



**SURGICAL WEIGHT LOSS
PRE-OP & DISCHARGE/DIET
INSTRUCTIONS**

THIS IS IMPORTANT INFORMATION.

PLEASE READ IT CAREFULLY!

Dear patient,

Congratulations on your decision to proceed with weight loss surgery! We are committed to a safe and successful procedure for you. Please read through this booklet which contains important information that you need to know regarding your surgery. If you have any questions at all, please be sure to discuss them with a provider. Also, if you haven't already done so, please set-up your patient dashboard. This will be an important tool in your post-op care!

Sincerely,

Dr. Trace Curry
Medical Director
JourneyLite Physicians

Surgery Date:

Facility:

*Exact times are not set until the day before surgery, you will be contacted by our schedulers then with your arrival time.

Clearances/Tests Remaining:

Due By:¹

Send To:²

¹If blank, due 2 week prior to surgery

²If blank fax to **513-559-1235**

Follow-up Visits:

1 week visit _____ Cincy NKY Dayton Cbus Indy

1 month visit _____ Cincy NKY Dayton Cbus Indy

IMPORTANT: If you have sleep apnea and are having surgery at JourneyLite Surgery Center, you **must** bring your CPAP machine with you the day of surgery.

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The Pre-Op Diet

Surgery that is done by a minimally invasive or laparoscopic technique can be very challenging. There are two that are especially difficult to deal with during surgery; they are a large liver and excess intra-abdominal fat. Fortunately, both of these problems can be minimized through the use of a Very-Low-Calorie-Diet (VLCD), this means a low calorie/low sugar diet.

The pre-op diet is very effective at improving outcomes by:

- Making the operation easier, quicker, and lower risk due to reduced liver size and intra-abdominal fat
- Achieving weight loss prior to surgery that can be considered “bonus pounds,” which means less you have to worry about losing after surgery.
- Getting you in the mind-frame of how you will need to be eating right after surgery.

We utilize JourneyLite, Healthwise, and Proti products as they are very effective in achieving all of these goals. The duration of the pre-op diet is based on your pre-op BMI. We know it’s not easy, but it’s done to ensure you have a fantastic result and a safe surgery.

Our dietitians will develop a customized plan for you and go over it with you. They will also help you every step of the way to make sure you are following the plan and give you advice to optimize your success.

If you are diabetic please monitor your blood sugars very closely. It is also a good idea to contact your primary care physician or endocrinologist and let them know you’ll be doing a VLCD. They may want to adjust the dosage of your medications.

Pre-Op Diet Instruction

All patients must do JourneyLite/Healthwise/Proti products prior to surgery!

You are allowed to have 6 products per day (refer to the pre-op diet order form). It is important to spread these meals out to every 2-3 hours throughout the day to minimize hunger.

You are permitted to have the following in unlimited amounts at or in between your meals:

- Sugar-free beverages such as Crystal Light, Wyler's Light, sugar-free Kool-Aid, sugar-free Tang, Diet Snapple, Minute Maid Lite, Fruit2O, Propel, Powerade Zero, coffee or tea with sugar substitute, or water.
- **Strained** broth soups or bouillon (all varieties)
- Sugar-free popsicles and Sugar-free gelatin
- Sugar-free gum and mints

Hydration is very important!!! Your goal for fluid intake is 48-64 ounces per day, in addition to your protein supplements throughout the day.

Seasoning Options for Pre-op Products!

Shakes: Sugar-free syrups (found in coffee aisle), 1/8 tsp Sugar-free powdered gelatin, Sugar-free baking extracts.

Protein Soups: Add broth instead of water to add flavor, use seasonings like garlic powder, onion powder, cumin, curry, Mrs. Dash, etc

JourneyLite Chicken Alfredo or Vegan Chicken Curry: Add broth instead of water to add flavor. Season as needed.

Oatmeal: Add any sugar substitutes, Splenda brown sugar, Sugar-free maple syrup, spray butter (I Can't Believe It's Not Butter or Parkay)

Proti Eggs: Follow directions on the box. You can add 1 egg or 2 egg whites to the packet and make scramble or omelet.

Proti Vegetarian Chili: If you like spice, add hot sauce to spice up this flavorful chili.

Proti Protein Orzo: Once cooked you can put them in hot broth to make “orzo” soup or use spray butter(I Can’t Believe It’s Not Butter or Parkay) and fresh herbs and a seasoning mix (no sugar added).

Protein Pancakes: Can use sugar-free syrup and spray butter.

Pre-Op Diet Sample Menu

Breakfast:	Protein oatmeal Crystal Light Sunrise Orange
Mid-Morning:	Chocolate protein shake Sugar-free gelatin
Lunch:	Sugar-free popsicle
Mid- Afternoon:	Protein bar
Dinner:	High Protein Orzo (Proti) Sugar-free gelatin
Evening:	Protein hot chocolate (JourneyLite)

Medication Information

Diabetes and the Pre-Operative Diet (For Diabetics Only!)

Before surgery you will need to be on a low-calorie, low-carbohydrate diet. During the time you are on the diet, your blood sugars will naturally be lower. This is because you are not eating as many carbohydrates (sugars). Because of the lower blood sugars, we need to change your blood sugar medications to keep your blood sugars from going too low.

Starting the first day of your pre-operative diet, take half of your oral diabetes medications. This includes Glucophage (Metformin), Actos (Pioglitazone), Glucotrol (Glipizide), Januvia (Sitagliptin), Starlix (Nateglinide), and all other oral medications prescribed for diabetes

If you are taking insulin, such as Lantus, NPH, or 70/30, you will also need to cut the amount you take by half. If you use a regular insulin sliding scale coverage, continue your current sliding scale dosing while on the pre-operative diet.

If you are taking an SGLT2 inhibitor, it will need to be stopped at least 5 days prior to surgery and cannot be resumed until 4 weeks after surgery. These medications currently include

- Invokamet (canagliflozin and metformin)
- Farxiga (dapagliflozin)
- Xigduo XR (dapagliflozin and metformin)
- Jardiance (empagliflozin)
- Glyxambi (empagliflozin and linagliptin)
- Steglatro (ertugliflozin)

GLP-1 Receptor Agonists (Ozempic, Mounjaro, Wegovy, etc)

Long-acting GLP-1 medications such as these listed below must be stopped for at least 2 weeks prior to surgery because they delay gastric emptying. If you are taking these medications for diabetes, please contact your prescribing physician and let them know. If you are taking them for weight loss, you can just stop them.

- Bydureon (exenatide)
- Trulicity (dulaglutide)
- Ozempic, Wegovy or Rybelsus (semaglutide)
- Mounjaro or Zepbound (tirzepatide)
- Saxenda (liraglutide)

Please monitor your blood sugars at least 3-4 times a day and keep a record. If your blood sugar readings are less than 80 or you are having signs of low blood sugar (tired, shaky, nausea, blurred vision, or light headed) drink 4 oz of juice, eat one of your pre-portioned meals, and call our office. The juice and meal should raise your blood sugar back into the normal range, but you will likely need to make more changes to your diabetic medications, so please contact the prescribing physician.

Below is a list of your specific diabetes medications and how much you should take:

MEDICATION	DOSE AFTER STARTING PRE-OP DIET

Blood Thinners and Surgery

Blood thinners are medications that stop your blood from clotting. These medications are sometimes prescribed to heart patients or people who are at risk for developing blood clots. Some common blood thinners are:

Aspirin, Plavix (Clopidogrel), Coumadin (Warfarin), Pletal (Cilostazol), Pradaxa (dabigatran), Eliquis (apixaban) and Xarelto (Rivaroxaban)

In addition to the medications above, some pain medicine can also thin the blood. Some examples of the medications are: Ibuprofen (Advil, Motrin), Naproxen (Naprosyn, Aleve), Daypro (Oxaprozin), Celebrex, and Mobic.

You will need to stop all these medications before surgery.

- Pradaxa, Eliquis and Xarelto will usually be stopped 2-3 days prior to surgery and resumed the day after.
- The others will usually be **stopped 1 week before surgery**.

Vitamins and Supplements Prior to Surgery

Please hold all vitamins and over-the-counter supplements for 7 days prior to surgery!

Birth Control Pills and Estrogen

In order to reduce the risk of blood clots, all ORAL birth control pills and/or any medication containing estrogen need to be held for 4 weeks prior to surgery and not resumed until 4 weeks after. During this time it is important to use a barrier method of birth control!

If you have less than 4 weeks until your surgery and have not stopped estrogen, please text us at (513) 572-1718 for alternative arrangements as soon as possible. IUD's and/or DepoProvera do **not** need to be discontinued.

ED Medications (Vasodilators)

Vasodilator medications for erectile dysfunction should be held for 72 hours prior to surgery and for 1 week after. These include drugs such as:

- Viagra (sildenafil)
- Cialis (tadalafil)
- Edex (alprostadil)

Oral Steroids

Oral steroids such as prednisone, prednisolone, and methylprednisolone need to be held for at least 4 weeks prior to surgery. Bypass patients should never resume steroids due to the risk of marginal ulcers. All other procedures can resume if needed after the 4 week mark.

Below is a list of your specific medications and when you should stop taking them. If you are taking any of these medications to control pain, please be aware that **Acetaminophen (Tylenol) is the only over-the-counter pain medication that may be used immediately before surgery.**

MEDICATION	STOP DATE

- If you take Coumadin (warfarin), you may need to be on what is called “bridging therapy” before surgery. Bridging therapy is when we stop your Coumadin for 5-7 days prior to surgery and put you on Lovenox (enoxaparin) injections until after surgery when we restart your coumadin and your PT/INR is in therapeutic range again.
 - Be sure to contact your prescribing physician immediately after restarting coumadin after surgery to schedule a PT/INR blood test. After weight loss surgery, your coumadin dosage will likely be reduced significantly. **If you don’t stay on top of things your PT/INR could become dangerously high!**
- If you were prescribed Lovenox or heparin for before surgery, **DO NOT INJECT** the night before **OR** the morning of surgery.
 - See JourneyLite.com/Lovenox for more info on injections, etc.

Pre-Operative Blood Pressure Medications

ACE inhibitors and Angiotensin II receptor blockers should be held the day **prior** to surgery. This includes medications such as Lisinopril, Losartan, Ramipril, Valsartan, Candesartan, Enalapril, Irbesartan, Benazepril. If you are unsure about whether you take one of these medications please discuss at your pre-op visit.

Post-Operative Blood Pressure Medications

Stop all diuretic (water pills) medications (example: hydrochlorothiazide, furosemide/lasix, spironolactone, etc.) for the first week after surgery. Discuss with our surgical team at your first post-op visit about resuming these meds.

- Continue all non-diuretic blood pressure medications.
- Monitor your blood pressure (can use a cuff at home or go to the pharmacy).
- If your BP is normal (110-150/60-85), continue your medications as instructed at the time of your discharge.
- If your BP is consistently high ($> 150/85$) then contact the prescribing physician for advice on whether to resume or add BP meds.
- If your BP is consistently low ($< 110/60$) stop all blood pressure medications and call the surgical team as soon as possible.
- If you experience any significant swelling in your legs, shortness of breath or chest pain, please call the office immediately or go to your nearest Emergency Room.

Appetite Suppressants

IMPORTANT: If you are taking an appetite suppressant prior to surgery such as Adipex/phentermine, Qsymia, Contrave, Tenuate, it must be stopped for 7 days prior to your procedure. As mentioned earlier, GLP-1 RA's such as Wegovy (semaglutide) and Zepbound (tirzepatide) need to be stopped 2 weeks prior to surgery.

LET'S GET STARTED...

Now that you are ready for surgery here is some information to help you take care of yourself when you go home!

What medicines should I take and how do I take them?

The facility where you are having your surgery may give you specific instructions on what to do with your medications on the morning of surgery before you come in. If not, anesthesia generally recommends taking all of your meds except for any long-acting insulin (such as Lantus) with a little sip of water. Also avoid taking any of the medications outlined above according to the instructions given.

You will be given instructions from the nurse when you are discharged home as to which of your regular medications you are to resume. Use the following guidelines as to take your pills:

1. You can swallow pills whole of any size, except for vitamins which must be chewable. **PLEASE NOTE:** This is a change from our protocol in the past as we used to recommend crushing medications, but this is no longer the case. Do NOT crush any of your medications!
2. Chew any chewable tablets completely then wash them down with liquid.
3. Although not necessary, you may also take liquid forms of your medicines, if available and you prefer. Shake the bottle well before you pour the medicine dose.

WITH THE EXCEPTION OF YOUR PAIN MEDS, YOUR PRESCRIPTIONS WILL BE SENT AT YOUR PRE-OP/CONSENT VISIT. PLEASE PICK THEM UP IMMEDIATELY AS THEY ARE ONLY VALID FOR 7 DAYS! YOUR PAIN PRESCRIPTION WILL BE SENT BY YOUR SURGEON ON THE DAY OF YOUR PROCEDURE.

Nausea Medications After Surgery

MEDICINE	DOSE	COMMENTS
Phenergan-for nausea (generic-promethazine)	Take 1 tablet by mouth every 4-6 hours as needed for nausea.	This medication may make you very drowsy!
Zofran-for nausea (generic-ondansetron)	Dissolve under tongue for nausea every 6 hours as needed.	Does not cause drowsiness. Alternating between Zofran and phenergan is useful!
Levsin (generic-hyoscyamine)	Dissolve 1-2 tablets under tongue every 4-6 hours as needed for stomach cramps/spasm.	
Emend (generic-aprepitant)	Take 1 tablet prior to arrival at JourneyLite. If you have a second tablet, take it the morning after surgery.	Optional medication to be taken before and/or after surgery in patients who are very sensitive to post-op nausea/vomiting.

Phenergan and **Zofran** are both nausea medications and can be used together. Although the prescriptions are written to be used *as needed* for nausea, for the first 24-48 hours it's a good idea to use them regularly. Even with the use of medications, nausea and even occasional vomiting is very common for the first couple of days. This typically resolves within 72 hours.

Emend is a powerful newer anti-nausea medication but also can be expensive depending on insurance coverage. This medication is optional, if you feel it is too expensive **you do not have to get it filled.**

Unfortunately due to the opioid crisis, the state has greatly restricted our ability to prescribe post-op narcotic pain medications, so use these sparingly and transition to Tylenol as soon as you can. Both **Norco** and **Percocet** contain Tylenol so you have to use one or the other, you can't use both together.

Pain Medications After Surgery

Note: These medications will be sent by your surgeon on the day of your surgery.

MEDICINE	DOSE	COMMENTS
<p>Norco tablets-for pain (generic-hydrocodone/acetaminophen)</p> <p style="text-align: center;">or</p> <p>Percocet tablets-for pain (generic-oxycodone/acetaminophen)</p>	<p>Take according to directions on bottle.</p>	<p>Once your discomfort lessens, change to Extra-Strength Tylenol as needed. Both of the prescription medications contain Tylenol, so you can't take Tylenol along with them.</p>

Additional Meds-Gastric Bypass Only

MEDICINE	DOSE	COMMENTS
<p>Neurontin-for pain (generic-gabapentin)</p>		<p>Gabapentin can help with nerve pain that is caused from closing the muscle fibers with a large suture that must be dilated to get one of the staplers in.</p>
<p>Flexeril-for pain (generic-cyclobenzaprine)</p>	<p>Take according to directions on bottle.</p>	<p>Cyclobenzaprine can help with muscle spasms caused by this same suture.</p>
<p>Colace-for constipation (generic-docusate sodium)</p>		<p>Bypass patients can be prone to constipation, Colace can help with this.</p>

Other Medications After Surgery

MEDICINE	DOSE	COMMENTS
Vitamin supplements	Will be discussed at 1 week post-op visit, none needed til then.	Take only chewables for the first 3 months after your surgery!
Omeprazole	One tablet daily, start post-op day 1.	Sleeve patients: to be used as needed Bypass/SIPS patients: Must take for <u>3 months</u> after surgery.
Lovenox (generic-enoxaparin) Used in some patients on coumadin As bridging therapy prior to surgery.	If prescribed, start per prescription directions.	Continue per prescription directions. Use until gone!
Eliquis (generic-apixaban) Used in some patients to prevent blood clots after surgery.	Start the morning after surgery.	Continue per prescription directions. Use until gone!

Post-op Blood Thinners

Post-op blood thinners may be prescribed in **some** patients to prevent blood clots after surgery. Previously we used an injectable medication called Lovenox, but recently we have switched over to a new oral medication called Eliquis (generic: apixaban). If prescribed, it should be started the morning after surgery and taken **twice daily for the next 30 days.**

IMPORTANT: If you are prescribed a blood thinner, it is not optional and it will greatly increase your risk of blood clots and serious complications after surgery if you do not get this prescription filled and use it all until gone!

Post-op Surgical Drain

It is not common, but at times your surgeon may elect to leave a surgical drain, otherwise known as a Jackson-Pratt or “JP” drain. It looks like a long plastic tube coming out through one of the incisions that is attached to a clear silicone “suction grenade.” If you have a drain present, please go to JourneyLite.com/jp-drain-care/ for instructions on how to care for and empty the drain.

IMPORTANT: You will need a responsible adult to drive you home (or to the hotel) from your procedure and be with you for the next 24 hours. Ubers, Lyfts, Taxis, et cetera are not allowed. Your procedure will have to be canceled if you do not have someone with you for your procedure.

FAQ's

What kind of pain will I have?

You may have some left shoulder or neck pain. This is from the gas that we use to inflate your abdomen so that we can see during the procedure. It tends to irritate the lining of the diaphragm, which causes the pain. If you have a hiatal hernia repaired at the time of your surgery, it may aggravate it even more. Some patients don't experience it at all, while others have it on and off for a week or two. There is no magic cure for this other than time.

You will also experience some pain around your sternum/breast bone area, as well as around your belly button. It is common to feel some mild pain when you take a deep breath due to irritation of the diaphragm.

How do I care for my incisions?

Remove the dressings (if still present) the next morning after you are discharged. For bypass and SIPS patients, this may be done by the nurses before you leave the facility. Usually we use glue to close the incisions so nothing needs to be done after the bandages come off. In cases where we use Steri-strips (strips of tape over the incision that are directly on the skin) instead of glue, just leave them in place; they will curl up and begin to fall off in about 10-14 days. If they are still in place by two weeks after your surgery, gently peel them off. The incisions may itch during healing; this is normal. Do not scratch the area!

You may have a little drainage from the incisions, which is ok. The drainage should be clear to pinkish-colored. If your incision develops any thick drainage, greenish-brown color, foul odor, redness and/or tenderness, it may be a sign that your incision is infected. If this is the case, email us pictures of the concerned area and call us!

Can I shower/bathe or swim?

It is ok to shower with soap starting the day **after** discharge from the facility. Pat the incision dry after showering. Do not take a bath, soak in water, swim, or get in a hot tub for at least 2 weeks.

When can I drive?

Do not drive for at least 72 hours or until your pain is gone and does not require prescription pain medicine. You *can not be taking any pain medicines stronger than Tylenol, Advil, or Aleve* at the time you are driving, nor should you be having a great deal of pain, as this will affect your ability to react. Pain can make it hard to move quickly!

How much can I lift?

No lifting, pushing, pulling or tugging over 10 lbs for the first week. You can increase the limit by 10 additional pounds for every subsequent week. After 4 weeks you can lift as much as you feel comfortable.

When can I start exercising?

Right after surgery, please get up and move/walk around every hour and increase your activity as tolerated. After a few days, walk as much as you can tolerate. This will make you feel better sooner, decrease your risk of complications, and improve your bowel functions. After two weeks, you may try light aerobic activity like walking on a treadmill or elliptical machine, bike riding, or other activities that don't put strain on your abdominal muscles. After 4 weeks, you can resume any type of activity you wish.

When can I go up stairs?

You may go up stairs slowly right after surgery, as long as you do not feel dizzy. Have someone around the first time or two you go up. Anytime you feel faint you should sit or lie down.

When can I return to work?

Returning to work will depend on the type of work you do. The more movement and heavy lifting involved with the job, the more time may be needed before being able to return. Ask your surgeon to determine the best time to resume work duties, but typically it's about a week for a gastric band and 1-2 weeks for gastric bypass and sleeve. If you have a job that involves lifting, it will be 3-4 weeks.

How do I manage constipation?

It's very common not to have a bowel movement for up to 5 days after surgery. If you are prone to constipation, you may begin to take Miralax powder the day after surgery. You can also add Colace if needed. If you still do not have a bowel movement within 5 days of surgery, try Milk of Magnesia® (2 Tablespoons, twice a day). If this does not work after one day, try 2 Dulcolax® suppositories. If none of these measures help, call the office and ask to speak to a nurse.

How do I manage my bloating/gas issues?

Anesthesia and narcotics are known to slow your bowel motility down. Walking will help to stimulate the bowel and increase the motility. Some foods may make you develop unusual bloating or heavy gas as well. If you feel these symptoms, avoid those foods or cut your food intake until you have relief of these symptoms. You may also take over-the-counter medication for gas or bloating (that can be chewed, such as Mylicon or Gas-X) for the temporary relief of these symptoms.

What do I do if I vomit?

Vomiting is very common, especially in the first few days after surgery. If you vomit, you may have eaten or drank too quickly, too much, or the food may have been too solid. ***Wait four hours*** and then try one ounce of liquid that doesn't have any sugar. If this liquid does not make you nauseous or vomit, then take only liquids until the next day. Then you can try pureed or solid foods again, depending on the diet stage you are currently on. However, if you have constant vomiting, or vomiting that looks black, bloody or like coffee grounds, this could indicate a problem you should call the office immediately.

What about pregnancy?

Women should avoid getting pregnant for 18 months after any type of weight loss surgery. Rapid weight loss also rapidly increases fertility, so birth control must be used correctly and at all times to avoid pregnancy, even if you were not able to get pregnant in the past. A barrier contraceptive (such as a condom, diaphragm or patch) is suggested in addition to the birth control pill, as hormone changes may alter the effectiveness of the birth control pill. **We get calls from patients all the time who**

end up pregnant a few months after surgery, who didn't think they could get pregnant. So take this seriously!

When do I follow-up after surgery?

You will meet with the team 7-14 days after surgery for a post-op check of your incisions and diet follow-up. If you live out-of-town, we may be able to do this visit by phone or virtual visit. If you can, take a digital picture of your incisions and either email them to us at provider@curryweightloss.com, or text them to (513) 572-1718. After your first appointment we need to see you monthly for the entire first year!

If you have any medical issues, it is a good idea to make an appointment with your primary care physician for about 2 weeks after your surgery date to monitor your conditions.

A member of the team is always available to take your call in the case of an emergency. You can reach the on-call provider by calling the office and following the phone message prompts at 513-559-1222, or 877-442-2263.

For Lap Band patients, when will I get my band adjusted?

For band patients, the first adjustment of your Lap Band will be done at the 4 week visit in the office (you will **not** have an adjustment at your 1 week visit). We recommend that you see the team every 4 weeks for the first year for a weight check and to be evaluated for an adjustment. We will evaluate the need for additional adjustments at each follow-up appointment. After the first year your band can be adjusted as-needed, however we do recommend coming to our main office in Cincinnati once a year for an X-ray to check placement of the band.

On the day of any band adjustment, eat a light breakfast (like Carbmaster Yogurt or low-fat cottage cheese, nothing solid). After each adjustment, you must go back to liquids for the rest of the day, pureed the following day, and then to soft solid foods for a day (or longer if necessary). After any adjustment, if you are having issues keeping down solid food, please call and let us know.

When should I call the doctor?

1. Bleeding

Excessive bleeding from the incisions

Vomiting blood

Blood in stool

2. Signs of infection

Fever of 101.0 or above

Redness, swelling, heat, or excess pain at an incision

Drainage from an incision that is pus-like or foul smelling

3. Separating or opening of incision(s)

4. Nausea/vomiting that is not relieved by medications

5. Pain that is not relieved by medications

6. New onset of calf pain or leg swelling

IF YOU DEVELOP ANY OF THE ABOVE PROBLEMS (OR ANYTHING NOT LISTED HERE THAT SEEMS OUT OF THE ORDINARY), CALL THE TEAM AT 513-559-1222 or 877-442-2263.

POST-OP DIET PROTOCOLS

Sleeve/Gastric Bypass/SIPS/Band - Clear Liquid Diet

Band Patients: Non-carbonated clear liquids for the first 24 hours after surgery

Sleeve/RNY/Overstitch/SIPS: Non-carbonated clear liquids for the first week after surgery

The ultimate goal of on clear liquids is to consume 48-64 ounces per day, from the recommended list below.

In order to prevent your blood sugar from going low and give you a little energy, you should be consuming diluted juices (2 oz juice/2 oz water) or diluted non-diet sports drinks (2 oz beverage/2 oz water) **every 3 hours.** (Total undiluted juice should be no more than 8 ounces in a day - that equals 16 ounces of fluids once diluted.)

- Diluted Fruit Juice (2 oz juice/2 oz water)
 - Grape, cranberry, or apple ONLY (100% juice or no added sugar)
- Diluted regular Gatorade or Powerade (2 oz beverage/2 oz water)

Recommended Choices for Clear Liquid Diet- (2 oz every 15 mins)

- Clear broth or Bouillon – chicken, beef, or vegetable
- Water or ice chips
- Crystal Light or Sugar-free Kool-Aid
- Decaf Tea and Coffee (NutraSweet, Splenda, Sweet-n-low, Stevia allowed)
- Sugar-free gelatin
- Propel Zero, Powerade Zero, or Gatorade Zero
- Sugar-free popsicles
- Sugar-free Italian Ice
- Bariatric Advantage Clear Protein Drink (Journeylite)
- Journeylite Supplements: Fruit Drinks, Protein Bouillon, and Hot Beverages (made with 8oz water)

Avoid:

- Carbonated beverages
- Sugary drinks
- Caffeinated beverages
- Avoid citrus (orange, grapefruit, pineapple) and tomato juices.
- No juice drinks, juice cocktails or undiluted 100% juices

GUIDELINES: No straws or extreme temperatures! Take small sips, do not gulp, and DO NOT ADVANCE YOUR DIET ON YOUR OWN, IT MUST BE ADVANCED BY A DIETITIAN!

Sleeve/Gastric Bypass/SIPS/Band - Puree Diet

Duration: _____

Protein/Protein Foods	Carbohydrates	Fats
5-6 Servings per Day	4-5 Servings per Day	4-5 Servings per Day
1 serving of meat/seafood = 2 ounces = 16 grams of protein	1 serving of a carbohydrate = 5-15 grams of net carbohydrates	1 serving of fat = 5 grams
Food Items	Food Items	Food Items
<p><u>Meats/Seafood: (1/4 cup)</u></p> <ul style="list-style-type: none"> -Puree chicken or turkey (no skin) -Puree Fish, water packed tuna -Pureed soft fish (haddock, tilapia, cod, and salmon) -Pureed canned chicken -Pureed meatballs -Stage 2 baby food meat (no dinners) <p><u>Dairy/Eggs: (1/4-1/2 cup)</u></p> <ul style="list-style-type: none"> -Scrambled eggs/egg substitute -Cream Soups made with Skim milk (avoid tomato, potato, or pea soups) -1-2% cottage cheese (puree) -Part skim ricotta cheese -Sugar Free Pudding (made with skim milk) -Milk or Lactaid Milk (skim or 1%) -Reduced sugar yogurt <ul style="list-style-type: none"> -Carbmaster (Kroger) -Kroger Greek Lite -Light and Fit Greek 	<p><u>Vegetables: (1/4 cup)</u></p> <ul style="list-style-type: none"> -Pureed canned or steamed vegetables (no hulls) -Stage 1 and 2 baby food vegetables -Vegetable Juice -Puree Vegetable Soup <p><u>Fruits: (1/4 cup)</u></p> <ul style="list-style-type: none"> -No sugar added applesauce -Stage 1 and 2 baby food fruits. -Unsweetened fruit juice -Puree canned fruits in juice or water only. <p><u>Starches: (1/4 cup)</u></p> <ul style="list-style-type: none"> -Puree acorn or butternut squash -Puree sweet potato -Puree Peas -Mashed sweet potato 	<p><u>Unsaturated Fats:</u></p> <ul style="list-style-type: none"> - Mayonnaise - Sour cream - Olive oil

<p>Plant Proteins: (¼ cup) -Pureed Tofu -Refried Beans (thinned) -Reduced sugar soy milk -Unsweetened almond milk -Pureed bean or lentil soup -Pureed vegetarian chili</p> <p>Protein Supplements:(½-1 cup) as tolerated. Refer to protein supplement handout.</p> <p>FOCUS ON PROTEIN AT ALL MEALS AND SNACKS!!!</p>	<p>Grains/Cereals: (¼ cup) -Hot Cereal made with skim or 1% milk</p>	
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FLUIDS

Your goal for fluid intake is 6-8 cups (48-64 oz) of sugar free/non-carbonated beverages throughout the day.

Optimal choices:

-Water	-Sugar free Kool-Aid	-Fruit 2 O
-Crystal Light	-Propel Fitness Water	-Powerade Zero
-Decaf tea or Coffee	-Sugar Free popsicles	-Sugar Free Jell-O

Tips for Preparing Puree Foods

Cut foods into small pieces, then put into a food processor or blender. A little liquid makes it easier to blend, and can also add protein to your foods. You can use 1% or skim milk, reduced fat sour cream, fat free gravy, broths, juices. **Avoid using water to thin the foods.** Water will take from the flavor and make the foods quite bland. Blend foods until desired consistency. After blending, strain foods to remove any chunks.

You can also freeze individual portions for re-using. Pour leftover portions into ice cube trays. Once frozen you can remove from trays and place in a freezer bag for more convenient storage. Always thaw the cubes in the refrigerator. A lot of patients have found it convenient to puree leftovers from meals prior to their surgery. Then after surgery you only have to worry about thawing them out.

- FOODS TO AVOID**
- Soft bread, doughnuts, pastries.
 - Salads and all other raw vegetables
 - Sugar and sweets (table sugar, cakes, cookies, pies)
 - High fat meats (bacon, sausage, ham, salami)
 - Steak, roast beef, pork, lamb, veal, venison
 - High fat foods (butter, cream cheese, whole milk, ice cream, sour cream, creamy salad, regular mayonnaise)
 - Fibrous vegetables (whole broccoli, brussels sprouts, corn, cabbage, salad greens, asparagus).
 - Fresh fruits except bananas
 - Rice and pasta
 - Nuts, seeds, coconut, raisins, popcorn, dried fruits

Important Tips to Remember!

- All food choices on the puree stage should be the consistency of applesauce!!!
- Do not use your mouth as a blender. Please puree all foods in a blender.
- Foods like rice, pasta, bread, raw fruits and vegetables do not blend well. These foods can swell up and can cause discomfort. Avoid using these products.
- Eat a protein source every time you eat, and make sure to make protein your priority.
- Eat 5-6 mini meals a day.
- Portions at each meal are up to $\frac{1}{3}$ cup for dense foods (eg: pureed chicken salad, egg salad, tuna salad, etc) and up to $\frac{1}{2}$ cup for full liquid proteins (eg: protein shakes, yogurt, cream soups, etc)
- Make sure to stop eating when you are full.
- Avoid drinking 5-10 minutes before and 20-30 minutes after meals and also avoid drinking during a meal.
- Avoid skipping meals, we recommend spacing meals/supplements about every 2.5-3 hours.
- Avoid eating anything 3 hours prior to bed.

The Dietitian will go over an appropriate diet plan/meal schedule with you during your 1-week follow-up visit.

Quick Puree Recipes

Easy Egg Salad

3 hard boiled eggs

2 Tbsp mayo

1 Tbsp sugar free pickle relish

1½ tsp yellow mustard

Season with salt, pepper and onion powder (optional) to taste. Blend until smooth.

Yields 6 ⅓ cup servings

****Can substitute canned tuna or chicken to vary choices.**

Pesto Chicken Puree

3 oz cooked or canned chicken breast

¾ cup ricotta cheese

2-3 Tbsp prepared pesto sauce

First cut chicken into small pieces then blend chicken until finely minced. Add other ingredients and blend until smooth.

Yields 6 (⅓ cup serving)

Chicken and Mushrooms

3 oz cooked or canned chicken breast

½ cup mashed potatoes

¾ cup mushroom gravy or soup

First cut chicken into small pieces then blend chicken until finely minced. Add other ingredients and blend until smooth.

Yields 6 (⅓ cup) servings

Saucy Meatballs

4 (1oz) meatballs (cooked)

½ - ¾ cup spaghetti sauce

½ tsp Parmesan cheese

Quarter meatballs and add to food processor with other ingredients. Can season with salt, pepper, and garlic powder. Blend until smooth.

Yields 4 (⅓ c servings)

Sleeve/Gastric Bypass/SIPS/Band- Soft Diet

Duration: _____

Protein/Protein Foods 5-6 Servings per day	Carbohydrates 4-5 Servings per Day	Fats 4-5 Servings per Day
1 serving of meat/seafood = 2 ounces = 16 grams of protein	1 serving of a carbohydrate = 5-15 grams of net carbohydrates	1 serving of fat = 5 grams
Food Items	Food Items	Food Items
<p><u>Meats/Seafood:</u> (2-4 ounces) -finely chopped lean meats -canned tuna in water -canned chicken in water -thinly sliced lean lunch meat (chicken, turkey, low fat bologna) -flaky white fish -salmon</p> <p><u>Dairy:</u> (½ - 1 cup) -milk (1% or skim) -yogurt (low carb, low fat) -cottage cheese (1%-2%) -soy milk (plain or vanilla) -reduced fat cheese -part skim ricotta cheese -string cheese</p> <p><u>Eggs:</u> -hard/soft boiled -egg salad -scrambled -fried eggs -egg beaters</p> <p><u>Protein Supplements:</u> -1-2 per day as needed (refer to the protein supplement handout)</p>	<p><u>Vegetables:</u> (½ cup) -cooked/steamed (without seeds, skin, strings) -cauliflower -broccoli florets -canned in water -carrots -beets -mushrooms -tomato sauce puree -V8 juice</p> <p><u>Fruits:</u> (½ cup) (limit 1-2 servings per day) -canned (in water or own juice, no strings or skin) -ripe banana -cooked tender -100% juice (no sugar added)</p> <p><u>Grains/Cereals:</u> -JourneyLite oatmeal -cooked cereal -cold unsweetened cereal (soaked in milk) -crackers -toast (bread must be toasted)</p>	<p><u>Unsaturated Fats:</u> -olive oil -mayonnaise -salad dressing (oil and vinegar base)</p>

<p><u>Plant Proteins:</u> -beans (½ cup) -lentils (½ cup) -tofu -natural peanut butter (no sugar added)</p>	<p><u>Starches: (⅓-½ cup)</u> Limit 1 serving per day -mashed potatoes -baked potato (no skin) -sweet potato (no skin) -peas (canned)</p>	
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FLUIDS (MINIMUM 6-8 CUPS DAILY)

Consume sugar free and carbonated free beverages throughout the day.

- | | | |
|----------------|-----------------------|-------------------|
| -Water | -Sugar free kool-aid | -Fruit 2 O |
| -Crystal Light | -Propel fitness water | -Powerade Zero |
| -Decaf tea | -Decaf coffee | -Sugar free jello |
| -Broth | -MIO | |

FOODS TO AVOID

- Soft breads, doughnuts, pastries.
- Salads and all other raw vegetables
- Sugar and sweets (table sugar, cakes, cookies, pies)
- High fat meats (bacon, sausage, ham, salami)
- Steak, roast beef, pork, lamb, veal, venison
- High fat foods (butter, cream cheese, whole milk, ice cream, sour cream, creamy salad, regular mayonnaise)
- Fibrous vegetables (whole broccoli, brussel sprouts, corn, cabbage, salad greens, asparagus)
- Fresh fruits except bananas
- Rice and pasta
- Nuts, seeds, coconut, raisins, popcorn, dried fruits

Permanent Behavior Changes for Long-Term Success

- Plan to eat 3 small meals and 2 snacks daily
- Make sure protein is the primary focus
- Set aside 20-30 minutes for planned meals and 10-15 minutes for snacks
- Eat slowly
- Take small bites
- Chew thoroughly (puree consistency)
- Avoid skipping meals
- Avoid drinking with meals, wait 30 minutes after meals to drink
- No eating 3 hours prior to bed

Soft Diet Sample Meal Pattern

The 3 meals and 2 snacks pattern is based on a meal size of $\frac{3}{4}$ -1cup (6-8 ounces) in a 20-30 minute period and a snack size of $\frac{1}{4}$ - $\frac{1}{2}$ cup (2-4 ounces) in a 10-15 minute period.

Meal 1:

- 5.5oz container Ratio yogurt (25g protein/9g net carbs/3.5g fat)
- $\frac{1}{3}$ cup blueberries (0g protein/3g net carbs/0g fat)

Snack:

- 1 bag Quest Nacho Cheese protein chips (18g protein/4g net carbs/6g fat)

Meal 2:

- 3 ounces pulled pork (21g protein/0g carbs/18g fat)
- 1-2 Tbsp G. Hughes sugar free BBQ sauce (0g protein/2g net carbs/0g fat)
- $\frac{1}{4}$ cup steamed carrots (0g protein/2g net carbs/0g fat)

Snack:

- $\frac{1}{2}$ Premier protein shake (15g protein/2g net carbs/2g fat)

Meal 3:

- 4 oz sauteed shrimp with lemon and garlic (28g protein/0g net carb/1g fat)
- $\frac{1}{4}$ cup canned green beans (1g protein/1g net carb/0g fat)
- 2 Tbsp baked sweet potato (1g protein/7g net carbs/0g fat)
- $\frac{1}{2}$ tsp of butter (0g protein/0g net carbs/2g fat)

Soft Diet Sample Meal Pattern (5-6 Mini Meals)

The 5-6 mini meal pattern is based on a meal size of ½ cup (4 ounces) in a 20-30 minute period every 2-2 1/2 hours.

Meal 1:

- ¼ cup scrambled eggs or egg whites (6g protein/0g net carbs/5g fat)
- 2 Tbsp cheddar cheese (4g protein/3g net carbs/6g fat)
- 2 ounces turkey sausage (12g protein/0g net carbs/4g fat)

Meal 2:

- ¼ cup fat free cottage cheese (6g protein/2g net carbs/0g fat)
- ¼ cup canned peaches (in their own juice) (0g protein/7g net carbs/0g fat)

Meal 3:

- 2 oz lean ground beef (11g protein/0g net carbs/2g fat)
- 1 Tbsp mexican shredded cheese (2g protein/2g net carbs/3g fat)
- 2 Tbsp black beans (3g protein/5g net carbs/1g fat)

Meal 4:

- 1 string cheese (7g protein/1g net carb/6g fat)
- 6 wheat thin crackers (1g protein/8g net carbs/2g fat)

Meal 5:

- 2 oz chicken breast (14g protein/0g net carb/2g fat)
- ¼ cup canned green beans (1g protein/1g net carb/0g fat)
- splash of soy sauce

Meal 6:

- ½ Premier protein shake (15g protein/2g net carbs/2g fat)

Sleeve/Gastric Bypass/SIPS/Band- Regular Diet

Duration: _____

Protein/Protein Foods 5-6 Servings per day	Carbohydrates 4-5 Servings per Day	Fats 4-5 Servings per Day
1 serving of meat/seafood = 2 ounces = 16 grams of protein	1 serving of a carbohydrate = 5-15 grams of net carbohydrates	1 serving of fat = 5 grams
Food Items	Food Items	Food Items
<p><u>Meats/Seafood:</u> (3-4 ounces)</p> <ul style="list-style-type: none"> -Fish -Poultry -Pork -Lean red meat -Lean lunch meat -Shellfish <p><u>Dairy:</u> (½ - 1 cup)</p> <ul style="list-style-type: none"> -milk (1% or skim) -yogurt (low carb, low fat) -cottage cheese (1%-2%) -soy milk (plain or vanilla) -reduced fat cheese -part skim ricotta cheese -string cheese <p><u>Eggs:</u></p> <ul style="list-style-type: none"> -hard/soft boiled -egg salad -scrambled -fried eggs -egg beaters 	<p><u>Vegetables:</u> (½ cup cooked or 1 cup raw)</p> <ul style="list-style-type: none"> -non-starchy vegetables -broccoli -cauliflower -salad greens -spinach -carrots -tomato -cabbage <p><u>Fruits:</u> (½ cup) (limit 1-2 servings per day)</p> <ul style="list-style-type: none"> -canned (in water or own juice) -citrus fruit (remove membrane) -fresh fruit (serving size vary) -100% juice (no sugar added) <p><u>Grains/Cereals:</u></p> <ul style="list-style-type: none"> -JourneyLite oatmeal -cooked cereal -cold unsweetened cereal -whole grain breads -crackers 	<p><u>Unsaturated Fats:</u></p> <ul style="list-style-type: none"> -vegetable oils -margarine -mayonnaise -salad dressing (oil and vinegar base)

<p><u>Plant Proteins:</u> -beans (½ cup) -lentils (½ cup) -tofu -natural peanut butter (no sugar added)</p>	<p><u>Starches: (⅓-½ cup)</u> Limit 1 serving per day -mashed potatoes -baked potato (no skin) -sweet potato (no skin) -peas (canned) -corn -pasta -rice</p>	
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<p><u>Fluids (minimum 6-8 cups daily)</u></p>		
<p>Consume sugar free and carbonated free beverages throughout the day.</p>		
<p>-Water -Crystal Light -Decaf tea -Broth</p>	<p>-Sugar free kool-aid -Propel fitness water -Decaf coffee -MIO</p>	<p>-Fruit O2 -Powerade Zero -Sugar free jello</p>

<p><u>FOODS TO AVOID</u></p>
<ul style="list-style-type: none"> ● Soft breads, doughnuts, pastries ● Sugar and sweets (table sugar, cakes, cookies, pies) ● High fat meats (bacon, sausage, ham, salami) ● High fat foods (butter, cream cheese, whole milk, ice cream, sour cream, creamy salad, regular mayonnaise) ● Vegetables prepared with fat, sugar, or cream. ● Fruits canned in light or heavy syrup ● Sweetened cereals ● High fat snack crackers and chips ● Breaded meats (chicken finger, breaded fish) ● Fried foods (chicken nuggets, cheese sticks, fried fish) ● Sweetened/sugary beverages (regular soda, sweet tea)

<p><u>Permanent Behavior Changes for Success</u></p>
<ul style="list-style-type: none"> ● Plan to eat 3 meals and 2 snacks ● Make sure protein is the primary focus ● Set aside 20-30 minutes for planned meals and 10-15 minutes for snacks ● Eat slowly ● Take small bites ● Chew thoroughly (puree consistency) ● Avoid skipping meals ● Avoid drinking with meals, wait 20-30 minutes after meals to drink ● No eating 3 hours prior to bed

Regular Diet Sample Menu

The 3 meals and 2 snacks pattern is based on a meal size of $\frac{3}{4}$ -1cup (6-8 ounces) in a 20-30 minute period and a snack size of $\frac{1}{4}$ - $\frac{1}{2}$ cup (2-4 ounces) in a 10-15 minute period.

Meal 1:

- $\frac{1}{2}$ cup fat free cottage cheese (12g protein/4g net carbs/0g fat)
- $\frac{1}{2}$ cup mixed fresh/frozen berries (0g protein/6g net carbs/0g fat)

Snack:

- lunch box sized apple (0g protein/17g net carbs/0g fat)
- 2 Tbsp no sugar added Nut Butter/Sun Butter (8g protein/4g net carbs/18g fat)

Meal 2:

- Tuna salad wrap (low carb wrap - small Mission Carb Smart) made with 3 oz tuna, lettuce, tomato, and mustard (27g protein/3g net carbs/10g fat)
- 1 bag Quest Nacho Cheese protein chips (18g protein/4g net carbs/6g fat)

Snack:

- $\frac{1}{2}$ cup grapes (1g protein/13g net carbs/0g fat)
- 2 oz monterey jack cheese chunks (7g protein/0 g net carbs/9g fat)

Meal 3:

- 4 oz grilled chicken (25g protein/3g net carbs/7g fat)
- $\frac{1}{4}$ cup roasted baby potatoes (1g protein/5g net carbs/2g fat)
- 2-4 spears grilled asparagus (1g protein/1g net carbs/0g fat)

Vitamin Supplementation for RNY, Sleeve Gastrectomy, SIPS, Band

With the exception of sublingual vitamin B12, which starts one week after surgery, your vitamins & minerals will start one month after surgery. Your dietitian will discuss with you which vitamins & minerals you will need to take. The following are required to be taken after your surgery:

- **1 week post surgery:** At 1 week out you will begin taking **Sublingual B-12** (1,000 mcg) daily until your 1 month visit.
- **1 month post surgery:** Begin **chewable**
 - **Multivitamin**
 - **Iron (26mg/d),**
 - **Vitamin D3 (15,000 IU/weekly)**
 - **Calcium Citrate (1000 mg/d, ONLY take 500 mg at one time to increase absorption)**
 - **Decrease sublingual B12 to 1,000 mcg/week.**

JourneyLite Physicians highly recommends Bariatric Advantage vitamins. They are high-quality, pharmaceutical-grade products that are designed specifically for surgical weight loss patients!

Vitamins are often not tolerated on an empty stomach. Always take your vitamins later in the day, the best time being after lunch or dinner.

Beginning 60 days after your procedure, you may begin taking non-chewable supplements based on your tolerance.

B-12 must remain sublingual or injectable long-term. Oral tablets will not be absorbed.

Vitamin Tips and Information:

The optimal form of iron for surgical weight loss patients is either Ferrous Fumarate or Ferrous Gluconate. Ferrous Sulfate is the most commonly prescribed form of iron, but it is not well absorbed after your surgery. It is also recommended that you avoid taking iron supplements at the same time as consuming coffee, tea, or antacids.

If you are ever required to take Vitamin D, you want to make sure it's Vitamin D3.

The preferred form of calcium is **calcium citrate**. This is due to the lack of stomach acid being produced by your new pouch. Calcium carbonate is the most common form found, but it is not absorbed well because it does require a larger amount of stomach acid to be absorbed. **Calcium and iron need to be spaced 2 hours apart. They actually compete for the same absorption sites and can interfere with each other's absorption.**

Products to Avoid:

- Centrum
- One-A-Day
- Flintstones
- Generic store brands
- "Gummy" type vitamins

Menu Guidelines for Soft and Regular Diets

If you plan your menus according to the following guidelines you will be able to meet the required protein, net **carbohydrate, fat and fluid** nutritional needs to promote optimal weight loss and maintain a healthy nutritional status.

	For Males	For Females
Breakfast	14-21 grams of protein 15 grams of carbohydrates 10 grams of fat	14-21 grams of protein 15 grams of carbohydrates 10 grams of fat
Snack	15 grams of protein 0-5 grams of carbohydrates 0-5 grams of fat	15 grams of protein 0-5 grams of carbohydrates 0-5 grams of fat
Lunch	21 grams of protein 10-15 grams of carbohydrates 5 grams of fat	14-21 grams of protein 10-15 grams of carbohydrates 5 grams of fat
Snack	15 grams of protein 0-5 grams of carbohydrates 0-5 grams of fat	15 grams of protein 0-5 grams of carbohydrates 0-5 grams of fat
Dinner	21 grams of protein 10-15 grams of carbohydrates 5-10 grams of fat	14-21 grams of protein 10-15 grams of carbohydrates 5-10 grams of fat
Totals	86-93 grams of protein 35-55 grams of carbohydrates 20-35 grams of fat	72-93 grams of protein 35-55 grams of carbohydrates 20-35 grams of fat

Sip on a minimum of 64-80 ounces of calorie free fluids throughout the day.

Avoid drinking 5-10 minutes before and 20-30 minutes after meals.

Avoid drinking during a meal!

JourneyLite Physicians Post-Surgical Follow-Up Protocol

JourneyLite Physicians is committed to patient success! As a best practice, we follow and exceed the Metabolic and Bariatric Surgery and Quality Improvement Program (MBSAQIP) follow-up protocol. These standards exist to ensure the highest quality care and long-term success for our patients. The standard first year follow-up consists of 6 registered dietitian classes, 4 virtual one-on-one dietitian visits and 6 provider visits.

- All gastric band patients will be scheduled one on one with a registered dietitian for appointments for the first 3 months due to the specific gastric band diet education.
- All patients living more than 1 hour from any of our office locations will do Telehealth/Virtual appointments. All appointments and classes will follow the same schedule below using virtual provider appointments.

C: Online group class **V:** One-on-one virtual visit **✓*:** Live visit **✓:** Live or virtual visit

Number of days post-op	7	31	60	90	120	150	180	210	240	270	300	330	360
Dietitian Visit	C	V	C	C	C		V	C		V	C		V
Provider Visit	✓*	✓		✓			✓*			✓			✓*

Patients should be seen for annual follow-up visits for best success after year one.

Team Contact Information

Cincinnati office: 513-559-1222

Columbus office: 614-526-4463

Dayton office: 937-280-5673

NKY office: 859-331-1035

Indy Office: 463-237-5999

Toll free: 877-442-2263

Fax: 513-559-1235

Text Us: 513-572-1718 (non-emergency, business hours only)

If you haven't already done so, please access your patient dashboard and create a user account! All of our team members can be messaged directly through the portal and this is the best way to do your food and exercise journaling.

If you think you have an urgent problem, please call the office 24/7 at 513-559-1222. If your issue needs attention but is **not an emergency**, use the texting number listed above. If you don't have a smartphone and you have a non-emergency situation you can use the contact info below.

Providers: All providers general email - provider@curryweightloss.com

Dr. Curry – dr.c@curryweightloss.com

Dr. Augusta - dr.augusta@curryweightloss.com

Nurse Practitioner - provider@curryweightloss.com

Dietitians: All dietitians general email - RD@curryweightloss.com

For individual dietitian contact info please visit JourneyLite.com/dietitians