

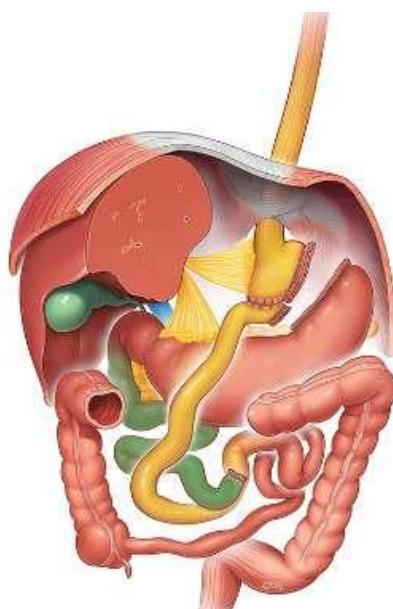
## Specialist Weight Management Service

# Dietary advice for patients having a gastric bypass

**This information should only be used by patients who have had a gastric bypass and should only be followed with supervision and support from a bariatric dietitian.**

### What is a bypass?

A gastric bypass is an operation that reduces the stomach to a small pouch. None of the stomach is removed. The food then bypasses the upper intestines (this is where food is mainly absorbed) through to the lower intestine. This operation results in enhanced satiety (fullness) after a small meal and prevents some of the meal being absorbed into the body.



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### **Weeks 1, 2 and 3: Liquid diet**

It is important to avoid any solid foods in the first 3 weeks, even if they melt in your mouth. Solid foods will upset the healing process in the early stages.

At the start of the liquid stage, sip slowly but frequently throughout the day, allowing a few minutes between sips. Progress to a cup full of drink taken slowly over a 15 to 20 minute period as the days go by.

In the first two weeks after surgery, you can build up to taking around 200mls at any one time. If you experience pain, discomfort, or you regurgitate (your drink rises back up), take smaller sips and allow more time between sips.

Some people find warm drinks go down more easily to start with. Others find that sucking ice cubes can help if you are struggling to get fluids down.

Aim to take in about 1.5 litres each day. Drinking plenty of fluid will help to prevent constipation.

During the first few days after your operation, you may not be able to manage 1.5 litres of fluid in one day. Do not worry, but make sure that you progress towards this amount as the first week goes by. Otherwise, you may become dehydrated, suffer with headaches, get a urine infection, or get constipation.

### **Here are some examples of suitable nutritious liquids:**

- Skimmed/semi skimmed milk
- Soup with no lumps (make condensed soup up with milk)
- Build up soups and drinks such as Complan or Meritene
- Meal replacement drinks such as Slimfast, Exante or supermarkets own brand
- Protein shakes
- Ovaltine / Horlicks
- Smooth drinking diet yoghurts, low fat custards, low fat fromage frais (add milk to make it a pouring consistency)

## Patient Information

- Sugar free/no added sugar squashes
- Smoothies (blended fruit or vegetables with skimmed milk or yoghurts). You will need to dilute with water and use a sieve to remove any bits.

## **Weeks 4 and 5: Blended/puree textured diet**

Once your stomach has had 3 weeks to heal, you are then able to progress to foods with a texture. At this stage, we would like you to aim for a pureed or blended texture, for example the consistency of custard. You may need to use a food blender, liquidiser, or food processor to achieve this. A sieve and spoon can be used to remove lumps, pips, and skins from certain foods.

For example:

- Plain or diet/light yoghurt (avoid the larger Muller light pots) or protein yogurts
- Mashed Weetabix with skimmed milk
- Fruit smoothie (blended fruit and skimmed milk or diet yogurt)
- Chicken, turkey, lamb, or beef liquidised with gravy granules or a stock cube
- Lean minced meat liquidised with a tomato-based sauce.
- Smooth soup containing meat, fish, and vegetables. You can liquidise chunky, tinned, or homemade soups.
- Liquidised cauliflower cheese/macaroni cheese.

The aim is for:

- 3 small meals a day, with drinks in between.
- Building up to 2 to 3 tablespoons of protein at each meal, with 1 to 2 tablespoons of pureed vegetables as a side
- Keep your portions small. Remember, your stomach is still trying to heal along the staple line, so over filling may cause problems
- Make sure you continue to have 2 litres of fluid a day. Sip your drinks between meals. Always eat and drink separately, so you can eat enough to meet your nutritional needs

It may be helpful at this stage to cook and freeze foods, as portions will be very small.

## Patient Information

### **Weeks 6 and 7: Fork-mashable diet**

Slowly start to introduce soft textured foods (foods that can be mashed easily with a fork). Start to experiment with some of the soft foods listed below.

- Soft lightly cooked omelettes or scrambled/poached egg
- Tinned oily fish
- Very soft scrambled egg blended with milk and a little cheese
- Cauliflower cheese/macaroni cheese
- White fish in parsley/white sauce
- Tinned vegetables or fruits in natural juice
- Use lean minced meat, chicken, turkey, or casserole meat cooked slowly. Blend with a sauce or gravy
- Mash potatoes with a little water or with skimmed milk and blend to a smooth paste
- Mash boiled or steamed vegetables
- Baked beans
- Mash tinned, fresh or stewed fruit. Add fruit juice if needed

Be careful not to increase your portion size too much. Be mindful of signs telling you are full. Do not over fill. Chew foods well and eat slowly.

### **Week 8 onwards: Normal textured diet**

From week 8, we want you to be eating “normal” textures foods. To do this, we recommend you use specific eating techniques. These include:

- Small bites of food
- Chew well
- Put your knife and fork down in-between each bite
- Savour the food
- Wait at least 60 seconds between each mouthful
- Stop as soon as you feel satisfied, not over-full

## Patient Information

- Stop eating after 20 minutes
- Separate drinks from your meals and sip fluids throughout the day

The aim is to have 3 small meals per day, and to include a portion of protein in at least 2 of the meals.

Sample meal plan:

Before breakfast	Drink
<b>8.00am Breakfast</b>	1 shredded wheat with a little skimmed or semi-skimmed milk <b>or</b> ½ slice toast with scraping of low-fat margarine
<b>10.00am (2 hours later)</b>	<b>Drink</b>
<b>1.00pm Midday</b>	½ tin tuna in brine or spring water <b>and</b> mixed salad with lemon and herbs <b>and</b> 1-2 crisp breads or crackers or ½ slice toast
<b>3pm (2 hours later)</b>	<b>Drink</b>
<b>6.00pm Evening meal</b>	2 fish fingers <b>or</b> small portion of chicken <b>and</b> cooked vegetables <b>or</b> a mixed salad <b>and</b> 2 small new potatoes in skins
<b>8.00pm (2 hours later)</b>	<b>Drinks</b>

## Frequently asked questions

### Do I need to take any vitamins?

After surgery, your ability to eat larger portions of foods will decrease. Therefore, due to you eating smaller amounts, you may be at risk of developing nutritional deficiencies. We therefore recommend you take daily supplements lifelong.

## Patient Information

We recommend taking:

- 2 multivitamin and mineral supplements per day, available to buy yourself at local supermarkets or pharmacies
- 2 calcium and vitamin D supplement (prescribed by your GP)
- 1 iron supplement (prescribed by your GP)
- Vitamin B12, given as an intramuscular injection by your GP

Here are some examples of suitable vitamin and mineral tablets:

Name	Daily Dose
Sanatogen A-Z Complete	2 tablets
Holland & Barrett ABC-Z	2 tablets
Lloyds Pharmacy A-Z	2 tablets
Superdrug A-Z	2 tablets
Tesco A-Z	2 tablets
Sainsburys A-Z	2 tablets
Morrisons A-Z	2 tablets
ASDA A-Z	2 tablets
Aldi Activ Max Everyday Health A-Z	2 tablets

### **Do I need to have a vitamin B12 injection if my levels are within the normal ranges?**

Yes, vitamin B12 deficiency is one of the most common deficiencies observed after a gastric bypass.

Intrinsic factor is a protein that helps your intestines absorb Vitamin B12. It is made by cells in the stomach lining. After a gastric bypass, the portion of the stomach responsible for making intrinsic factor is bypassed. This portion of the stomach therefore never encounters food and therefore is never

## Patient Information

stimulated to produce intrinsic factor. This lack of intrinsic factor decreases the amount the body can absorb Vitamin B12 after gastric bypass.

We would therefore usually recommend your GP prescribes Vitamin B12 injections on a regular basis.

### **Should I expect to vomit or regurgitate food?**

No, you should not. If you do, ask yourself the following questions:

- Did I eat too quickly?
- Did I chew enough?
- Was I distracted when eating?
- Was the food the correct consistency?
- Did I fill up with a drink before eating my meal?
- Did I overeat?

### **What is dumping syndrome?**

Dumping syndrome is a group of unpleasant symptoms that feels like food poisoning:

- nausea
- vomiting
- diarrhoea
- abdominal cramps
- flushing/sweating
- palpitations

It happens when sugar from the breakdown of your food enters the small intestine rapidly. Eating sugar or large quantities of starchy foods such as potato, rice and pasta is **not** advised because doing so can result in 'dumping'.

If you feel you are suffering from these symptoms, please contact the dietetic team to discuss.

## Patient Information

### **Can I drink alcohol?**

We advise you to avoid alcohol after surgery as it is absorbed more quickly, and the effects are more intoxicating. There is also an increased risk of addiction.

### **Should I expect to have diarrhoea?**

Some people do experience diarrhoea after having a sleeve gastrectomy, but this should resolve in 1 to 2 weeks. To help prevent symptoms continuing for too long, try to introduce new foods one at a time, to see if you can tolerate them.

If you experience diarrhoea, avoid the new food for 1 week. Then, reintroduce the food and check for symptoms again. Make sure you have plenty of fluids to replace the fluids you lose. Keep a food diary that you can discuss at your next appointment.

### **What can I do if I get constipated?**

To prevent constipation in the long term, make sure you drink plenty of fluids, eat vegetables, and be active. Being active helps greatly. In the short term, take the laxatives you are given on discharge. Seek medical help if it becomes a problem.

### **Physical activity**

It is important to do as much as you feel able. You must move around/walk at regular intervals to reduce the chance of any post-operative complications, such as deep vein thrombosis (DVT).

It is important to stay mobile when you first get home. Gentle exercise is encouraged. After 2 weeks, you should start to build up a habit of taking regular exercise such as brisk walking or swimming (make sure your wounds are fully healed).

To maintain heart health, you should aim to be moderately active (heart rate is raised but you can still talk) for 30 minutes, 5 times a week. To lose and maintain weight loss, you need to increase this to 1 to 1½ hours every day.

## Patient Information

This means where possible:

- taking the stairs
- walking instead of driving
- doing more household chores

Most importantly, you should reduce the amount of time you spend sitting. You could make a conscious decision to reduce television, or computer games by 1 hour per day and do a job around the house instead.

## **Further information can be obtained from:**

British Dietetic Association [www.bda.uk.com](http://www.bda.uk.com)

BOSPA (British Obesity Society Patient Association)

<https://www.careplace.org.uk/Services/14206/BOSPA-UK-British-Ob>

Weight loss surgery information <http://www.wlsinfo.org.uk/>

This is a free members' site where you can get support and information about surgery.

We hold a Weight Loss Surgery Support Group at the Forum Health Centre every second Wednesday of the month, from 6.30pm to 8.00pm. You are welcome to attend.

## **UHCW Specialist Dietitians' contact number: 024 7696 6155**

The Trust has access to interpreting and translation services. If you need this Information in another language or format, please contact 024 7696 6155 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

# Patient Information

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### Document History

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