



## My Bariatric Workbook



## Introduction

# Why a Dragonfly?

At the age of 51, I had reached a body mass index (BMI) of 54. I was told that if I didn't change the path I was on, I probably wouldn't see my 60th birthday. So began my journey with bariatrics. I knew that having the sleeve surgery would change my life, but I had no idea to what magnitude. After losing 125 pounds and seeing the positive impact on my health and life in general, I knew it was my calling to help others on their similar paths. So why a dragonfly?

At the beginning of my journey, I came across a posting about the dragonfly's spiritual meaning—change and transformation. I thought “that's me”—I am on a journey of **change!** I started reading more about dragonflies. I found that in Japan, this creature is a symbol of courage and strength. It's used in many cultures to symbolize change; more specifically, change from the perspective of self-realization. I adopted this beautiful creature as my symbol, to remind myself that I am in a constant state of change. I am strong.

If you're using this workbook, then you're at, or close to, the beginning of your own journey. It's sometimes a scary and unsure road. But, remember that you are worth it! Be like the dragonfly. Be your own kind of beautiful. And never stop changing.

Vicky M. Blackard, RN, BBA  
*Certified Bariatric Nurse*



## Commitment

I, \_\_\_\_\_, on this day, \_\_\_\_\_ :

**Pledge to be kind to myself through this new life journey**

- I'm not being selfish by wanting to be the healthiest I can be.
- I know that this is going to be a lifelong journey, but I also know that I'm worth it.

**Pledge, from this day forward, not to judge myself or put myself down for past actions**

- I'm grateful that I'm taking positive actions to help correct past actions.
- I know that bariatric surgery is only a tool; I must put forth the effort to learn and use healthier lifestyle and nutritional choices.

**Pledge to use these new tools to the fullest extent I can**

- I'll learn new food choices and new ways of eating.
- I'll be more active, to the best of my ability.

**Pledge not beat myself up with negative talk if I slip up**

- I'll get back on track.
- I'll seek out like-minded people to support me in the life journey.
- I'll ask for help when I'm struggling.
- I'll celebrate my new lifestyle.

**Pledge to be the best, healthiest, happiest me I can be**

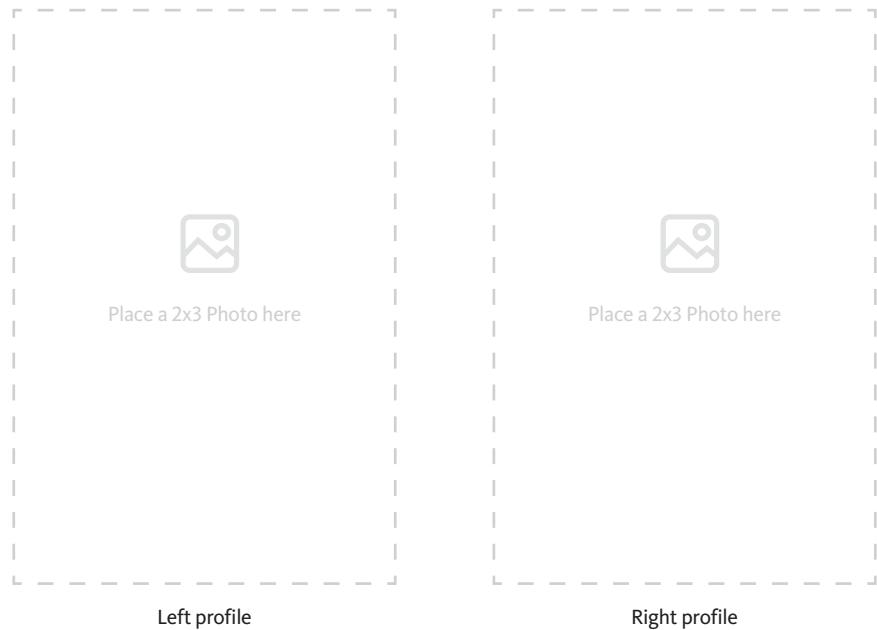
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Signature

# My Before Pictures

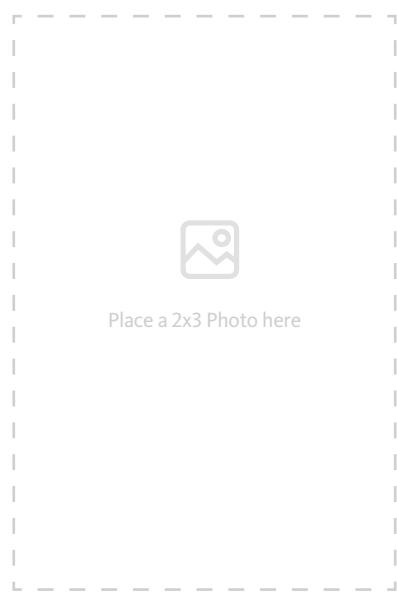
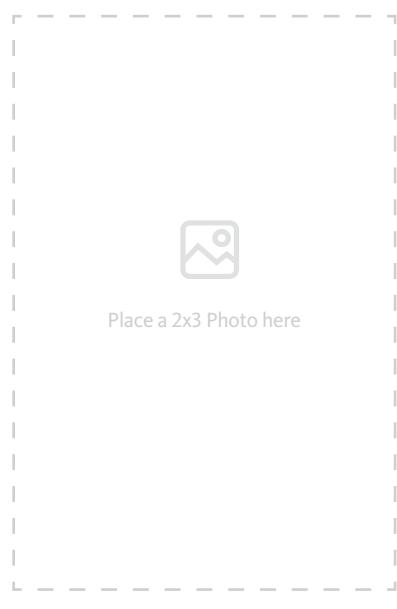
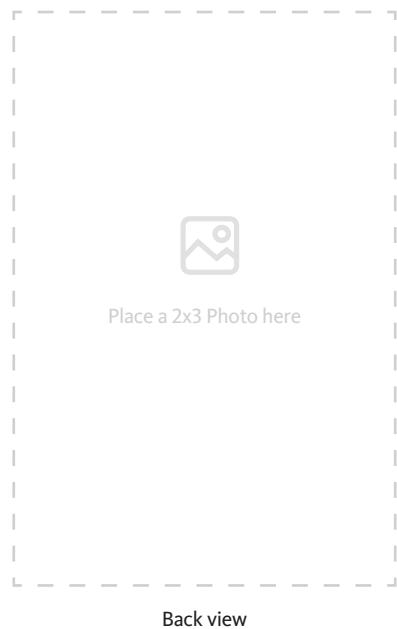
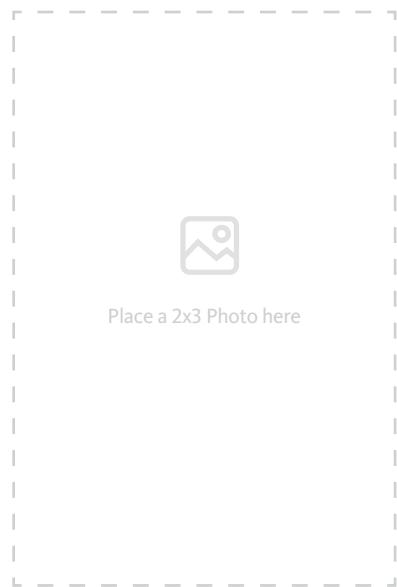
Record your progress through pictures, even if you don't share them with anyone else. Your reward is to review the before and after pictures, and pat yourself on the back for a job well done. Take several pictures of yourself from different angles, while not hiding behind someone or something. Attach them to this page.

**Date Taken:** \_\_\_\_\_



# My After Pictures

## One Month



# My After Pictures

## Six Months



Place a 2x3 Photo here

Front view



Place a 2x3 Photo here

Back view



Place a 2x3 Photo here

Left profile

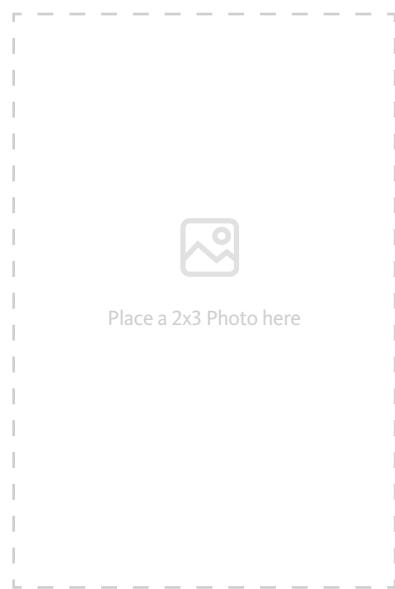


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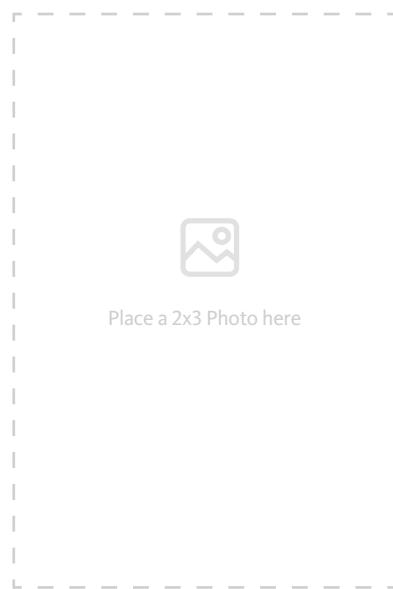
Right profile

# My After Pictures

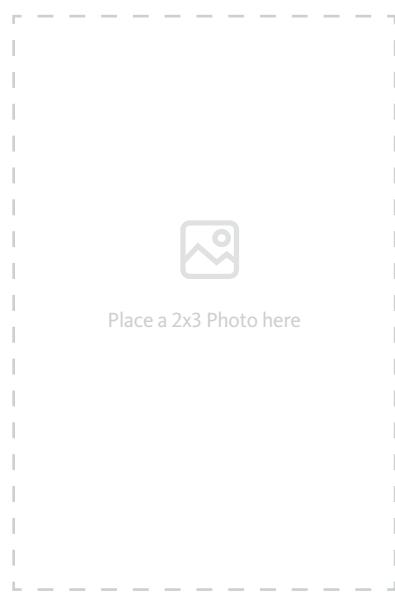
## One Year



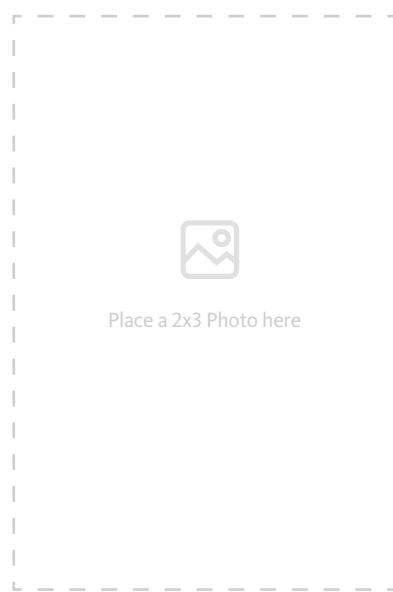
Front view



Back view



Left profile



Right profile

# My Surgery

The type of bariatric surgery recommended for me is called

My explanation of this surgery is:

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# Goals

My weight now: \_\_\_\_\_

My goal weight: \_\_\_\_\_

My clothing size now: \_\_\_\_\_

My goal clothing size: \_\_\_\_\_

Here are health benefits I hope to obtain by having bariatric surgery.  
I will review this list often.

- Decrease or eliminate diabetic medications
- Eliminate high blood pressure medications
- Stop using CPAP or BiPAP
- Decrease acid reflux
- Decrease number of gallbladder attacks
- Lower cholesterol levels
- Decrease chronic back or joint pain
- Decrease coronary heart disease
- Decrease breathing problems
- Be able to walk farther
- Other: \_\_\_\_\_



What I'd like to do when I reach my goal:

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I think losing weight will change my social interactions by:

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Three affirmations regarding my weight loss:

*Example: I'll let go of the guilt I hold regarding past food choices.*

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# Body Mass Index

The Centers for Disease Control and Prevention defines body mass index, or BMI, as a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fatness. BMI is used to screen for weight categories that may lead to health problems, but it's not diagnostic of the body fatness or health of an individual..

BMI	Classification
< 18.5	Underweight
18.5–24.9	Normal weight
25.0–29.9	Overweight
30.0–34.9	Class I obesity
35.0–39.9	Class II obesity
≥40.0	Class III obesity

The most commonly used definitions, established by the World Health Organization (WHO) in 1997, and published in 2000, provide the values listed in the table above. Some modifications to the WHO definitions have been made by particular professional bodies. The surgical literature breaks down class III obesity into further categories, though the exact values are still disputed.

- A BMI  $\geq 35$  or 40 is severe obesity
- A BMI  $\geq 35$  or 40–44.9 or 49.9 is morbid obesity
- A BMI  $\geq 45$  or 50 is super obese

## How to Calculate you BMI

To calculate your BMI using pounds and inches:

[https://www.nhlbi.nih.gov/health/educational/lose\\_wt/BMI/bmicalc.htm](https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm)

Or find your BMI using Table 1 or Table 2:

[https://www.nhlbi.nih.gov/health/educational/lose\\_wt/BMI/bmi\\_tbl.htm](https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi_tbl.htm)



# Tracking Your Progress

Today, right now, before you begin this process, record your baseline. Then periodically check your progress. You'll be amazed!

## Presurgery

Today's date: \_\_\_\_\_

How long does it take you  
to walk a mile?

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How many consecutive sit-ups  
can you do?

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How close to touching your toes  
can you get?

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What is your BMI?

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## Your measurements:

Neck circumference:

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Chest:

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Waist:

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Wrist:

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Hips:

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Ankles:

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## One Month After Surgery

Today's date: \_\_\_\_\_

How long does it take you  
to walk a mile?

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How many consecutive sit-ups  
can you do?

---

How close to touching your toes  
can you get?

---

What is your BMI?

---

## Your measurements:

Neck circumference:

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Chest:

---

Waist:

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Wrist:

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Hips:

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Ankles:

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### **Three Months After Surgery**

Today's date: \_\_\_\_\_

How long does it take you  
to walk a mile?

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How many consecutive sit-ups  
can you do?

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How close to touching your toes  
can you get?

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What is your BMI?

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#### **Your measurements:**

Neck circumference:

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Chest:

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Waist:

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Wrist:

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Hips:

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Ankles:

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### **Six Months After Surgery**

Today's date: \_\_\_\_\_

How long does it take you  
to walk a mile?

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How many consecutive sit-ups  
can you do?

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How close to touching your toes  
can you get?

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What is your BMI?

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#### **Your measurements:**

Neck circumference:

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Chest:

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Waist:

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Wrist:

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Hips:

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Ankles:

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## Choosing a Surgeon

If you haven't selected a surgeon, here are some tips to consider. Copy this blank page or use the back of this one to record information on multiple surgeons under consideration.

### First

Ask your primary care physician (PCP) who they would recommend.

My PCP's recommendation:

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Phone: \_\_\_\_\_

Hospitals where the surgeon practices:

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### Second

If your PCP can't recommend a surgeon, obtain the names of surgeons noted in your insurance plan. *These will not be recommendations;* they'll be names of surgeons for you to research and contact.

The questions below can help you decide on the best surgeon for you, regardless of the source.

1. Is the surgeon board certified?  Y  N
2. Does my insurance require a surgeon to have performed a specific number of bariatric procedures?  Y  N If so, how many? \_\_\_\_\_
3. On average, how many bariatric surgeries does this surgeon do per year? \_\_\_\_\_
4. Does the surgeon work with a second physician who will assist during the surgery?  Y  N
5. Does my insurance cover a second physician or physician assistant?  Y  N

## **My Surgeon**

The surgeon I've selected:

Office address:

Office phone:

Contact person at the office:

Phone number, if different from office phone:

Attach business card(s) here:

Place Business Card Here

Place Business Card Here

## **Meeting My Surgeon**

Once you have selected a surgeon and they have accepted you as a patient, an initial consult will be scheduled with them. At this appointment, you will discuss your past medical history and the medications you take. You and the surgeon will decide which bariatric surgery is the right choice for you. The surgeon will also provide a list of tests and consults that will need to be completed before surgery.

Make sure to review the remainder of this section to become familiar with the information you may be asked to provide. Go over all of it with the surgeon or the staff member responsible for scheduling these other tests and consults for you.

## Medication List

Make a list of all your medications. Include ALL prescription medications, supplements and vitamins, and any over-the-counter medications you use, even occasionally.

Show the list to your surgeon. Ask which ones need to be stopped before surgery, how long before surgery, and when you can resume taking them.

# Medications After Surgery

Specific medications will be recommended to maintain your well-being after surgery. Discuss what to expect after surgery and what medications are preferred by your surgeon.

What can I take for gas? \_\_\_\_\_

What can I take for constipation? \_\_\_\_\_

– How long do I wait before taking medications for constipation? \_\_\_\_\_

What can I take for diarrhea? \_\_\_\_\_

What can I take for pain? \_\_\_\_\_

– Sugar-free Tylenol?  Y  N

– Pain medication(s) stronger than Tylenol  Y  N

Will I take a proton pump inhibitor (PPI)?  Y  N

– Over-the-counter  Y  N    Prescription  Y  N

– Brand, dose, frequency: \_\_\_\_\_  
\_\_\_\_\_

– How long do I stay on the PPI? \_\_\_\_\_

Will I have a prescription for nausea?  Y  N

Will I be allowed to fill prescriptions prior to surgery?  Y  N

If yes, my pharmacy information is:

Name and/or store number:  
\_\_\_\_\_  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Phone:  
\_\_\_\_\_  
\_\_\_\_\_

Fax:  
\_\_\_\_\_  
\_\_\_\_\_

# Laboratory Tests

Nutritional deficiencies are a risk with bariatric surgery, especially for those having the bypass or duodenal switch procedures. These surgeries reduce the body's ability to absorb vitamins. Blood tests are done to determine the baseline of various nutrients prior to surgery, and are repeated six months after surgery. Your prescribing doctor will determine how many additional times you'll need lab studies at six month intervals. Once the test results are at optimum levels, you'll be tested yearly for as long as deemed necessary by your doctor.

Your doctor will specify lab tests to be done before and after surgery. This is a list of some of those tests. Which tests are being ordered for you?

- |   |   |
|---|---|
| <input type="checkbox"/> CBC            | <input type="checkbox"/> Vitamin B12    |
| <input type="checkbox"/> Platelets      | <input type="checkbox"/> Liver function |
| <input type="checkbox"/> Electrolytes   | <input type="checkbox"/> Lipid profile  |
| <input type="checkbox"/> Albumin        | <input type="checkbox"/> Vitamin D      |
| <input type="checkbox"/> Iron           | <input type="checkbox"/> TSH (thyroid)  |
| <input type="checkbox"/> Serum Ferritin | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Serum Thiamin  | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Serum Folate   | <input type="checkbox"/> Other: _____   |

You will need yearly monitoring for the following tests:

- |   |
|---|
| <input type="checkbox"/> DEXA (bone) scan |
| <input type="checkbox"/> Other: _____     |

## Other Tests My Surgeon Wants Me to Have

Yes/No	Test Name	Date	Location
	Exercise stress test		
	Echo stress test		
	Sleep study		
	Abdominal ultrasound		
	Upper endoscopy		
	Upper GI		
	Barium swallow		
	Chest X-ray		
	EKG		
	Additional lab work		
	Other:		
	Other:		
	Other:		

### Notes

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## Medical Clearances My Surgeon May Want Me to Have

If you're not currently seeing one of these specialists, ask your surgeon to make a recommendation and/or schedule the appointment for you.

## Notes

## Follow-Up Appointments

It's very important to follow up with your surgeon as scheduled to make sure you're healing, that there are no complications and to stay on track. The first visit to your surgeon will be approximately two weeks following your surgery date.

#### **Post-op follow up:**

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### **One-month follow up:**

## Six-month follow up:

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#### **One-year follow up:**

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## My Insurance Information

Keep this information handy when calling your insurance company. If you're covered by multiple providers, it's imperative to note which provider is your primary provider. A secondary provider is billed after all claims have been satisfied by the primary provider. Enter the information for your primary provider under *Insurance #1* and your secondary provider under *Insurance #2*.

### Insurance #1 or Primary Insurance

Patient name: \_\_\_\_\_

Name of policy holder if different from patient: \_\_\_\_\_

Insurance provider: \_\_\_\_\_

Policy number: \_\_\_\_\_

Group number: \_\_\_\_\_

### Insurance #2 or Secondary Insurance

Patient name: \_\_\_\_\_

Name of policy holder if different from patient: \_\_\_\_\_

Insurance provider: \_\_\_\_\_

Policy number: \_\_\_\_\_

Group number: \_\_\_\_\_

## Know Your Insurance

It's extremely important to contact your insurance provider(s) to determine whether or not they'll cover bariatric surgery. These are some questions you should ask your insurance company.

The name and code number for my surgery type is<sup>1</sup>:

- Laparoscopic adjustable gastric banding Code 43770
- Laparoscopic gastric sleeve Code 43775
- Laparoscopic gastric bypass Code 43644

Do you cover surgical treatment for morbid obesity under this code?  Y  N

Is the specific quality designation required for my hospital of choice?<sup>2</sup>  Y  N

Is there a high-volume specific quality designation required?  Y  N

– If yes, what is the requirement? \_\_\_\_\_

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Are there any exclusions for surgical treatment of obesity?  Y  N

– If so, what are they? \_\_\_\_\_

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Are there presurgical requirements?  Y  N

– If so, what are they?

- Medically supervised diet
  - How many months? \_\_\_\_\_
  - Is supervision by a registered dietitian acceptable?  Y  N
- Psychology<sup>3</sup>  Y  N
- Fitness Evaluation

Are authorizations required for visits to specialists' offices?  Y  N

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1. If you have had a laparoscopic band and are now converting to a sleeve or bypass; or a sleeve being revised to a bypass, the insurance company may NOT pay for this second procedure.

2. In addition to national accreditations the hospital may have, some insurance providers will have their own requirements for the hospital.

3. If both your surgeon and the insurance company require a psychology clearance, ask how to coordinate having the clearance done by one specialist.

## Verification of Insurance Benefits

Ask the hospital where you're having surgery to run a verification of benefits. This will provide an estimate of your out-of-pocket expenses. Each insurance policy is different. Your specified deductible and copays will impact how much you'll need to pay out of pocket.

Deductible amount	\$ _____
After deductible is met, remaining coverage is at what percent?	_____ %
Amount met	\$ _____
Total out-of-pocket maximum	\$ _____
After coinsurance is met, coverage is at what percent?	_____ %
Amount met?	\$ _____
Copay amount due before surgery	\$ _____
Miscellaneous	\$ _____
Miscellaneous	\$ _____

*NOTE: Miscellaneous copays may be noted on your verification of benefits. Examples include anesthesia, or lab/pathology testing. Record the source and amount above.*

## Notes

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You should keep a record of each time you speak with your insurance company.

1. Date: \_\_\_\_\_

Time: \_\_\_\_\_

Subject:

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Person I spoke with:

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Reference number:

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2. Date: \_\_\_\_\_

Time: \_\_\_\_\_

Subject:

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Person I spoke with:

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Reference number:

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3. Date: \_\_\_\_\_

Time: \_\_\_\_\_

Subject:

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Person I spoke with:

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Reference number:

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### **Self-Pay Options**

If your insurance company doesn't cover bariatric surgery and you decide to pay out-of-pocket, here are some questions to ask. The hospital should have a discounted self-pay rate. You may need to initiate the request for the information and it should be provided in writing.

Hospital billing contact name:

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Phone:

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Conversation Date:

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Is the total amount due before surgery?  Y  N

Are credit cards acceptable?  Y  N

Are there limits to how much of the total amount due can be put on the credit cards?  Y  N

If so, how much? \$ \_\_\_\_\_

Are multiple payment options provided?  Y  N

If yes, did you request and receive a written copy of the option available to you?  Y  N

My self-pay rate is: \_\_\_\_\_ % \$ \_\_\_\_\_



## **Out-of-Pocket Expenses**

There are some procedures and other charges that aren't covered by insurances. Many surgeons will have a copay above what insurance covers. Ask your Program Coordinator and your surgeon's office if there are any out-of-pocket expenses.

Surgeon's office fee                    \$ \_\_\_\_\_

Program fee                            \$ \_\_\_\_\_

Nutrition consult                      \$ \_\_\_\_\_

Fitness consult                        \$ \_\_\_\_\_

Psychologist consult                \$ \_\_\_\_\_

Supervised diet visits/per visit    \$ \_\_\_\_\_

Other:                                 \$ \_\_\_\_\_

Other:                                 \$ \_\_\_\_\_

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## Section 4 | My Bariatric Team

# Bariatric Coordinator

You've enrolled in a bariatric program. If it's an accredited center, there will be a bariatric coordinator to walk you through everything you'll need to know about planning for and having your surgery. This person will be a licensed health care professional or a registered dietitian. If the program you selected isn't an accredited center, there may or may not be a coordinator at the hospital. The person may be a staff member in your surgeon's office.

Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact:  Phone  Email

## Initial Meeting

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Prior to meeting in person, you'll probably be required to attend an in-person session or complete an online information session pertaining to bariatric surgery.

Online session completed on: \_\_\_\_\_

In-person session completed on: \_\_\_\_\_

Session presented by: \_\_\_\_\_

## Other Members of My Team

### Dietitian

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact:  Phone  Email

### Fitness Pro

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact:  Phone  Email

### Psychologist

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact:  Phone  Email

### Other (title):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact:  Phone  Email



## Nutrition

Typical Values

Energy value  
**(Calories)**

Protein

Carbohydrate  
(of which Sugars)

Fat

(of which Saturates)

Fibre

Sodium

**Salt**

2

0.2

## Supervised Diet

Many insurance companies require three to six months of a supervised diet program prior to surgery. Is prior authorization required by:

- The insurance company?  Y  N
- Your specific program?  Y  N

Dietary visits need to be done in consecutive months with the dates of each visit as close to 30 days apart as possible. Weight Watchers, Jenny Craig or Optifast are acceptable alternative programs, if done with physician supervision. Some insurance companies or programs may require two to five years of documented weight history from your physician.

- Is documented proof required?  Y  N
- If yes, for how many years? \_\_\_\_\_

If your physician supervises your diet, make sure the following information is recorded at each visit:

- Name of current dietary program
- Weight
- Physical activity

Complete this section at the end of each supervised visit.

### Month One

Date: \_\_\_\_\_ With whom: \_\_\_\_\_

Sent to bariatric coordinator:  Y  N

### Month Two

Date: \_\_\_\_\_ With whom: \_\_\_\_\_

Sent to bariatric coordinator:  Y  N

### Month Three

Date: \_\_\_\_\_ With whom: \_\_\_\_\_

Sent to bariatric coordinator:  Y  N

## **Month Four**

Date: \_\_\_\_\_ With whom: \_\_\_\_\_

Sent to bariatric coordinator:  Y  N

## **Month Five**

Date: \_\_\_\_\_ With whom: \_\_\_\_\_

Sent to bariatric coordinator:  Y  N

## **Month Six**

Date: \_\_\_\_\_ With whom: \_\_\_\_\_

Sent to bariatric coordinator:  Y  N

### **Nutrition Consults and Classes**

You'll be required to see a registered dietitian prior to surgery.  
Some programs will also require additional classes.

#### **Nutrition Consult**

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Dietitian: \_\_\_\_\_

#### **Nutrition Class**

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Taught by: \_\_\_\_\_



## Nutrition Consult Notes

### Presurgery Diet

Some surgeons will require you to lose a certain amount of weight before surgery. The amount of weight you need to lose determines how long you'll need to be on the supervised diet before surgery. You may also be placed on a liver-shrinking diet of some type. Decreasing the size of your liver will make it easier for the surgeon to perform the procedure and make the procedure safer for you. If your liver is too fatty on the day of surgery, the surgery could be cancelled, or you could run the risk of needing a larger incision. Generally, you'll be prescribed a high protein, low carbohydrate diet.

How much weight do I need to lose before surgery? \_\_\_\_\_

When should I start the diet? \_\_\_\_\_

Amount of protein per day: \_\_\_\_\_

Amount of carbohydrates per day: \_\_\_\_\_

How many ounces of liquids per day? \_\_\_\_\_

Full liquid meals?  Y  N

If yes, how many? \_\_\_\_\_

What should I eat at the other meals?

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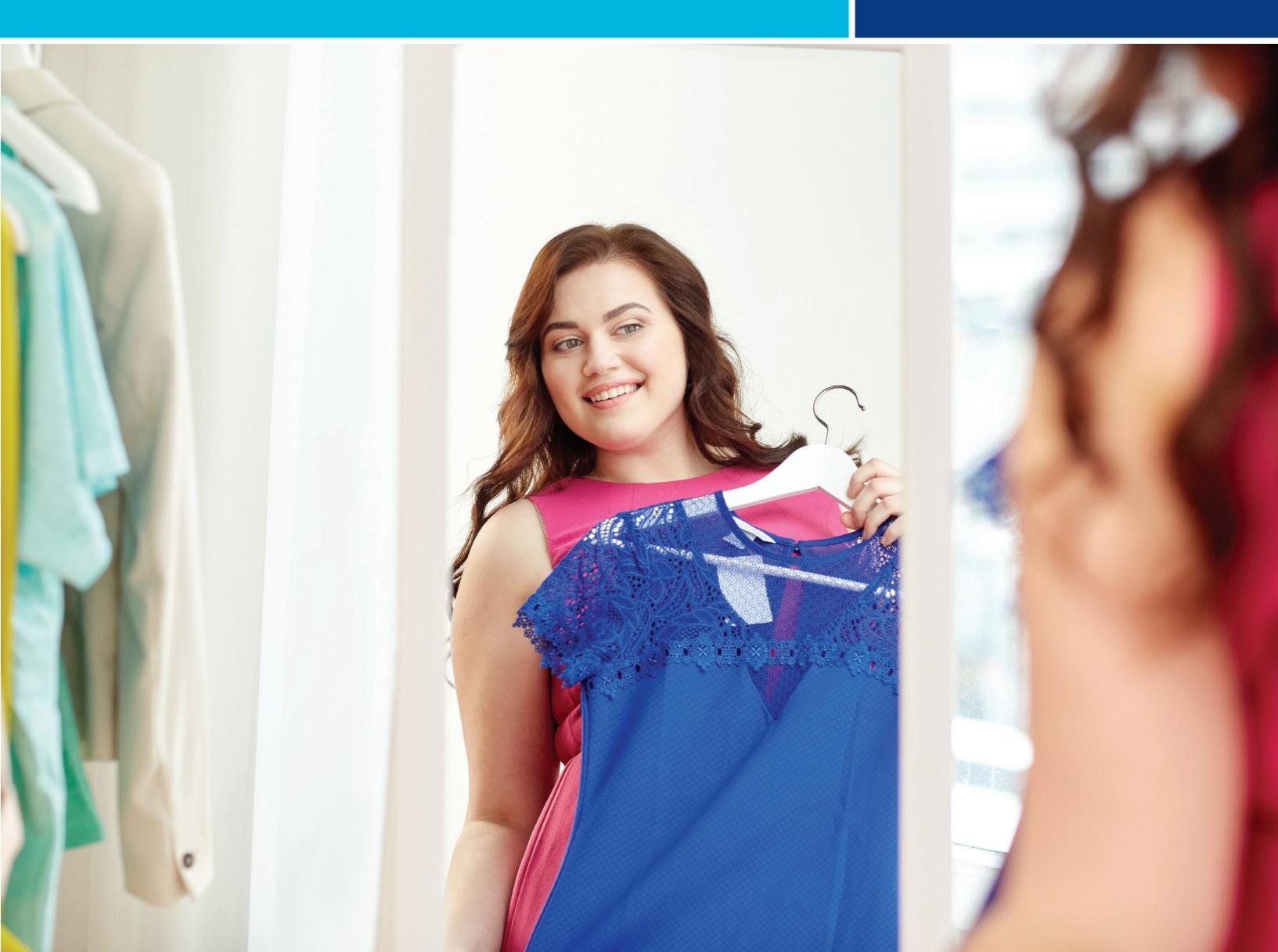
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If you have diabetes and are taking insulin or oral medications, you'll need to monitor your blood sugar more closely. Rapid weight loss will affect your sugar levels. Call your doctor if you're experiencing high or low blood sugars. It's important to keep a written log to monitor trends. Ask your doctor how often to check sugars and at what time of day.



### Weigh Ins

	Date	Weight
My weight today		
Goal weight for surgery		
Month One		
Month Two		
Month Three		
Month Four		
Month Five		
Month Six		

## Vitamins

It's important to start and stay on a vitamin regimen before and after bariatric surgery. The American Society for Metabolic and Bariatric Surgery (ASMBS) provides dose recommendations. Ask your doctor if he follows the ASMBS recommendations. If not, ask for his written guidelines. The malabsorption aspect of bariatric surgery reduces your body's ability to absorb vitamins. A small stomach does not allow the body to hold as much food from which it can draw vitamins. Choosing better quality food doesn't insure that you'll meet your nutritional requirements.

It's important you use a high-quality vitamin with a USP label. Do not self-prescribe. Understand your dosage units: mg=milligrams; µg or mcg=micrograms. If the product you wish to purchase lists dosage units differently from what your surgeon has ordered, seek assistance from the pharmacist to calculate dosage equivalents. If you still have concerns, contact your surgeon or dietitian.

Vitamins formatted specifically for bariatric surgery (sugar-free chewable, liquid or patch) are best in the beginning.

- Choose a high potency vitamin with at least 18mg iron, 400µg folic acid, and zinc and selenium
- No gummies, unless cleared by your surgeon.
- Avoid time-release products.
- Avoid children's formulas.
- Avoid enteric coating.
- DO NOT take iron at the same time you take calcium.

### Multivitamin with Iron

My dose is: \_\_\_\_\_

### Calcium with Vitamin D3

My dose is: \_\_\_\_\_ mg total per day,  
split into \_\_\_\_\_ doses of \_\_\_\_\_ mg each

- Choose calcium citrate combined with Vitamin D3
- Begin with a chewable
- 1,500 to 2,000 mg per day is recommended,  
split into approximately three even doses

## Vitamin B12

My dose is: \_\_\_\_\_ mg, taken in the form: \_\_\_\_\_

It's especially important for those having bypass surgery or the duodenal switch to take vitamin B12 as ordered. Stomach acid helps release B12 from food and bariatric surgery makes this process more difficult.

This vitamin is available in different forms: sublingual (allow it to melt under the tongue), liquid drops, mouth sprays, tablets, nasal spray or injections. Make sure your surgeon notes the preferred form for you to use and that you understand how to use that form correctly.

## Optional Vitamins

Check with your surgeon or dietitian to determine if any of these are needed and, if so, what dosage.

**B Complex**

My dose: \_\_\_\_\_

- Use chewable form
- Avoid time released

**Extra Iron**

My dose: \_\_\_\_\_

- No enteric coating
- Use ferrous sulfate, ferrous gluconate or ferrous fumarate
- Avoid excessive intake of tea due to interaction with tannin
- Recommended for menstruating women and those at risk for anemia
- Dose may need to be adjusted based on lab work

List all supplements and herbal supplements you take. Show the list to your surgeon or bariatric dietitian to make sure you can take them after surgery.

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# Fitness Consult

It's important to exercise before and after your weight loss surgery. Good exercise habits will help you prepare for surgery by improving your basal metabolic rate. This increases your body's ability to burn calories. Studies have shown that people lose more and maintain long-term weight loss with a regular workout routine. Even if you're unable to move well at this time, there are things you can do. Your fitness consultant can help you with this. Most programs have a fitness consult as part of the program. If yours doesn't, ask your physician what they recommend. ALWAYS consult with your physician before starting a fitness program.

### **Suggested cardio exercises:**

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#### **Suggested strength training exercises:**

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### Suggested flexibility exercises:

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### Other:

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## Prohibited exercises:



## Presurgery Workout

I will work out \_\_\_\_\_ times each week.

I will work out for a duration of \_\_\_\_\_ .

Who I can call on as work out buddies:

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## Walking

The Centers for Disease Control (CDC) recommends we walk at least 10,000 steps each day. While it's important to keep track of all of your activities, walking and tracking your steps is one quick method to increase overall activity, boost motivation and see your progress. You can journal or download an app on your phone. Some free apps (*iPhone and Android*) for your consideration include:

- MapMyRun
- Runtastic
- 10Kaday
- Pedometer and weight loss coach
- Google fit
- Steps Counter

## How to Increase Your Activity

- Park further from your destination entry
- Take stairs instead of elevator
- Walk in place while on the phone
- Be a little unproductive—don't carry in all your groceries at once, make multiple trips
- Walk while you wait—waiting for your kids to finish a lesson or at doctor's office
- Don't use the restroom closest to your work area, use one further away
- Stop using the remote to change channels, get up and walk to the TV
- At work, walk to another person's work area instead of calling them
- Drink more water—you'll need to walk to the restroom more often
- Join a walking club
- Wash your car by hand
- Fly a kite
- Walk around the house whenever a TV commercial airs

## **Postsurgery Fitness**

You should begin walking while in the hospital, unless otherwise instructed. As you heal, you'll be able to increase time and intensity. As allowed by your surgeon, include cardio, strength and flexibility exercises for best results.

### **Cardio**

How many times each week? \_\_\_\_\_

Suggested exercises:

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### **Strength Training**

How many times each week? \_\_\_\_\_

Suggested exercises:

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### **Flexibility**

How many times each week? \_\_\_\_\_

Suggested exercises:

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### **Postsurgery Workout Don'ts**

- No swimming until incisions are fully healed, approximately \_\_\_\_\_ weeks
- No sit-ups, pull-ups, abdominal straining excesses until cleared by surgeon, approximately \_\_\_\_\_ weeks
- No weightlifting for \_\_\_\_\_ weeks



### Exercise Journal

The following pages provide space for you to document your exercise program. The pages provide enough space to document four weeks of your plan. A fifth page is included for you to leave blank and copy as needed to extend your journal. Suggested use:

- Enter the date corresponding to the day of the week.
- Check the type of exercise you plan for that day.
- Write in the length of time you plan to exercise followed by the actual time you were able to exercise.
- Vary your exercise location, as feasible. Variety will make exercise less of a chore.
- Schedule and list your exercise buddy for specific days.

Week Number:			
Day/Date	Type of Exercise	Duration	Location and Buddy
Monday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Tuesday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Wednesday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Thursday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Friday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Saturday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Sunday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	

Week Number:			
Day/Date	Type of Exercise	Duration	Location and Buddy
Monday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Tuesday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Wednesday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Thursday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Friday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Saturday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Sunday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	

### Notes

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Week Number:			
Day/Date	Type of Exercise	Duration	Location and Buddy
Monday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Tuesday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Wednesday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Thursday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Friday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Saturday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Sunday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	

### Notes

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Week Number:			
Day/Date	Type of Exercise	Duration	Location and Buddy
Monday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Tuesday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Wednesday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Thursday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Friday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Saturday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	
Sunday/	<input type="checkbox"/> Cardio <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility	Planned:  Completed:	

### Notes

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## Psychological Evaluation

Most insurance companies and bariatric programs will require a psychiatric evaluation before weight loss surgery. Being mentally fit for surgery will maximize your success. The evaluation is **not** designed to discover underlying problems, address issues which may have contributed to your weight gain or to exclude you from surgery. It's designed to identify the kind of follow up you may need to maximize the benefits of your surgery and subsequent lifestyle changes. Some things that may be addressed during your meeting are:

- Reasons for surgery
- Your weight and diet history
- Current eating behaviors
- Your understanding of your surgery and subsequent lifestyle changes
- Identify your support system
- Expectations for weight loss are realistic
- Your psychiatric history

It is important that you are honest and upfront with your evaluator. Let them know if you have a history of:

Mental illness

Past diagnosis: \_\_\_\_\_

Presently being treated for: \_\_\_\_\_

Eating disorders

Type: \_\_\_\_\_

Treatment: \_\_\_\_\_

Alcohol use

Drug use

Suicide attempts

Dementia

My psychiatric evaluation will be on: \_\_\_\_\_

Location:

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My evaluator's name is:

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Notes:

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## My Support

Changing eating and lifestyle habits can be more difficult if those around you don't know what you're going through. While you don't have to tell everyone that you're having weight loss surgery, an active support system is important to your success. You decide who to include on your journey.

I choose to tell and ask for support from:

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Who will I call when I want to eat something I know I shouldn't have, and need a little extra support?

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Who will I call when I need to talk about my changing body and have body image issues?

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Who will I call to celebrate weight loss milestones with me?

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Who will I call to serve as exercise buddies?

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### **Formal Support Group**

Studies have shown that people are more successful when attending a support group. People who attend meetings regularly are likely to lose more weight and keep it off. Meetings are a great source of information and additional resources.

Name of support group:

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Meeting location:

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Meeting time:

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While at a support group, try and find at least three people who have already had surgery and wouldn't mind you emailing, texting or calling for support with your journey.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact:  Phone  Email

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact:  Phone  Email

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact:  Phone  Email

## Time Off from Work

Having surgery means planning for time away from work and for any restrictions that may need to be in place upon your return. You're not to lift more than 10 pounds for several weeks after surgery. If your job requires that you lift more than that, you'll need to request light duty. Seek assistance from your surgeon and your Human Resources professional.

## Ask Your Surgeon

Approximately how long will I be out of work?

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I will need to be on light duty when I return to work. For how long?

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## Human Resource Professional

In addition to light duty considerations, some employers require you to file for FMLA (Family Medical Leave Act) when having surgery or being out of work for longer than three workdays. If you're not sure about your company policy, schedule an appointment with your human resources professional.

My appointment is with: \_\_\_\_\_

Appointment date: \_\_\_\_\_

Do I need to file FMLA?  Y  N

How long prior to my leave date do I need to file? \_\_\_\_\_

How long does the approval process take? \_\_\_\_\_

How and when will my manager be notified? \_\_\_\_\_

Dates of approved leave from: \_\_\_\_\_ to: \_\_\_\_\_

Defined restrictions upon return:

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# What To Do and When

You've elected to embark upon a major life changing journey. However, processing all the information you'll need for the journey is probably leaving you feeling a bit overwhelmed. At this point, a simple checklist pulling it all together ought to put you back on track. Some of the items on the checklist appear with a asterik symbol, like this \*. Detailed information about the items can be found on the pages following the checklist in the form of frequently asked questions (FAQs).

## Six Weeks Prior to Surgery

- Stop smoking\*
- Eliminate caffeine\*

## Two to Four Weeks Prior to Surgery

- Primary physician clearance\*
- Begin presurgical diet
- Contact the bariatric coordinator or designated staff person in your doctor's office to verify insurance approval and receipt of all required paperwork.
- Contact the hospital billing department to make copays or verify payment arrangements.
- Prepare child care, including transportation, if needed.
- Stop taking aspirin, NSAIDS\*, and certain vitamins (*fish oil*) that will increase bleeding. Ask your surgeon to order a specific stop date.
- Ask your PCP or OB-GYN whether you should stop taking birth control pills or hormone therapies.
- Begin taking the prescribed multivitamins.
- Complete the pre-admission process\* on the date and time schedule designated by the hospital where you elect to have surgery.

### One Week Prior to Surgery

- Fill prescriptions for medications needed after surgery.
- Review your diet plan.
- Purchase several flavors of whey protein isolate, sugar-free drinks, chewable vitamins, as needed.
- Clean out cabinets and remove items that would be difficult to have around.
- Purchase items to help with portion control including measuring cups, food scale, smaller plates.
- Ask doctor or pharmacist which of your meds can be broken or crushed. If they can't be broken, or if they are time release, ask for a brand that's a smaller size, or comes as a liquid.
- Purchase liquid sugar-free Tylenol.
- Ready your home\*.

### One Day Before Surgery

- Pack for hospital\*
- Verify ride to hospital
- Do bowel prep (*follow instructions precisely to avoid potential cancellation of your surgery*).
- Follow instructions regarding eating and drinking.
- Report any changes to your physician such as sore throat, cold, fever, dental problems.
- Remove all piercings and other jewelry.
- Remove nail polish.
- Be aware of possible changes in surgery time.  
Surgery schedules are finalized at the end of day.  
If there is a change, expect the call after 5pm.

### Morning of Surgery

- Take medications as instructed with only sips of water.
- Shower (*do NOT use lotions or powders*).
- Allow plenty of time getting to hospital.
- Remove piercings or jewelry, if not previously done.
- Put your CPAP or BiPAP and other packed items into the car.
- Take a deep breath and say, "I am worth this!"

## FAQs

Sometimes a check list will generate additional questions—why do I need to do this or why can't I pack that for a hospital stay? You can always contact your bariatric coordinator with questions not answered here.

### Why do I need to stop smoking?

Your blood absorbs carbon monoxide and nicotine, decreasing the amount of oxygen available for your body to use. This lack of oxygen generates a number of possible complications to your surgery.

Complications may include:

- Increases in blood pressure and heart rate
- Adverse response to anesthesia
- Decreased lung function
- Decreased circulation to the skin which delays/impedes healing
- Increased potential for infection
- Increased chances of blood clots
- Increased chances of pulmonary embolism (*blood clot going to lungs*)

The anesthesiologist must know if you smoke, or if you've stopped smoking, when you stopped, or if you're using a nicotine patch or gum.

### Why do I need to eliminate caffeine?

Whether or not you have attempted to wean yourself from caffeine in the past, know the withdrawal symptoms can be extremely uncomfortable. After surgery is NOT the time to put yourself through that experience. It's also important to realize your stomach is healing and will absorb things differently after surgery. Caffeine may:

- Decrease calcium absorption
- Decrease iron absorption
- Cause dehydration (it's a diuretic) during a time when greater fluid amounts are required to maintain fluid balance
- Cause reflux
- Cause GI upset, nausea and vomiting
- Cause diarrhea
- Increase gastric acid secretions
- Cause ulcers

## NSAIDS

Advil	Indomethagan
Aleve	Iodine
Amigesic	Ketoprofen
Anacin	Meclomen
Anaprox	Mctainn
Ansaid	Midol
Arthrotec	Mobic
Ascriptin	Naprelan
Asprin	Naprosyn
Azolid	Nalfon
Bextra	Naprosyn
Bufferin	Naprapac
Butazolidin	Nuprin
Cambia	Orudis
Cataflam	Oruvail
Clinoril	Pampran
Comburnox	Percodan
Motrin	Ponstel
Darvon	Relafen
Daypro	Rexolate
Disalcid	Tab-profen
Dolobid	Tandearil
Dquagesic	Tolectin
EC	Toradol
Ecotrin	Uracil
Excedrin	Vicoprofen
Feldene	Voltaren
Ibuprofen	Zipsor
Indocin	Zorvolex
Indo-lemmont	

## What is primary physician clearance and why do I need it?

Your surgeon has designated several clearances for you to have prior to surgery. A clearance by your primary care physician will let both the surgeon and the anesthesiologist know you have no other medical conditions that could impact your surgery, or will alert them to conditions that need special monitoring during and after surgery. This is usually done within 30 days of the scheduled surgery date. Your primary care physician will determine what additional studies are needed to provide this clearance. If you have a copy of the clearance, bring it with you to the pre-admission appointment.

Primary care physician clearance from:

---

On (date): \_\_\_\_\_

Cleared:  Y  N

Clearance sent to hospital on (date): \_\_\_\_\_

## What's the big deal about starting and stopping medications?

All medications, supplements and vitamins (*referred to collectively as “medications” or “medicine”*) impact your body in some way, whether you feel or see that impact. The impact will be altered when your body is subjected to the variances of surgery: anesthesia, the trauma of surgery itself, the changes being made to your digestive system, etc. The alterations in your medication schedule and the addition of new medicines are designed to reduce negative impact and improve your body’s absorption and use of the medications after the surgery. Follow your surgeon’s guidelines exactly!

NSAIDS can thin your blood and therefore increase the amount of bleeding associated with your surgery. Because they’re widely used and are provided under multiple brand names or chemical names, a list to the left is provided for your convenience.

## **What is the pre-admission process?**

You'll be called to either complete a telephone interview or to come to the hospital at some point before surgery (the timing varies with hospital policy). This process is one more step to insure you appear correctly in the hospital's data system and that all of the required pre-authorizations are complete. You'll need to provide:

- Photo ID
- Insurance card(s)
- Your medication list
- A list of past surgeries
- A copy of your living will, if you have one
- Name of the physician providing your medical clearance for the surgery
- A copy of the clearance

**At the appointment or on the phone, you'll be told:**

Time of your surgery: \_\_\_\_\_

What time to check in: \_\_\_\_\_

Where to report: \_\_\_\_\_

Special needs not previously covered: \_\_\_\_\_  
\_\_\_\_\_

Shower with special soap?  Y  N

What kind? \_\_\_\_\_

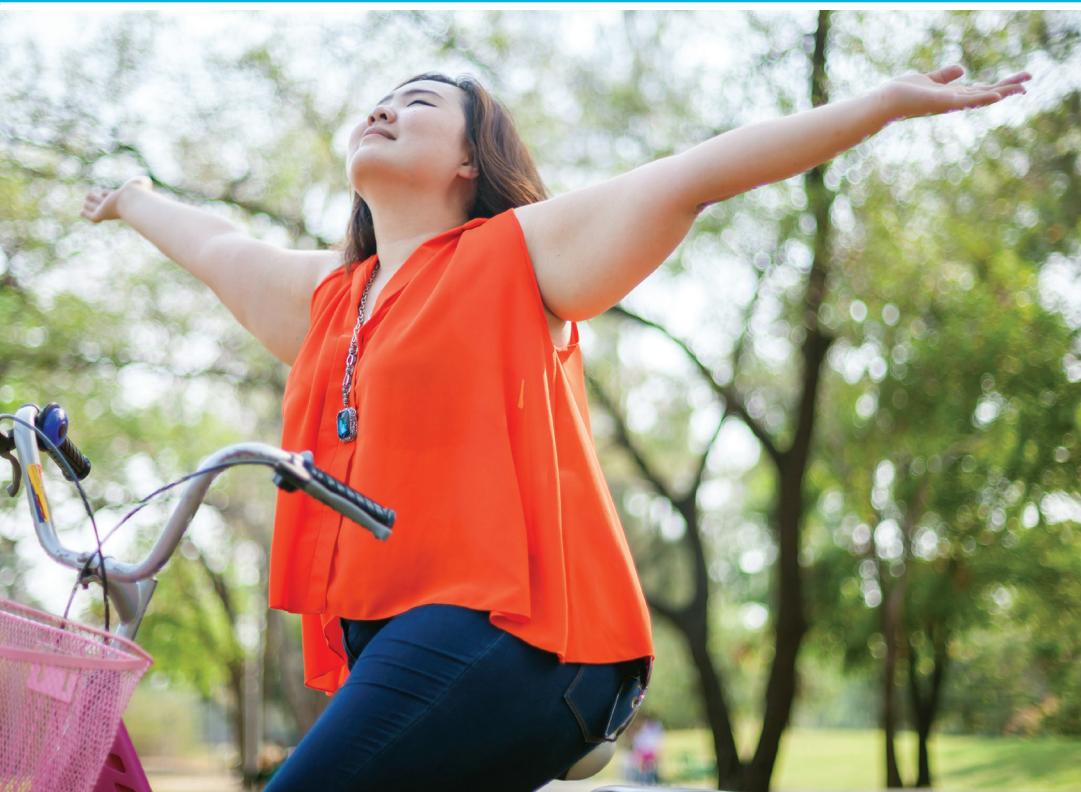
Bowel prep?  Y  N

What kind? \_\_\_\_\_



### What can I do before surgery to make coming home from the hospital easier?

- Be prepared. Clean your house, pay bills that are due, reschedule other appointments, arrange transportation as needed for postsurgical appointments or for you kids to attend their activities, grocery shopping for other members of the family, preparing their meals ahead of time, etc.
- Deal with postsurgical nausea before surgery
  - Wash bed linens and towels with fragrance-free detergent and dryer sheets
  - Put away candles, diffusers and oils
  - Ask family and visitors not to wear perfumes or aftershaves for a couple of days
  - Make sure trash is emptied before you get home
  - Use fragrance-free soaps
  - Ask family not to cook strong, odorous foods like garlic or fish that can linger while you're in the hospital
- Clean out your refrigerator before your surgery and have a shelf or drawer that's all yours, i.e. the contents are off limits to other family members
- Make soups ahead and freeze



### **What do I need to pack for my hospital stay?**

- Nonskid, closed heel-to-toe slippers or sneakers for walking
- Bathrobe
- Toothbrush, toothpaste, denture supplies such as denture cup
- Comb or brush
- Shaving supplies
- Eyeglass case
- Cell phone and charger
- CPAP or BiPAP with cords and extra supplies
- Loose clothes to wear home
- No-wire bra
- Other special items such as pillow, blanket

### **What should I NOT bring to the hospital with me?**

- No jewelry or valuables
- No more than \$5 cash
- None of your usual medications except eye or ear drops and those only when approved by your surgeon. Let the staff know you have them.
- No gowns or pajamas. A hospital gown will be provided for ease of checking the surgical site and to avoid ruining your personal items with drainage from the wound.
- “Technology” such as computers or iPad

# Resources

In addition to the information provided in this workbook, consider the following suggested resources. Add any others you discover and share them as appropriate.

## Unjury

*In addition to purchase options for medical-quality protein, you'll find recipes, blog entries and access to their newsletter.*

[Unjury.com](http://Unjury.com)

## Bariatric Advantage

*This online shop specializes in nutritional supplements, especially vitamins and minerals in chewable or liquid formats.*

[www1.BariatricAdvantage.com/Catalog](http://www1.BariatricAdvantage.com/Catalog)

## Bariatric Eating

*Protein, vitamin and mineral source as well as recipes*

[BariatricEating.com](http://BariatricEating.com)

## Overeaters Anonymous

*Adapted from Alcoholics Anonymous, this 12-step program provides solutions to food problems such as compulsive overeating, undereating, food addiction, anorexia, bulimia, binge eating or over-exercising.*

[OA.org](http://OA.org)

## Six-Week Beginner Walking Plan

[http://www.heart.org/idc/groups/heart-public/@wcm/@fc/documents/downloadable/ucm\\_449261.pdf](http://www.heart.org/idc/groups/heart-public/@wcm/@fc/documents/downloadable/ucm_449261.pdf)

## Calculate Your Body Mass Index:

- Using pounds and inches: [https://www.nhlbi.nih.gov/health-educational/lose\\_wt/BMI/bmicalc.htm](https://www.nhlbi.nih.gov/health-educational/lose_wt/BMI/bmicalc.htm)
- Using height and weight: [https://www.nhlbi.nih.gov/health/educational/lose\\_wt/BMI/bmi\\_tbl.htm](https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi_tbl.htm)

## Bari Buddies

*Public group on Facebook dedicated to supporting fellow members through education and sharing, suggesting recipes and other resources*

<https://www.facebook.com/groups/1376288299328188/>

## My Fitness Pal

*Keep track of the special diet prescribed prior to surgery and your exercise routine. This journal concept allows you to see what you're doing, not guessing at what you think you've done.*

[MyFitnessPal.com](http://MyFitnessPal.com)





[BayCare.org/WeightLoss](http://BayCare.org/WeightLoss)



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