

THE COMPLETE
BARIATRIC
SURGERY
GUIDE AND DIET PROGRAM

UPDATED
EDITION

Includes 150 Recipes for Lifelong Weight-Loss Success



Sue Ekserci, RD
with Dr. Laz Klein, MD

Contents

Introduction	4	Micronutrient Deficiencies	112
Should You Consider Bariatric Surgery?	4	Dehydration	113
Top 5 Tips for Lifelong Success	7	Digestive Problems	115
PART 1		Surgical Complications	118
Obesity and Bariatric Surgery		Weight-Loss Failure	121
<hr/>			
What Is Obesity?	10	PART 3	
Measuring Obesity	10	Lifestyle Changes	
Causes of Obesity	13	<hr/>	
Obesity-Related Health Problems	17	Challenges and Changes	124
Standard Treatments for Obesity	18	Stages of Behavioral Change	124
What Is Bariatric Surgery?		Why We Eat	128
21		Changing Your Eating Habits	132
The Anatomy of Digestion	21	Active Living	
Bariatric Surgery Procedures	26	133	
Risks and Benefits of Surgery	32	Head Start	133
Recovery from Surgery	35	Types of Physical Activity	134
Measures of Success	38	Exercise Schedule	141
PART 2		Lifelong Success	
Nutritional Needs Before and After Surgery		148	
<hr/>			
Healthy Eating	44	Follow-up Care	148
Food Guides	44	Support Groups	148
Energy Needs	50	Social Dining	149
Macronutrients	50	Top 5 Tips for Lifelong Success	149
Foods to Limit or Eliminate	54	PART 4	
Micronutrients	56	Nutritious and Enjoyable Recipes	
Hydration	63	<hr/>	
Reading Food Labels	69	Introduction to the Recipes	154
Getting Ready for Surgery		Breakfasts	159
71		Soups	175
Preoperative Diets	73	Salads	195
Nutritional Supplement Plan	76	Meat and Poultry	207
Eating after Bariatric Surgery		Fish and Seafood	237
81		Vegetarian and Vegan Entrées	253
Bariatric Diet Plan	81	Pasta, Rice and Grains	267
How to Eat	106	Side Dishes	279
Nutritional Challenges after Surgery		Snacks	295
111		Desserts	307
Malnutrition	111	Beverages	323
<hr/>			
		Acknowledgments	333
		References	334
		Index	340

Introduction

Did you know?

The key to success is not only the surgery itself but also lifestyle changes, including healthy and mindful eating and active living, which are not always easy to establish and maintain.

Bariatric surgery, also known as weight-loss surgery, is a procedure designed to help you decrease your food intake and change the way your body handles food, with the intention of promoting significant weight loss. Several types of bariatric surgery are well studied and have been shown to promote achievable and sustainable weight loss for people who are obese, with a body mass index above 35. (BMI is a standard measure of healthy and unhealthy weight.)

The most successful procedures allow you to eat less and cause metabolic changes, which lead to weight loss. All procedures can be performed laparoscopically, by surgical instruments inserted through very small incisions.

Bariatric surgery has become quite common and successful during the past two decades. In the United States of America and Canada, approximately 280,000 surgeries are performed each year. Most are considered successful in the long term.

Should You Consider Bariatric Surgery?

Several criteria need to be met in order for you to be considered a suitable candidate for bariatric surgery. The selection criteria for adults have been established by several medical associations, including the American Association of Clinical Endocrinologists (AACE), the Canadian Association of Bariatric Physicians and Surgeons (CABPS) and the American Society for Metabolic and Bariatric Surgery (ASMBS). The selection criteria help determine who is most likely to benefit from surgery. These guidelines change with advances in research.

Bariatric surgery is generally limited to people between 18 and 60 years of age. However, both younger and older patients may be candidates for surgery depending on their individual circumstances. Age does not directly determine someone's eligibility for bariatric surgery, but it is an important factor in choosing the best procedure and weighing risk versus benefit for a patient. Surgery is contraindicated in people who have a severe psychiatric illness that is uncontrolled or untreated, recent major cancer, and for those who are currently abusing drugs or alcohol. Although rare, other exclusion criteria may include some endocrine disorders

that cause obesity, such as hypothyroidism or Cushing's syndrome. If present, these disorders should be treated before considering surgery.

Bariatric surgery is considered a life-saving surgery, as long-term studies have repeatedly shown that it reduces mortality.

► Selection criteria for bariatric surgery

Factor	Criteria
Weight	<ul style="list-style-type: none">• Body mass index (BMI) of 40 or more with no co-morbidities of obesity• BMI of 35 or more with co-morbidities of obesity
Weight-loss history	<ul style="list-style-type: none">• Tried and failed previous nonsurgical attempts at weight loss
Commitment	<ul style="list-style-type: none">• Expected to adhere to postoperative care requirements, including follow-up visits with health-care team• Will take recommended nutritional supplements• Will follow recommended medical management, including any pertinent procedures or tests
Comprehension	<ul style="list-style-type: none">• Ability to comprehend the nature of the surgery, associated risk, and dietary and lifestyle modifications needed to achieve an acceptable level of health

To help you make the decision whether or not bariatric surgery is for you, start asking yourself the following questions. If you can answer yes to these questions without hesitation, you may be ready for bariatric surgery. If not, read on. This book is designed to answer questions and allay any concerns you may have about this method of losing weight.

- Do I qualify for bariatric surgery?
- Have I exhausted nonsurgical methods for weight loss?
- Do I understand what bariatric surgery is?
- Do I understand the risks and benefits of bariatric surgery?

What Is Obesity?

Did you know?

Obesity

The World Health Organization (WHO) estimates that 1.9 billion adults are overweight, and at least 650 million adults are obese.

The World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It can be argued that achieving complete health is next to impossible, but we can strive to achieve and maintain an overall healthy lifestyle, which encompasses a combination of physical, mental and social well-being. Measures of success for attaining health traditionally include reducing health risk factors, preventing medical conditions and decreasing reliance on medications.

Achieving and maintaining a healthy weight through balanced diet and moderate exercise reduces health risks significantly, whereas severe overweight, or obesity, and a sedentary lifestyle are associated with progressive, serious, debilitating disease. Obesity is a complex chronic disease. It is one of the leading causes of death worldwide. Treating obesity not only addresses immediate health concerns such as stroke or diabetes but also prevents possible problems years later. Successful weight management also has important side effects — improvement in your quality of life, development of a positive self-image and a feeling of general well-being.

Measuring Obesity

Obesity is defined as the accumulation of an excessive amount of adipose (fatty) tissue, but how much adipose tissue is unhealthy? There are several different ways to measure body fat. You can compare your weight to an ideal weight for your gender, age and stature, using published charts such as the Metropolitan Life tables (available on the Internet). If you are 20% above your ideal body weight, you are considered to be obese. This method is not always accurate because the ideal weight charts are based on a specific population that is not representative of the current general population as a whole.

Body fat percentage

You can also estimate the percentage of your total body weight that is fatty tissue. In general, women whose body fat is greater than 30% and men whose body fat is greater than 25% are considered obese. You can calculate body fat

content by using calipers to measure skin-fold thickness on the back of the upper arm and at other sites. This method requires specialized equipment and specialized administration. The most accurate way of measuring body fat involves immersing a person in water and measuring the relative displacement, but this method is somewhat impractical. The most widely used means of calculating healthy weight, underweight, overweight or obesity is called the body mass index (BMI), even though it does not measure body fat directly.

Body mass index

BMI is a tool used to assess, classify and monitor changes in body weight. A BMI greater than 30 is considered to indicate obesity.

BMI is calculated as follows:

Imperial units

$$\text{BMI} = \text{weight in pounds} \times 703 \div (\text{height in inches})^2$$

International (metric) units

$$\text{BMI} = \text{weight in kilograms} \div (\text{height in meters})^2$$

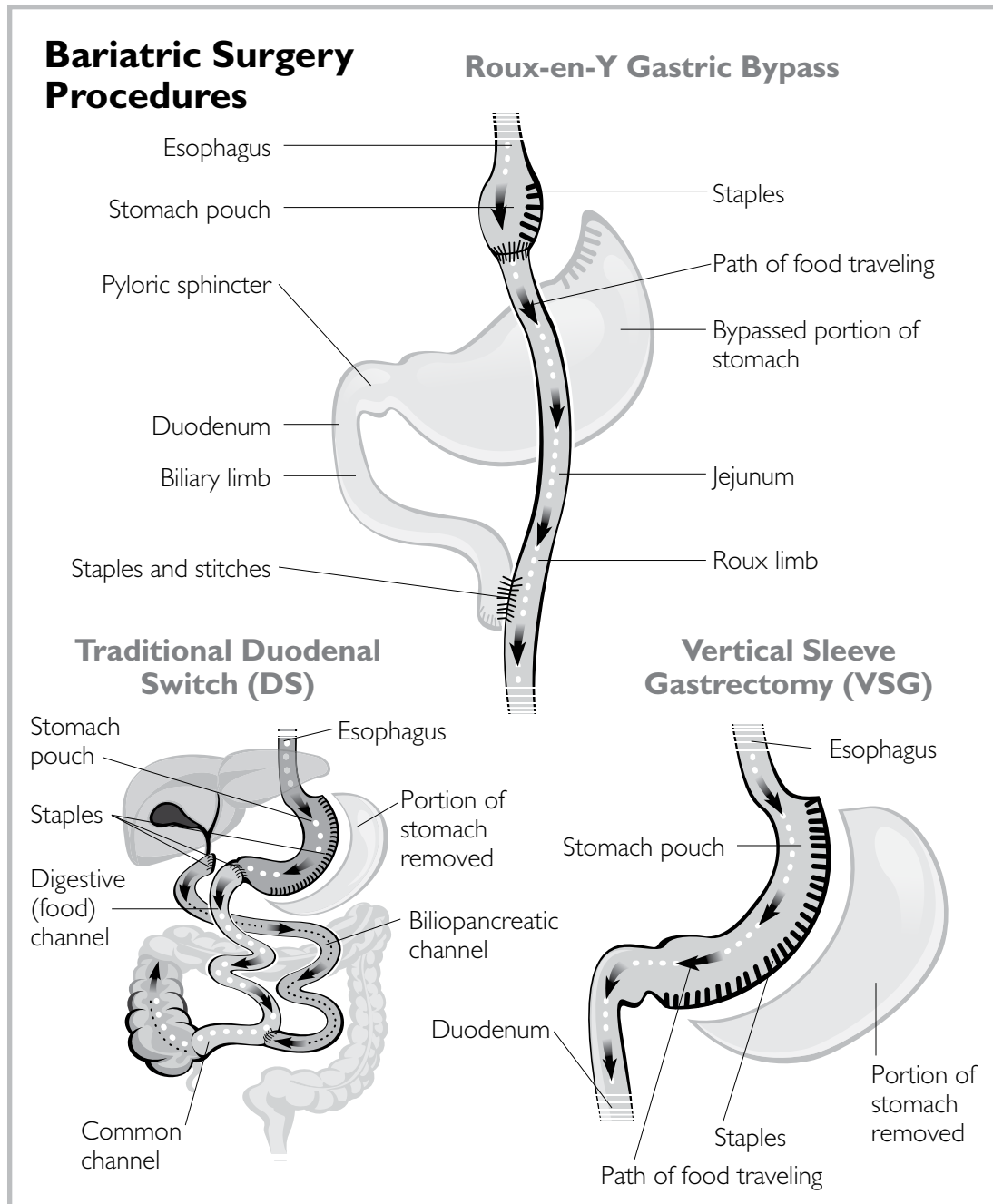
For example, if you weigh 265 pounds and are 65 inches tall, your BMI is $(265 \times 703) \div (65 \times 65) = 186,295 \div 4,225 = 44.1$. Now use the chart to classify your actual BMI.

► BMI Classifications

BMI Category (kg/m ²)	Classification	Risk of developing health problems
< 18.5	underweight	increased
18.5 – 24.9	normal weight	least
25.0 – 29.9	overweight	increased
30.0 – 34.9	obese class I	high
35.0 – 39.9	obese class II	very high
≥ 40	obese class III	extremely high

Bariatric Surgery Procedures

Some bariatric procedures are restrictive in nature, meaning that the surgical procedure restricts the quantity of food that can be eaten and the rate at which the food is ingested. This limits how many calories are consumed, and weight loss will follow. Other procedures involve bypassing part of the stomach and small intestines to reduce nutrient intake and change the way the body handles digestion.



Laparoscopic Roux-en-Y gastric bypass

In the Roux-en-Y procedure, the upper portion of the stomach is stapled, creating a small pouch that is less than an ounce (15 to 20 mL) in volume. The remainder of the stomach is not removed but is stapled completely shut and separated from the pouch. The outlet from the newly formed stomach pouch empties directly into the lower portion of the jejunum, thus delivering food rapidly to a point farther along the digestive tract than normal. The connection is made by dividing the small intestine 20 to 30 inches (50 to 75 cm) along, just beyond the duodenum, bringing up one end (the Roux limb) and stitching or stapling it to the newly formed stomach pouch. The end still attached to the old stomach (the biliary limb) is stitched or stapled to the small intestine farther along, creating the Y shape that gives the technique its name. Each stitched or stapled connection is called an anastomosis.

The stomach pouch is about the size of your thumb and the opening between the pouch and the small intestine is about the size of a dime. This small opening is known as a gastrojejunostomy. The length of the biliary limb is usually about 20 inches (50 cm) and the length of the Roux limb is about 60 inches (150 cm); however, these lengths vary depending on the surgeon and the bariatric clinic. The length of either segment of the intestine can be increased to start digestion farther along the digestive tract.

After gastric bypass, food arrives in the small intestine much more quickly and mixes with digestive juices much farther along the digestive tract. The result is an early sense of fullness combined with a sense of satisfaction that reduces the desire to eat.

Weight-loss potential

One year after gastric bypass surgery, weight loss averages about 80% of excess body weight.

Studies show that long-term weight loss of 60% to 70% of excess body weight is maintained by most patients.

Advantages of gastric bypass

- The amount of food that can be eaten at once is restricted; however, this is likely a short-term mechanism.
- The small pouch produces a feeling of fullness.
- Bypassing the upper digestive tract has a profound beneficial effect on metabolic conditions such as diabetes, high blood pressure and high cholesterol.
- Quick and dramatic weight loss results.

Introduction to the Recipes

Congratulations! You are embarking on a journey to prepare healthy, nutritious food for yourself, your family and your loved ones. These recipes are intended not only for those who are considering or have had bariatric surgery, but for anyone who wants to eat healthier without compromising taste and quality.

The Development and Testing of the Recipes

All of these recipes were developed and tested by Sue Ekserci, a registered dietitian experienced in counseling people who have had or are candidates for bariatric surgery. She is the mother of two young children and has several good friends who have had bariatric surgery. The taste testers included people of all ages and cultures: Sue's friends and family, her colleagues (experienced registered dietitians and social workers) and, most importantly, people who have had bariatric surgery.

Using the Recipes

Read each recipe all the way through before starting to make it. Make sure you have all the ingredients and equipment on hand before beginning.

Tips and variations

Each recipe includes kitchen tips, bariatric surgery tips and/or variations. The kitchen tips provide interesting facts and helpful ideas to assist you in preparing the recipe. The bariatric surgery tips give you important information about tolerance of the recipe and helpful details about nutrition. The variations give you options if you do not have an ingredient on hand or prefer a different ingredient. They allow you to keep things interesting. Don't stop at just these variations! Once you've tried the recipes, let your creative side shine and come up with some variations of your own.

You will notice that each recipe mentions a serving size, or recommended portion — these are just guides so that we

could provide nutrient information specific to that serving size. Most of the recipes can be doubled or halved, depending on how many people you are making the recipe for. In some cases, leftovers can be stored in the refrigerator or freezer, which will save you lots of time when it comes to future meals. Be sure to read the kitchen tips for storage advice.

Diet stages

You will notice a Diet Stage tag located near the top of each recipe in the sidebar. This tag will tell you whether the recipe is appropriate for you, based on what diet stage you are in.

Nutrient information

Each recipe provides detailed nutrition information, including the number of calories; the grams of fat, carbohydrate, fiber, sugar and protein; and the milligrams of sodium, calcium and iron in each serving. Nutrient values have been rounded to one decimal place, with the exception of those for calories, sodium and calcium, which have been rounded to the nearest whole number.

About the nutrient analysis

Computer-assisted nutrient analysis of the recipes was prepared by Kimberly Zammit, HBSc (the project supervisor was Len Piché, PhD, RD, Division of Food & Nutritional Sciences, Brescia University College, London, ON), using Food Processor® SQL, version 10.5, ESHA Research Inc., Salem, OR (this software contains the entire Canadian Nutrient File, 2007b). The nutrient database was the Canadian Nutrient File, version 2007b, supplemented when necessary with documented data from reliable sources.

The analysis was based on:

- imperial weights and measures (except for foods typically packaged and used in metric quantities);
- the larger number of servings (the smaller portion) when there was a range;
- the smaller ingredient quantity when there was a range;
- the first ingredient listed when there was a choice of ingredients.

Unless otherwise stated, recipes were analyzed using canola oil, non-hydrogenated margarine, skim (0%) milk and 0% yogurt with no added sugar. When protein powder was used (flavored or unflavored), it was assumed that whey protein isolate was used. Each scoop (28 g) of the protein powder provides 100 calories, 23 grams protein, 2 grams

Orange Ginger Pork Tenderloin

Makes 4 to 6 servings

Diet Stages 3 to 4

The orange marmalade adds sweetness to this roast, while ginger provides a touch of zest. Serve with *Oven-Baked Sweet Potatoes* (page 289).

- **Preheat oven to 350°F (180°C)**
- **8-cup (2 L) shallow glass baking dish**

2 tsp	canola oil	10 mL
1 lb	pork tenderloin	500 g
1/8 tsp	salt (or to taste)	0.5 mL
	Freshly ground black pepper	
1/3 cup	no-sugar-added orange marmalade	75 mL
2 tsp	cider vinegar	10 mL
1/2 tsp	dry mustard	2 mL
1/4 tsp	ground ginger	1 mL

1. In a large nonstick skillet, heat oil over medium-high heat. Cook pork, turning often, for 5 minutes or until browned on all sides. Transfer to baking dish and season with up to 1/8 tsp (0.5 mL) salt and pepper to taste. Set aside.
2. In a small pot, combine marmalade, vinegar, mustard and ginger. Cook over medium heat, stirring occasionally, for about 3 minutes or until slightly reduced. Pour glaze over pork.
3. Bake in preheated oven for 40 to 50 minutes, basting with drippings halfway through, until a meat thermometer inserted in the thickest part of the pork registers 155°F (68°C) and just a hint of pink remains inside. Transfer pork to a cutting board, cover loosely with foil and let rest for 10 minutes before slicing.

Variation

Substitute no-sugar-added orange jam for the marmalade.

Nutrients PER SERVING

Calories	119
Fat	3.2 g
Sodium	89 mg
Carbohydrate	5.4 g
Fiber	0 g
Sugar	4.5 g
Protein	15.9 g
Calcium	4 mg
Iron	0.8 mg

Grilled Pork Kebabs

Makes 6 servings

Diet Stages 3 to 4

The onion and white wine help to tenderize the pork, making it moist and flavorful. Serve with whole wheat pita bread and Low-Fat Tzatziki (page 297).

Kitchen Tip

You can also use the broiler to cook these kebabs. Place them on a broiler pan and broil about 6 inches (15 cm) from the heat for about 12 minutes, turning halfway through, until browned and just a hint of pink remains inside.

- **Six 6-inch (15 cm) wooden skewers**

2	cloves garlic, minced	2
1	large onion, thinly sliced	1
2 tsp	dried oregano	10 mL
1/4 cup	dry white wine	60 mL
2 tbsp	olive oil	30 mL
1 lb	pork tenderloin, cut into 1 1/4-inch (3 cm) cubes	500 g
1/8 tsp	salt (or to taste)	0.5 mL
	Freshly ground black pepper	
	Juice of 1/2 lemon	

1. In a large bowl, combine garlic, onion, oregano, wine and oil. Add pork and toss to coat. Cover and refrigerate for at least 2 hours or overnight.
2. Soak skewers in water for 30 minutes. Preheat barbecue grill to medium-high.
3. Remove pork from marinade, discarding marinade. Thread pork cubes onto skewers, dividing equally. Grill, covered, for 10 minutes, turning occasionally, until browned on all sides and just a hint of pink remains inside.
4. Transfer kebabs to a serving platter and season with up to 1/8 tsp (0.5 mL) salt and pepper to taste. Squeeze lemon juice over meat.

Variation

If you tolerate beef, substitute boneless beef, such as sirloin, for the pork and add some steak seasoning to the marinade.

Nutrients PER SERVING

Calories	147
Fat	6.4 g
Sodium	90 mg
Carbohydrate	3.7 g
Fiber	0.7 g
Sugar	1.3 g
Protein	16.3 g
Calcium	22 mg
Iron	1.1 mg

Chicken with Cherry Tomatoes

Makes 6 servings

Diet Stage 4

This moist and succulent chicken dish looks fabulous served alongside steamed green beans.

Bariatric Surgery Tip

This chicken is moist enough to try when you're introducing solids in diet stage 3. But avoid eating the cherry tomatoes during this stage, as the skin and seeds may be troublesome.

2 tbsp	all-purpose flour	30 mL
	Salt and freshly ground black pepper	
1 lb	boneless skinless chicken breasts (about 3 small breasts), trimmed of fat and cut in half	500 g
1 tbsp	olive oil	15 mL
5	cloves garlic, minced	5
¾ cup	Chicken Stock (see recipe, page 178) or reduced-sodium low-fat chicken broth	175 mL
2 tbsp	freshly squeezed lemon juice	30 mL
1 tsp	dried oregano	5 mL
⅛ tsp	ground cinnamon (optional)	0.5 mL
2½ cups	cherry tomatoes, halved	625 mL
1½ tsp	cornstarch	7 mL
1 tbsp	cold water	15 mL

1. On a plate, combine flour, ⅛ tsp (0.5 mL) salt and ⅛ tsp (0.5 mL) pepper. Dredge chicken in seasoned flour, shaking off excess. Discard any excess flour.
2. In a large nonstick skillet, heat oil over medium heat. Cook chicken for 5 minutes per side or until golden brown on both sides and no longer pink inside. Using tongs, transfer chicken to a plate.
3. Add garlic to the skillet and sauté for 30 seconds. Stir in stock, lemon juice, oregano and cinnamon (if using); cook, stirring occasionally, for 2 minutes. Add tomatoes and cook, stirring occasionally, for 4 minutes.
4. In a small bowl, whisk together cornstarch and water. Add to skillet and cook, stirring, for 1 minute. Return chicken and any accumulated juices to the pan and cook for 1 minute or until chicken is warmed through. Season with up to ¼ tsp (1 mL) salt and pepper to taste.

Nutrients PER SERVING

Calories	167
Fat	4.8 g
Sodium	104 mg
Carbohydrate	7.1 g
Fiber	1.2 g
Sugar	2.0 g
Protein	23.0 g
Calcium	27 mg
Iron	1.1 mg

Cilantro Chicken Fajitas

Makes 6 to 8 servings

Diet Stage 4

Make tonight fajita night! For a complete meal, serve this delectable chicken mixture wrapped in a small whole wheat flour tortilla or over brown rice. Top with diced tomatoes, salsa, low-fat sour cream and/or shredded low-fat cheese. Or, for a different twist, top with Peanut Dipping Sauce (page 229).

Kitchen Tip

If you don't have time to marinate the chicken, you can cook it right away, but the marinating time allows the flavors to combine and tenderizes the chicken.

Bariatric Surgery Tip

Omit the chili powder if you cannot tolerate spice.

Nutrients PER SERVING

Calories	130
Fat	4.4 g
Sodium	219 mg
Carbohydrate	4.8 g
Fiber	1.3 g
Sugar	1.9 g
Protein	17.6 g
Calcium	22 mg
Iron	1.1 mg

1 cup	finely chopped fresh cilantro	250 mL
1 tbsp	chili powder (optional)	15 mL
1 tsp	ground cumin	5 mL
2 tbsp	reduced-sodium soy sauce	30 mL
4 tsp	canola oil, divided	20 mL
	Juice of 1 lime	
1 lb	boneless skinless chicken breasts, trimmed of fat and cut into thin strips	500 g
1 cup	chopped onion	250 mL
1 cup	sliced red bell pepper	250 mL
1 cup	sliced mushrooms	250 mL
⅛ tsp	salt (or to taste)	0.5 mL
	Freshly ground black pepper	

1. In a medium bowl, combine cilantro, chili powder (if using), cumin, soy sauce, 2 tsp (10 mL) of the oil and lime juice. Add chicken and toss to coat. Cover and refrigerate for at least 1 hour or overnight (see tip, at left).
2. In a nonstick skillet, heat the remaining oil over medium-high heat. Sauté onion and red peppers for 2 minutes. Add mushrooms and sauté for 2 minutes or until vegetables are tender. Using a slotted spoon, transfer vegetables to a plate.
3. Add chicken to the skillet and sauté for 6 minutes or until no longer pink inside. Return vegetables and any accumulated juices to the pan and sauté for 1 minute or until vegetables are warmed through. Season with up to ⅛ tsp (0.5 mL) salt and pepper to taste.

Variations

If you do not like cilantro, you can substitute chopped fresh parsley and/or basil. But then you will have to call these Parsley Chicken Fajitas or Basil Chicken Fajitas!

Substitute 2 tbsp (30 mL) freshly squeezed lemon juice for the lime juice.

Find post-surgery confidence, creativity and satisfaction in good food

Bariatric surgery is a procedure designed to help people decrease their food intake and change the way their body handles food — the result being significant weight loss.

This new edition of *The Complete Bariatric Surgery Guide and Diet Program* provides up-to-date information on the many procedures that are currently available in North America, including vertical sleeve gastrectomy, duodenal switch and the Roux-en-Y gastric bypass. As important, it looks at the causes of obesity, obesity-related problems and standard treatments. All the potential risks and benefits associated with each type of bariatric surgery are examined, as well as measures of success, and preparation and recovery instructions.

Because diet and lifestyle are integral to ensuring a successful bariatric surgical outcome, the second component of the book provides the resources for healthy eating, nutrition, supplements and making positive changes in lifestyle. To further ensure success, 150 recipes have been included that have been specially created with weight-loss

patients in mind. Not only are they delicious, but they are nutritionally sound and designed to accommodate the techniques and diet stages required after surgery.

This book is ideal for anyone considering bariatric surgery and those who have had the surgery and are looking for a program of active living and healthy mindful eating created specifically to meet these unique requirements.

AUTHOR BIOS

Sue Ekserci, BASc, RD, has worked at Humber River Hospital in several areas of dietetics, including bariatrics and medicine, and she is currently a dietitian in the hospital's Maternal and Child Program.

Laz Klein, MD, MSc, FRCS(C), is a staff surgeon at Humber River Hospital in Toronto, where he converted the existing bariatric program from "open" to "laparoscopic," and he is an assistant professor in the Department of Surgery at the University of Toronto.

TITLE:

THE COMPLETE BARIATRIC
SURGERY GUIDE AND DIET
PROGRAM

SUBTITLE:

Includes 150 Recipes for Lifelong
Weight-Loss Success

AUTHOR:

Sue Ekserci, Laz Klein

PUBLICATION DATE:

TBC (Shipping TBC)

ISBNs:

978-0-7788-0709-4 / 0778807096

LIST PRICE:

\$24.95 US / \$27.95 CAN

FORMAT & TRIM:

TP / 7" x 10"

PAGE COUNT:

352

ILLUSTRATIONS:

B&W Diagrams and index

SUBJECT/ CATEGORY:

CKB026000 COOKING / Health
& Healing / Weight Control

RIGHTS:

World

