dip" or a hummus or they can be baked or added to chili
- Grilled Tofu burgers
- Deli meats such as turkey, chicken, ham, etc. Don't eat the deli "rind." Choose low sodium deli and those that do not have added sugars. You can create a deli roll-up and roll a piece of cheese in the middle.
- Baked, crust-less cheese quiche
- Turkey or tofu meatballs
- Low fat cheese fondue
- Plain turkey or tofu meatloaf (use eggs or milk to bind it together)
- Egg and cheese frittata

Phase III: Soft, High Protein Foods

Phase III Recipes

Baked Eggs with Cheese (Serves 4) Ingredients

4 large eggs

¼ cup low fat cheddar cheese

¼ cup skim or 1% milk

1 teaspoon of non hydrogenated margarine or olive oil

1. Preheat the oven to 350 degrees F
2. Crack 1 egg individually into 4 small baking ramekins
3. Add ¼ cup of milk to each ramekin
4. Top with cheese
5. Bake until egg is set and the internal temperature of the yolk is 165 degrees F

Egg, Cheese and Ham Frittata (Serves 8) Ingredients

8 large eggs

8 slices of low sodium deli ham, chopped

½ cup shredded cheddar cheese

¼ cup water Salt and pepper to taste Pam cooking spray oil

1. Spray a light coating of Pam cooking spray oil on the bottom of a skillet
2. Heat the chopped ham through and then transfer to a plate
3. Separate the eggs, placing the yolks in a medium size bowl and the egg whites in another bowl
4. Mix the egg yolks with the water and beat until fluffy
5. Beat the egg whites until they are foamy and stiff
6. Fold the egg yolks into the egg white
7. Re-spray your skillet with Pam cooking spray oil and put skillet on low heat
8. Pour in the egg mixture and spread evenly over the bottom of the skillet
9. Sprinkle the ham and cheese over the top of the mixture
10. Cover and cook until the eggs are cooked through and fluffy, approximately 25 minutes

Freeze or refrigerate leftovers.

Phase III: Soft, High Protein Foods

Phase III Recipes

Baked Cod Fish with Lemon and Olive Oil (Serves 4) Ingredients

4 cod fillets, approximately 4 ounces each

1 Tablespoon freshly squeezed lemon juice

1 Tablespoon olive oil

¼ cup garlic powder

½ teaspoon dried thyme

¼ teaspoon sweet paprika

1. Preheat the oven to 400 degrees F
2. Arrange the fish in a baking dish
3. Drizzle fish with lemon juice and olive oil
4. Sprinkle with garlic powder, dried thyme and paprika
5. Bake until fish is opaque and juicy
6. Spoon pan juices over top and serve

Baked Whole Fish in Foil (Serves 1–2, depending on fish size) Ingredients

1 whole fish such as snapper, trout, orange roughy, cleaned and washed

1 lemon, sliced

Juice of 1 fresh lemon

1/4 teaspoon dried parsley

1/4 teaspoon dried thyme

1 tablespoon of olive oil

Aluminum foil and roasting pan

1. Preheat oven to 400 degrees F
2. Line roasting pan with aluminum foil and add fish
3. Sprinkle fish with olive oil, parsley and thyme
4. Place lemon slices on top of fish
5. Pour fresh lemon juice over fish
6. Cover and cook in oven until cooked, approximately 20–25 minutes depending on thickness of fish

Phase III: Soft, High Protein Foods

Phase III Recipes

Banana Flavored Protein Shake (Serves 1) Ingredients

1 cup plain, low fat yogurt

1 cup lactose free skim milk

1 teaspoon banana extract (found in the spice section of supermarket)

1 package of unflavored whey protein powder

Ice cubes

1–2 packets of sugar substitute like Splenda® or NutraSweet®

1. In a blender, combine ice cubes and milk and whiz until ice is thoroughly crushed
2. Add the yogurt, banana extract and whey protein powder into the blender
3. Whiz all together until thick and frothy
4. Drink slowly

Mint-infused Black Tea

1 quart of water

3 bags of decaffeinated Darjeeling, Oolong or Black tea

3 tablespoons of coarsely chopped fresh mint, spearmint or peppermint

1–2 packets of sugar substitute

1. Boil water in saucepan
2. Add the tea bags, chopped mint and sugar substitute
3. Steep for 3–5 minutes
4. Strain into mugs
5. Drink slowly

Cooking Terms

Roasting: Food is placed in a hot oven and the food is surrounded by hot, dry heat

Grilling: Food is placed over a heat source, that is open to air

Barbecuing: A combination of covered grilling and smoking

Broiling: Food is placed under a heat source, such as the broiler setting of the oven

Braising: Simmering foods in a small amount of fluid

Poaching: Immersing foods in a fluid that is heated to a gentle simmer, but not boiled

Sauteing: Placing food in a hot pan to quickly brown and cook food

Steaming: Similar to poaching, except that the fluid is usually water and in the form of gas/

Blanching: Cooking food in hot water

Bake: To cook food, uncovered in an oven with a small amount of liquid or fat

Phase III: Soft, High Protein Foods

Cooking measurement conversions

1/4 tsp = 1ml

1/2 TSP = 2 ml

1 tsp = 5 ml

1Tbsp = 15ml = 3 tsp

2 Tbsp = 30ml = 1oz

1/4 cup =120ml = 2oz

1/2 cup = 120ml = 4oz

3/4 cup = 180ml = 6oz

1 cup = 240ml = 8oz

1oz = 30g

2oz = 60g

4oz = 1/4 lb = 115g

8oz = 1/2 lb = 230g

12oz = 3/4 lb = 340g

16oz = 1 lb = 455g

2.2 lbs = 1 kg

Estimate of standard proportions

Household Items	Size (approximate)
Tip of thumb to the first joint	1 teaspoon (tsp) = 5ml
Golf ball	1 tablespoon (Tbsp) = 15ml
Computer mouse	1/2 cup (4oz)
Match Box	1 ounce
CD disc	1 ounce slice
2 Dominos	1 ounce
Tube of lipstick	1 ounce
Deck of poker cards	3 ounces
Tennis ball	2/3 cup, “medium” size fruit

These are approximate measurements.

For accurate measurements, use standard measuring utensils.

Phase IV: High Protein Foods, Added Vegetables

Duration of Phase IV: 2 months to 6 months post-op

Important Considerations

- Phase IV may begin once Phase III is well tolerated, but not before 2 months post-surgery
- The goal is to consume at least 60-80 grams of protein per day with the addition of adding vegetables
- Inadequate protein intake can lead to fatigue, loss of lean body mass and increase your risk of infection and other illnesses
- Consume 3-4 ounces of protein 3 times per day (3-4 ounces for breakfast; 3-4 ounces for lunch; 3-4 ounces for dinner)
- As an estimate, 1 ounce of protein is approximately 7 grams. For example, if you consume 3 ounces of chicken, this would equal approximately 21 grams of protein
- Always eat your protein foods first before eating the vegetable
- Do not begin eating your vegetable first. Vegetables contain little or no protein and protein is essential
- Continue to consume sugar-free, noncarbonated, decaffeinated clear liquids in between high protein foods for a total of 64 ounces (8 cups) per day
- Follow the "30-Minute Rule" to fluid intake: wait 30 minutes before and after your food to drink fluids

Important Considerations About Adding Vegetables

- When incorporating vegetables, it is recommended that you begin with softly cooked vegetables first
- Avoid vegetables that do not become soft when cooked
- Avoid fibrous stalks like those found in asparagus, broccoli, celery, stalks of romaine lettuce, kale, etc. when first advancing diet
- Be cautious of seeds and peels
- You may introduce raw vegetables only after you can tolerate a variety of cooked vegetables
- Remember to always check for food tolerance
- Slowly increase your variety of choices only after you know that you can tolerate it
- When eating raw vegetables, it is recommended that you first try softer vegetables such as broccoli florets, Bibb lettuce, red-leaf lettuce or Boston lettuce
- Remember to chew vegetables thoroughly (chew 25 times) and swallow only when chewing has made it into a "mushy" pureed consistency
- If you have trouble with gas, avoid eating gas producing vegetables such as onions, cauliflower, garlic, scallions, leeks, Brussels sprouts and cabbage
- Avoid starchy vegetables such as potatoes (sweet and white), yams, yucca, plantain and corn at this time
- Continue with vitamin and mineral supplementation

Phase IV: High Protein Foods, Added Vegetables

Nutritional Considerations

- Stop eating or drinking when you feel the sense of fullness

During Phase IV, no breads, no cereals, no rice, no noodles, no pastas, no crackers, no potatoes (sweet or white), no yams, no corn, no plantain, no yucca, no fruits, no fruit juices, no carbonation, no caffeine, no alcoholic beverages

Important considerations about adding vegetables

Morning: Decaffeinated coffee with Splenda® may be used; Wait at least 30 minutes after consuming fluids before eating protein foods

Breakfast: 4 ounces Eggbeaters® omelet with sautéed mushrooms, scallions and cheese

Midmorning: 8 oz Crystal Light®

Lunch: 1 Boca Burger®, steamed broccoli

Mid-afternoon: 8 oz Crystal Light®

Dinner: 3–4 ounces baked tilapia fish, steamed cauliflower florets

Evening: 8 oz Crystal Light®

Exercise – Sample Workout

POST-OP, MONTH 2

EXERCISE	TIME	FREQUENCY	INTENSITY
Walk or start other cardio exercises; swimming, rowing, aerobics, stair climbing with surgeon's approval.	30-45 minutes	5-6 times per week	Add a 3rd day of light weight training alternating upper and lower body, 15-30 minutes, as tolerated

Phase V: High Protein Foods, Added Complex Carbohydrates in the Form of Whole Grains, Starchy Vegetables and Fruit

Duration of Phase V: 6 months post-op to life

Important Considerations

- If you are unsure when to add complex carbohydrates back into your meal plan, please consult with the doctor or dietitian
- The goal remains to consume at least 60–80 grams of protein per day with the addition of vegetables, fruit and complex carbohydrates.
- Inadequate protein intake can lead to fatigue, loss of lean body mass and increase your risk of infection and other illnesses.
- Consume 3–4 ounces of protein 3 times per day (3–4 ounces for breakfast; 3–4 ounces for lunch; 3–4 ounces for dinner)
- As an estimate, 1 ounce of protein is approximately 7 grams. For example, if you consume 3 ounces of chicken, this would equal approximately 21 grams of protein.
- Always eat your protein foods first before eating the vegetable, fruit or complex carbohydrate
- Do not begin eating your complex carbohydrate first. They contain little or no protein and protein is essential
- Continue to consume sugar-free, non-carbonated, decaffeinated clear liquids in between high protein foods for a total of 64 ounces (8 cups) per day
- Follow the “30-Minute Rule” to fluid intake: wait 30 minutes before and after your food to drink fluids

Important Considerations About Complex Carbohydrates

- Complex carbohydrates are found in whole grains, fruits, legumes and starchy vegetables
- Up until Phase V, you may have been eating legumes and vegetables (Now you may consider whole grains, starchy vegetables and fruit)
- When incorporating complex carbohydrates, it is recommended that you begin with peeled fruit, either cooked or raw
- No-added sugar and syrup canned fruit is acceptable
- Remember to always check for food tolerance
- Slowly increase your variety of choices only after you know that you can tolerate it
- Fruit juice and sweetened beverages are not recommended
- Avoid white flours, rice, pastas or breads that are “doughy” or “gummy”. These are hard to tolerate
- When choosing whole grains, choose 100% whole wheat, 100% multigrain. These are packed with fiber, vitamins and minerals.
- Limit complex carbohydrates and remember to always consume your protein first

Nutritional Considerations

- You may continue to use protein shakes as a meal replacement if you find that you cannot consum enough protein
- Do not skip meals; have 3 meals per day (breakfast, lunch and dinner)

Phase V: High Protein Foods, Added Complex Carbohydrates in the Form of Whole Grains, Starchy Vegetables and Fruit

Complex Carbohydrates

Type	Examples
Cereals and Grains	Amaranth, bran, barley, brown rice, bulgur, buckwheat, cornmeal, grits, kasha, kamut, millet, muesli, oats, quinoa, rye, semolina, 100% whole wheat, wheat germ and wild rice. When choosing a cereal, choose one that has less than 5 grams of sugar per serving and has at least 5 grams of fiber per serving.
Breads, Crackers, Pitas, Tortillas, Pastas and Rice	Look for 100% whole grain, stone-ground, multigrain or 100% whole wheat breads, crackers and pastas. Ezekiel and Spelt breads, Arnold's Whole grain Classic, Pepperidge Farms Whole Grain. Crackers such as Wasa, Ryvita, Kalvi and Kasi brands. Pastas such as Ronzoni Healthy Harvest, Barila Plus, Mueller's Whole Grain. Rice brands such as: Tex-Mex brown rice, Eden Foods whole grain rice, Lundberg's brown rice, Success whole grain brown rice and Uncle Ben's brown or wild rice.
Starchy Vegetables	Corn, peas, plantain, potato (sweet or white), yams, squash or yucca.
Legumes and Beans	Soybeans (edamame), lentils, peas. Beans such as black, red, white, navy, northern, kidney or lima. Soak dried beans over night to reduce gas production.
Vegetables	Use fresh or frozen without added sauces, cheese or gravies. Good examples of vegetables are: broccoli and cauliflower florets, tender green beans, soft yellow squash, zucchini, soft eggplant, cucumbers, soft asparagus, Brussels sprouts, carrots, parsnips, rutabaga, beets, snow peas, plantain, potato (sweet or white), yams, yucca, sweet leeks, scallions, shallots, onions, green beans, peas, corn, lettuce, creamed spinach, kale, collards, cabbage, legumes, squash, mushrooms, peppers, tomatoes, herbs like parsley, basil, thyme, sage. If using canned, choose low sodium and rinse under cool water. Avoid tough stalks and vegetables that are too fibrous or hard to chew. If experiencing gas, avoid onions, garlic, leeks, cabbage, broccoli, cauliflower and other gas producing vegetables.
Fruits	Use fresh or frozen without added sugar, syrup or cream. Always wash your fresh fruit under cool running water. Peel fresh fruit. Good examples of fresh fruit are: peaches, apples, nectarines, plums, cherries, strawberries, apricots, blueberries, melons, bananas, grapes, figs, papaya, mangos, avocados, pears, persimmons. Avoid fruit that is too fibrous or hard to chew such as coconut and the rind of the orange. It's recommended that you peel fresh fruit before eating when first introducing in your diet. If using canned fruit, choose sugar-free or no sugar added and syrup. Use caution when eating fruits with seeds or pits.

Difficult Foods to Tolerate After Surgery

Meat & Meat Substitutes
Steak
Hamburger
Pork chops
Fried or fatty meat, poultry or fish

Starches
Granola
Whole-grain or white bread (non-toasted)
Bagels
Soups with vegetable or noodles
Rice
Dense Pasta

Vegetables
Fibrous vegetables (raw celery, corn, cabbage)

Fruits
Dried fruits
Coconut
Orange and grapefruit membranes
Skins (peel all fruit when first introducing)

Miscellaneous
Carbonated beverages
Pickles
Seeds

***Sweets (mostly after bypass surgery)**
Candy
Desserts
Jam/jelly
Sweetened fruit juice
Sweetened beverages
Other sweets

Sweets should NOT be part of your diet if you want to reach your weight loss goal followed by weight maintenance

Common Names For Sugar, Sugar Alcohols and Artificial Sweeteners

Common names for sugar

- To avoid unnecessary empty calories and to reduce your risk of developing Dumping Syndrome, limit your intake of added sugar to less than 5 grams per serving
- Choose products that are labeled "sugar-free." They will have less than 5 grams of sugar per serving.
- Read food labels. Read ingredient lists. Ingredients are always listed from most to least, so choose products that do not have sugar listed as the first 5 ingredients
- Sugar may be called other things besides "sugar."

These names are:

Corn syrup	High fructose corn syrup (HFCS)	Corn sweeteners
Dextrose	Fructose	Glucose
Honey	Molasses	Sucrose
Syrup	Levulose	Turbinado
Brown sugar	Granulated sugar	Raw sugar
Confectioner's sugar	Agave	

Sugar Alcohols

- Avoid sugar alcohols
- They may cause gas and diarrhea as they are not well absorbed.
- Sometimes these sugar alcohols are referred to as "sugar-replacers"

Examples of sugar alcohols are:

Sorbitol	Xylitol	Mannitol	Maltitol
Lactitol	Erythritol	Isomalt	

Commons names for artificial sweeteners

- Sugar substitutes, also called artificial sweeteners, are acceptable in the bariatric nutrition plan

Examples of artificial sweeteners are:

Aspartame (NutraSweet®, Equal®, Equal Spoonful®)	Saccharin (Sweet'n Low®)
Sucralose (Splenda®)	Acesulfame-K (Acesulfame Potassium)
Neotame	Tagatose Cyclamate (Sugar Twin®, Sucaryl®)
Truvia®	Stevia® (herbal sweetener)

Food Diary

Day: _____ Date:_____

Food Item	Amount	Protein (grams)	Calories	Fluid (ounces)
Totals				
My Goals				

Today I took:

___ Multivitamin

___ Calcium citrate, 500 mg x 3/day+ 1200-1500 mg

___ Vitamin B12, 500mcg sublingual

___ Iron, 45-60 mg or as directed

___ Vitamin B Complex

Exercise

Exercise for the Bariatric Patient

Exercise is the key to achieving weight loss before and after a weight loss surgery. An exercise plan should begin gradually and increase as tolerated, being closely supervised by a doctor. Your exercise needs to begin before surgery and resume as soon as allowed after weight loss surgery.

A consistent exercise plan aids in reaching and maintaining an optimal weight loss, as well as helping to:

Tone you muscles

- Increase energy and metabolism
- Tighten loose skin caused by rapid weight loss
- Improves mood and self-esteem, relieves stress

Post surgery, fewer calories are consumed sometimes causing the body to react as if you are starving yourself. In search for more energy, the body can begin to burn muscle instead of fat. To prevent this, exercise needs to start as soon as possible to burn fat instead of muscle.

What exercise routine should you be following?

Pre-surgery

Begin your activity regimen at a slow pace. Start with light activity and work your way up - walking or water aerobics. Low impact activity is still beneficial. Aim for at least 30 minutes of continuous activity 5-6 times per week.

Hospital Stay

You will need to get up and walk. This will help you feel better and get you on the right track for going home.

Initiation Stage: Home After Surgery (Week 1-4)

Start slow again. Walk around the house or use stairs as tolerated. You are just beginning to heal so light activity is recommended

Advanced Stage: Week 5-6

Make sure your surgeon has approved you to increase your activity/exercise.

Start slowly with low impact exercise: stationary bike, treadmill and/or housework

Maintenance/Lifestyle Modification Stage: Week 7 and on

Increase activity/exercise, any activity that will elevate your heart rate to 120 or greater, on a regular basis-long-term goal should include:

Cardio (can include treadmill, stationary bike, jogging, fast walking, swimming, tennis: 30 minutes of moderate intensity five times a week)

OR

150 minutes a week

OR

10,000 steps daily

AND

Muscle Strengthening (weights or bands):

At least 2 nonconsecutive days a week

Recommendations are based on The American Medical Society for Sports Medicine Guidelines for routine exercise. www.amssm.org

An exercise plan for you

Increasing your activity level is a key part of a weight loss program. LifeStyles, a medically based fitness program at Akron General's health and wellness centers, was created to help you incorporate not just exercise, but overall wellness into your lifestyle. This medical fitness center offers more than just a gym or workout facility.

Our skilled exercise specialists, athletic trainers, personal trainers, nutritionists and wellness experts can create a plan just for you to help you achieve your weight loss goal and/or maintain your weight loss. The team will help you learn how to:

- Increase your activity level and remain active.
- Make exercising more enjoyable.
- Safely perform your exercises.
- Improve your resting metabolic rate (RMR) through resistance training. (Raising your RMR helps your body burn more calories at rest.)

LIFESTYLES HAS THREE CONVENIENT LOCATIONS:

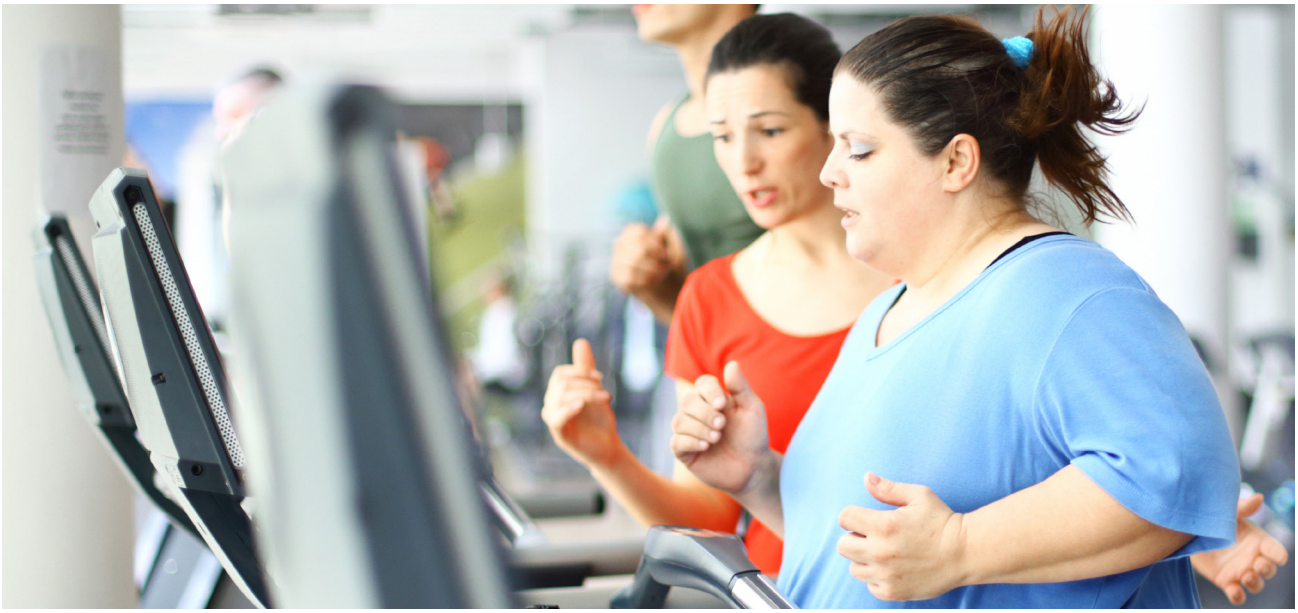
Health & Wellness Center, Bath
4125 Medina Rd.
Akron, Ohio 44333

Health & Wellness Center, Green
1940 Town Park Blvd.
Uniontown, Ohio 44685

Health & Wellness Center, Stow
4300 Allen Rd.
Stow, Ohio 44224

General Facility Hours
- Monday - Friday: 5:30 a.m. - 10 p.m.
- Saturday: 7 a.m. - 6 p.m.
- Sunday: 8 a.m. - 6 p.m.

For more information about LifeStyles visit our website at akrongeneral.org/lifestyles.



Weight Chart

Name: _____ Height:_____

Weight Before Surgery :_____ BMI:_____ Weight Goal:_____

	Date	Weight	Weight Loss	BMI
Nutrition Consultation				
Pre-op Visit				
2 Weeks Post-op				
2-3 months Post-op				
6 Months Post-op				
1 Year Post-op				

Weigh yourself once weekly and record it

	Date	Weight	Weight Loss	BMI
Week 1 Post-op				
Week 2				
Week 3				
Month 1				
Week 5				
Week 6				
Week 7				
Month 2				
Week 9				
Week 10				
Week 11				
Month 3				
Week 13				
Week 14				
Week 15				
Month 4				
Week 17				
Week 18				
Week 19				
Month 5				

Continuing Education

Things to Remember For a Lifetime After Bariatric Surgery

1. Always eat your protein first. Even after you have progressed through the dietary phases, consume your proteins first before any other food item. When you feel full, stop eating.
2. When you feel full, stop eating and do not eat again until the next meal of the day. Do not overeat.
3. Always follow the "30-Minute Rule" to fluid intake: Do not drink with your meals. You must stop drinking 30 minutes before you eat and wait 30 minutes after you have eaten to resume fluid intake.
4. Consume at least 60–80 grams of protein per day (or more if recommended by your MD or RD).
5. Take your vitamin and mineral supplements every day unless otherwise instructed by the doctor or dietitian.
6. Consume at least 64 ounces (8 cups) of noncarbonated, sugar-free, caffeine-free fluid per day. Do not wait until you feel thirsty before you drink.
7. Keep your scheduled follow-up appointments. It is important to have blood work completed as recommended so an assessment of your vitamin and mineral levels can be done.
8. Avoid added sugar. Have no more than 5 grams of added sugar per serving.
9. Avoid caffeine. Although some patients may be able to tolerate caffeine after 3 months, it is recommended that you either decrease your intake or eliminate it altogether.
10. Avoid alcohol
11. Do not skip meals. Have 3 meals per day: breakfast, lunch and dinner.
12. Sip fluids slowly throughout the day. Do not gulp. Do not use a straw.
13. Do not chew/swallow gum.
14. Take small bites of food and chew properly (25 times) swallowing. Food should be "mushy" before you swallow.
15. Always check your tolerance level for foods. If a food doesn't agree with you, stop eating it and try again at another time. If that particular food continues to be intolerable, discontinue eating it altogether.
16. Always check with your Primary Care Physician about taking medications and/or over-the counter medications.
17. Be physically active everyday.
18. Participate in support group meetings.
19. Call the dietitian with any nutrition questions or concerns.
20. Remember, bariatric surgery is not the cure for obesity. It is a tool that can assist you with weight loss/ management.

Obesity and Bariatric Resource Information

Bariatric Center Support Group

Come and interact with others to discuss pre and post-op care and issues you face.

Check our web-site for support group schedule: **akrongeneral.org/bariatriccenter**

Please join us at the Bariatric Center.
Bariatric Center | Suite 492 | 1 Akron General Avenue | Akron, OH 44307

Educational websites

www.AmericanHeart.org
www.asmbs.org
www.bsciresourcecenter.com
(formerly Bariatric Support Center)
www.ccf.org
www.cdc.gov
www.eatright.org
www.fda.gov
www.FoodSafety.gov
www.liteandhope.com
www.MyPlate.gov
www.niddk.nih.gov
www.Nutrition.gov
www.obesity.org
www.obesityaction.com
www.obesitydiscussion.com
www.obesityhelp.com
www.soard.com
www.wlshelp.com

Bariatric products websites

www.bariatricadvantage.com
www.bariatricchoice.com
www.bariatricfoodproducts.com
www.bariatricfusion.com
www.bluebonnetnutrition.com
www.bodybuilding.com
www.bulknutrition.com
www.carbessentials.net
www.celebratevitamins.com
www.cvs.com
www.designerwhey.com
www.dietdirect.com
www.eas.com
www.gnc.com
www.houseofnutrition.com
www.naturesbest.com
www.nutritionexpress.com
www.unjury.com
www.vitacost.com
www.vitaminshoppe.com
www.walgreens.com
www.wholefoodsmarket.com

Books and magazines

The Emotional First + Aid Kit: A Practical Guide to Life After Bariatric Surgery by Cynthia L. Alexander, PsyD

Gastric Bypass Surgery by Mary McGowan

Getting to Goal and Staying There: Lessons from Successful Patients by Terry Simpson, MD

Eating Well After Weight Loss Surgery – The Delicious Way to Eat in the Months and Years After Surgery by Pat Levine, William B. Inabnet and Meredith Urban

Tiny Bites: A Guide to Gastric Surgery for the Morbidly Obese by Saundra Beauchamp-Parke

Exodus From Obesity: Guide to Long-Term Success After Weight Loss Surgery by Paula F. Peck, RN

The Doctor's Guide to Weight Loss Surgery by Louis Flancbaum, MD and Erica Manfred

Weight Loss Surgery for Dummies by Marina S. Kurian, MD, Barbara Thompson, Brian Davidson and Al Roker

Patient Services

Patient Services

Locations

The Bariatric Surgery Center is located in the Ambulatory Care Center on the Cleveland Clinic Akron General campus.

Ambulatory Care Center
1 Akron General Avenue
Building 301
Suite 492
Akron, OH 44307

Some testing for bariatric patients is done at our Health Wellness Centers located in Bath, Green and Stow.

Akron General Health and Wellness Center, Bath
4125 Medina Rd.
Akron, OH 44333

Akron General Health and Wellness Center, Green
1940 Town Park Blvd.
Uniontown, OH 44685

Akron General Health and Wellness Center, Stow
4300 Allen Rd.
Stow, OH 44224

Directions

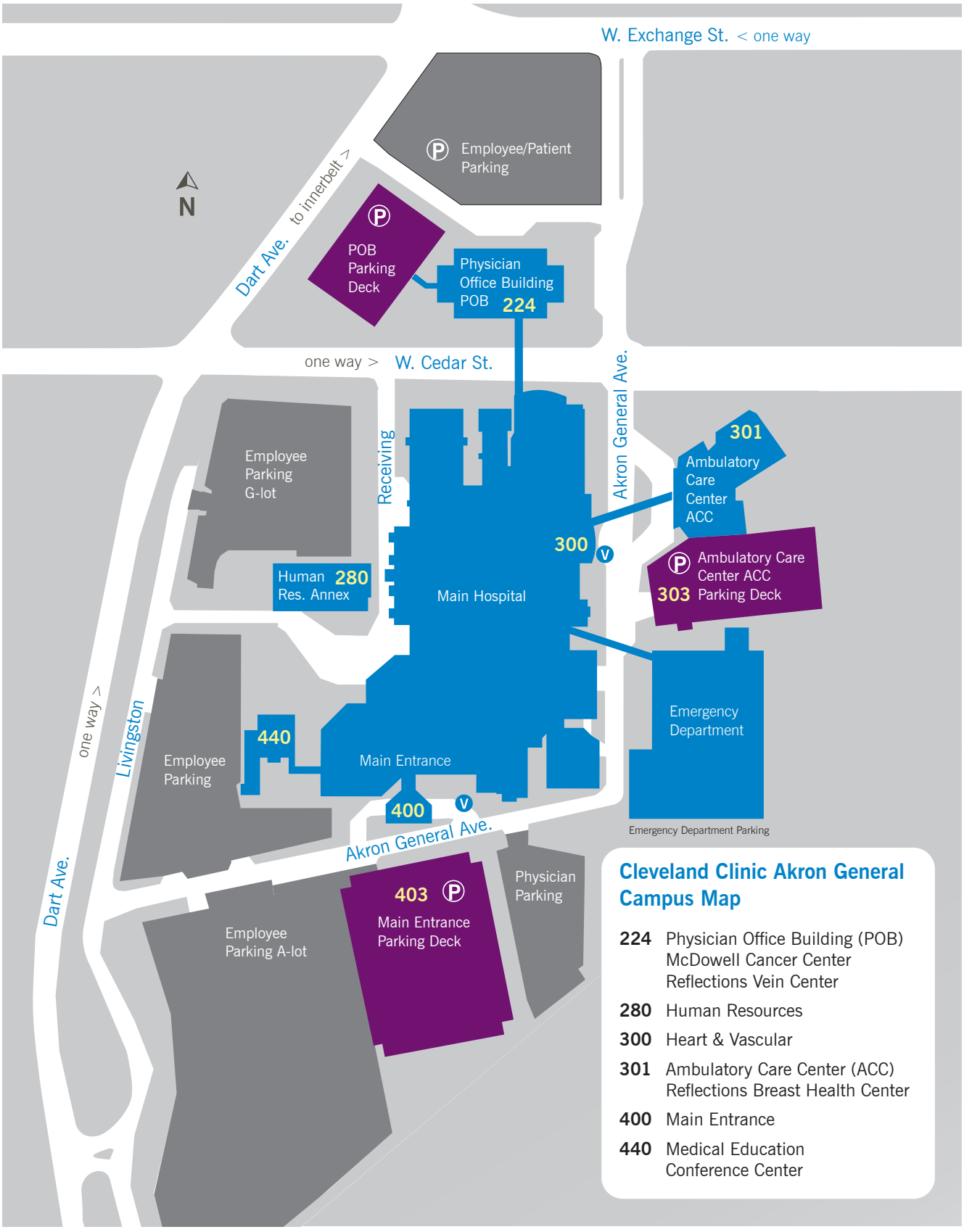
Directions to the Bariatric Center

- Cleveland Clinic Akron General is conveniently located near downtown Akron, Ohio.
- The hospital is, near the I-77 and I-76 highways, just off the Cedar St/Exchange St exit from OH-59 E.

Parking

- Self-parking is available in one of three decks near the Ambulatory Care Center, the Akron General Main Entrance and the Physician Office Building.
- Valet parking is available at the Main Lobby.

Campus Map



Cleveland Clinic Akron General Campus Map

224 Physician Office Building (POB)
McDowell Cancer Center
Reflections Vein Center

280 Human Resources

300 Heart & Vascular

301 Ambulatory Care Center (ACC)
Reflections Breast Health Center

400 Main Entrance

440 Medical Education
Conference Center