



Endoscopic Sleeve Gastroplasty Pre-Surgery Medication Guidelines

1. Protonix - Any OTC heartburn medication is fine. Please take for 2 weeks prior to your procedure. You will continue this for at least 2 weeks after your procedure.

Endoscopic Sleeve Gastroplasty Post-Surgery Medication Guidelines

1. Protonix (or any other OTC heartburn medication) continues for 2 weeks post procedure.
2. Emend / Aprepitant - This medication is for nausea. You should receive a prescription for 2 pills. The first is for the morning after the procedure to be taken with a small sip of water, and the second for the following morning. This is the most expensive of the medications but also the most effective at preventing nausea (which can break your stitches if you vomit).
3. Zofran / Ondansetron - This medication is for nausea and should be taken for the first three days on a schedule, even if you have no nausea.
4. Levsin / Hyoscyamine - This is for cramping and should be taken for the first three days on a schedule, even if you have no nausea. If cramping persists, gas-x, peppermint tea, or altoids may help.

Pain should be minimal and is likely related to gas. If the above measures don't help, add liquid tylenol. Please call Dr. Kukreja if symptoms persist beyond that.

Endoscopic Sleeve Gastroplasty Pre-Surgery Diet Guidelines

Our only requirement is that patients stay on liquids only for the day before the procedure. No solid food.

Endoscopic Sleeve Gastroplasty Post-Surgery Diet Guidelines

The Endoscopic Sleeve Gastroplasty (ESG) is a procedure that is restrictive, meaning it will limit the amount of food that you can eat. Life-long vitamin/mineral supplementation is necessary due to decreased intake of food. As with any weight loss procedure, lifestyle changes are what determine long-term success. It is important that you learn how to incorporate healthy eating habits and physical activity into your daily life.



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There are four stages to the post-surgery diet. The diet will transition from liquids to purees to solids. Upon reaching the final stage, your diet will consist of small, low-fat, low-sugar meals to be eaten over a 30-minute time period. Fluids will be important for hydration throughout each stage of the diet progression, therefore a goal of 48-64 oz. fluids daily is recommended.

Call Minimally Invasive Surgical Associates (469-620-0222) if you have any questions about diet, supplements and vitamins.

POST-SURGERY DAYS

DAYS 1 & 2 CLEAR LIQUID DIET

48 - 64 oz fluids daily

DAYS 3 - 14 FULL LIQUID DIET

48 - 64 oz fluids daily + 60 grams protein daily

DAYS 15 - 30 PUREED DIET

(food is applesauce or baby food consistency)

48 - 64 oz fluids daily

60 - 80 grams protein daily

Start Vitamins, take every day:

2x chewable multivitamin,

500mcg B12,

1500mcg chewable Calcium Citrate,

5000IU Vitamin D,

30mg Iron at bedtime

We recommend Bariatric Advantage Products or Bariatric Fusion

(no iron for men or non-menstruating women)

DAY 30 and onward (slowly progress to regular diet) SOFT DIET

(food should be chewed well to applesauce or baby food consistency)

48 - 64 oz fluids daily

60 - 80 grams protein daily

Endoscopic Sleeve Stage One: Day 1 & Day 2

STAGE 1: CLEAR LIQUID STAGE

GOAL: 48-64 oz. fluids daily

Sugar Free Clear Liquids

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Consume 1 ounce (2 Tablespoons/30 cc) (a typical shot glass) clear liquid **every 15 minutes** in order to maintain hydration (medicine/cough syrup cups measure 1 oz. and are very helpful)

Acceptable Fluids:

Water/Propel Fitness Water/Powerade Zero
Clear broth
Decaffeinated coffee/tea, herbal tea (chamomile, mint, ginger, etc)
Crystal Light/ Diet Snapple/Fruit-2-O/Mio
Sugar free popsicles

Reminders:

- Timers are helpful to accurately track 15 min liquid consumption, and avoid dehydration.
- Avoid caffeine and alcohol as these act as a diuretic and may cause stomach irritation and NO straws. This will cause you to drink too much volume as well as draw in air.
- Please remember to take small sips - no gulps
- Avoid chewing gum (may swallow and cause an obstruction). Breath freshening alternatives are sugar free breath strips or liquid breath freshener drops.
- No carbonated beverages.

Dehydration:

Dehydration will occur if you do not drink enough fluids. Symptoms include fatigue, dark-colored urine, dizziness, fainting, lethargy, nausea, and low back pain (a constant dull ache across the back). In some cases you will need to be admitted to the hospital so that fluids can be given through your veins.

If your urine is dark and your mouth is dry, then you are not drinking enough.

This is what you can do in order to prevent dehydration:

- Buy a sports bottle and take it with you everywhere so you can sip water all day.
- Drink at least 48 to 64 ounces of fluids per day. Increase this amount if you are sweating.
- IV fluids can be sent to you at your home or hotel if necessary



Endoscopic Sleeve Stage Two: DAYS 3 - 14

STAGE 2: FULL LIQUID DIET

GOAL: 48 - 64 ounces of fluid; 60 grams of protein daily

Sip slowly - no more than 8 ounces of any fluid per hour

Avoid fruit juices or sugar - sweetened beverages

Protein Supplements: 20 - 25 grams protein, less than 5 grams sugar, less than 250 calories Isopure Protein Powder, Bariatric Advantage Meal Replacement Powder
Ready to drink shakes: Optisource, EAS Myoplex Light, GNC Lean Shake 25

Other Acceptable Fluids: less than 5 grams of sugar

Any clear liquid listed in Stage 1

Low Sodium V-8 juice (NO fruit juice)

No sugar added/sugar-free, fat free fudgesicles

Skim, 1-2% milk

Fat free cream soups thinned with skim milk (strained, no bits)

Fat free/low fat greek plain/vanilla yogurt

Sugar free pudding made with skim milk

Protein powder may be added to foods or beverages to increase protein content during consumption (do not add to very hot foods)

Sample Meal Plan for **Stage 2:**

8:00am	4 oz protein supplement
9:00am	4-8 oz sugar free liquid
10:00am	4-8 oz protein supplement
11:00am	4-8 oz tomato juice
Noon	4 oz protein supplement
1:00pm - 8:00pm	Repeat The above pattern



Endoscopic Sleeve Stage Three: DAYS 15 - 30

STAGE 3: PUREED FOOD STAGE

- **GOAL: 48 - 64 fluid ounces and at least 60 grams of protein**
- Foods in this stage are the consistency of applesauce. Mash foods very well, place foods in a blender or food processor until it is the texture of applesauce/baby food.
- Take 30 minutes to eat meals, stop eating after 30 minutes.
- No fluid with meals or 30 minutes after eating. Drinking while eating may cause an early fullness, nausea and/or vomiting.
- EAT PROTEIN FIRST - start with 1 ounce and increase gradually to 2 ounces
- Do not skip meals
- No straws or carbonated beverages
- DO NOT CHEW GUM - if swallowed, it could cause an obstruction
- High Protein Foods:
 - Fish (mashed very well). Avoid beef/pork/chicken/shellfish unless pureed in blender
 - Fat free/light/carb control Greek plain/vanilla yogurt
 - Soft scrambled eggs, mashed hard boiled eggs with fat free mayonnaise
 - Fat free refried beans (may add chicken broth to moisten if needed)
 - Low fat or Fat free plain cottage cheese
- Sample Menu for **Stage 3:**
- 8:00 am 6 oz yogurt
- 9:00 am 4 oz protein supplement
- 10:00 am 8 oz fluids
- Noon 1 oz mashed fish (gradually increased to 2 oz) and ¼ cup pureed vegetables
- 1:00 pm 4 oz protein supplement
- 2:00 pm 1 oz low fat cottage cheese and ¼ cup applesauce (unsweetened)
- 3:00 pm-8:00 pm Vary foods and fluids outline above

Protein Powder may be added to pureed fruits and vegetables to help increase protein in diet if needed.

Start taking vitamins today and every day: chewable or liquid

- 2x multivitamin (divide into 2 doses, preferably Bariatric specialized vitamin for increased absorption)
- 500mcg B12 (sublingual, nasal spray) or 1000mcg injection monthly
- 1500mg Calcium Citrate (divide into 500mg doses)
- 5000IU Vitamin D
- Iron at bedtime: no iron for men/non-menstruating, 30mg menstruating women
 - Do not take iron with caffeine or calcium



Endoscopic Sleeve Stage Four: DAY 31, advanced as tolerated (Maintenance Diet)

STAGE 4: SOFT SOLIDS PROGRESSING TO REGULAR DIET

- Foods should be chewed to applesauce consistency
- Protein (Meat/Meat Substitute): 2 - 3 oz/meal; 1 - 2 oz/snack
- Vegetables: 2 - 3 serving daily (¼ cup, ½ piece = 1 serving)
- Starches: 2 - 3 serving daily (¼ cup quinoa, 2 - 3 high fiber crackers)
- Avoid high fat/greasy/fried food and limit fats
- EAT SLOW AND CHEW WELL
- Avoid liquid with meals. Wait 30 minutes after you eat
- Avoid liquid calories (juices, smoothies, sweet coffee/tea drinks, etc.)
- No grazing (over-snacking)
- Eat protein first at all meals
- Introduce fresh fruits/vegetables and shredded salads slowly (start with canned fruits and well cooked vegetables)
- Avoid bread, rice and pasta for 6 months
- Avoid alcohol for 6 months

We recommend that you introduce new foods one at a time while beginning Stages 3 and 4 of the diet to ensure that you are able to tolerate that food item. If you develop food intolerance, discontinue that food for a week or two and then reintroduce it again. Keep in mind that for some patients certain food intolerances may be permanent.

REMEMBER: It is still possible to over stretch your pouch, so watch your portion sizes. Also continue to limit fats, sweets, and sugar intake to maximize your weight loss and maintenance.

SAMPLE MENU FOR SOFT DIET

Breakfast: 1 hard boiled egg
Snack (optional): 1-2 slices deli turkey
Lunch: ½ cup low fat greek yogurt
¼ cup chopped strawberries (sprinkle stevia if needed for sweetness)
Snack (optional): ¼ cup tuna with 1 tsp low fat greek yogurt
Light string cheese
Grapes, sliced in half
OR Protein shake
Dinner: 2 ounces baked chicken (no skin)
Snack: ¼ cup cottage cheese



Post Surgery Frequently Asked Questions, Tips and Guidelines:

Medications after surgery

- Pain medication (usually Tylenol w/ Codeine elixir) to use as needed (prescription given at discharge)
- You are to resume all pre-operative medication unless instructed differently by your surgeon upon discharge. Any medication you were taking that is larger than an M&M must be crushed, cut, or changed to liquid form during the first 8 weeks after surgery. Before altering (crushing) medications you must check with your physician first.
- Nausea medications may be necessary for first 3-4 days

Recovery Instructions

When you get home, plan on taking things easy for a while. Your body is still recovering from the stresses of major surgery and weight loss occurring during the recovery period. Your activity will be restricted to no strenuous activity for 3 to 6 weeks after the operation. You may walk and perform light household duties as tolerated upon your return home. You may climb stairs. It is important to remember that you are still at risk for the development of blood clots after you are discharged from the hospital. You should not go home and sit for prolonged periods of time. Walk around for 5 minutes at a time every hour that you are awake.



Hair Loss/Skin Changes

Hair thinning is expected after rapid weight loss. This is typically the result of having undergone surgery in general. However, during the phase of rapid weight loss, calorie intake is much less than the body needs, and protein intake is marginal. The body is in a state of panic, like what would happen during a period of starvation. In some patients, hair thinning or hair loss may occur. This is temporary and usually resolves when nutrition and weight stabilize. The hair loss usually occurs anywhere from 3 to 9 months after surgery. The same reason for the hair loss can also cause changes in your skin texture and appearance. It is not uncommon for patients to develop acne or dry skin after surgery. Protein, vitamins and water intake are also important for healthy skin. You can minimize the loss of hair by taking your multivitamin daily and making sure that you consume at least 60 grams of protein per day. We advise patients to avoid hair treatments. If after 9 months you start to lose hair, this can be a sign of protein malnutrition. Always make sure you're getting enough protein in your diet.

Sex/Pregnancy

You may resume sexual activity when you feel physically and emotionally stable. Sexually active women of childbearing age will need to use birth control, fertility may be increased with weight loss. **Oral contraceptives may not be fully absorbed.** Discuss alternative forms of birth control with your gynecologist.

Many severely obese women are also infertile because the fatty tissue soaks up the normal hormones and make some of its own as well. However, as weight loss occurs, this situation may change quickly. You may start planning a pregnancy after 18 months, when it is safe for you to conceive. It is imperative not to become pregnant before this time, since we want both you and the baby to be healthy and safe. Should you become pregnant, we ask that you arrange for your OB/GYN to contact your surgeon's office.

If, at any time, you feel as though your diet is not progressing as expected or that you may be experiencing something abnormal, please do not hesitate to call the office at 469-620-0222