

All you need to know about diet and your gastric band

This leaflet contains all the information you need to maximise your success with a gastric band. It includes information on:

- The liver shrinkage diet for patients having a gastric band
- Food reintroduction after your gastric band
- Guidelines for success with a gastric band
- Pre-op and post-op support group information

If you have any questions, please contact your dietitian:

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Liver shrinkage diet for patients having a gastric band

To enable your liver to shrink so that your gastric band can be placed, the following diet should be started two weeks prior to your operation date.

Every day choose one of the following options:

Option 1:

- 4 cans of low calorie soup such as Weight Watchers or supermarket own brand.
- 4 low fat yogurts (200g) such as Muller light or Sainsbury's Be Good To Yourself.
- 1 pint of semi-skimmed milk.

Option 2:

- 4 servings of meal replacement drinks such as Slimfast or supermarket own brand (made up with skimmed milk if in powder form).

Option 3:

- 4 pints of semi skimmed milk

Plus for all of the above:

- 1 multivitamin tablet as Forceval or Sanatogen Gold

The following items are allowed freely:

- Tea/coffee without sugar and remember that the milk comes out of your allowance.
- Sugar free squash and low calorie fizzy drinks
- Water

PLEASE NOTE: If you are taking medication for diabetes you may need to adjust your quantities. Please check with your nurse, GP or consultant.

If you have any questions, please contact your dietitian.

Food reintroduction after your gastric band

Following your surgery you will need to go through several phases, slowly progressing from liquids through to solid food. It is important to take your time progressing through each phase as it is during this time that your new pouch is forming and settling into position. If you progress too quickly you may unduly stretch the pouch and the band may slip.

Phase 1 – immediately post-surgery for 1-2 days

Clear fluids only - e.g. water, dilute squash, tea (including herbal, fruit, green), clear broth, apple juice, jelly, ice lollies, ice cubes.

You should aim for 1oz (30mls) of fluid every hour on day one and progress to 2oz (60mls) every hour on day two, if tolerated.

- Drink very slowly by taking small sips. Try not to gulp.
- Avoid carbonated drinks and drinking through a straw as these can introduce air to your pouch, making you feel uncomfortable.
- Avoid having only drinks containing caffeine as these act as a diuretic and can contribute to dehydration.

Phase 2 – first 2 weeks

- **Liquid diet** - after phase 1 you will go on to a full liquid diet. These liquids must be smooth and able to be sucked through a straw, although it is not recommended that you actually take these through a straw. It is important that you get as much nutrition as possible with each meal and should be aiming for around 60g protein per day. It is also important to get a variety of liquids at this stage rather than sticking to just one type.

The types of suitable liquid foods are:

- Milk (skimmed or semi skimmed)
- Fortified milk (2 tbsp skimmed milk powder added to 1 pint milk)
- Tomato juice
- Fruit juice
- Tea
- Smooth broths
- Creamed soups
- Yoghurt and yoghurt drinks (add milk if too thick)
- Meal replacement drinks, e.g. Slimfast / Complan / Build Up.

Sample menu plan for liquid diet:

Breakfast	Meal replacement drink or glass of fortified milk
Mid morning	1 glass fruit juice or tomato juice or milk
Lunch	Meal replacement drink or glass of fortified milk or creamy soup
Mid afternoon	1 glass fruit juice or tomato juice or milk
Evening	Meal replacement drink or glass of fortified milk or creamy soup
Supper	1 glass fruit juice or tomato juice or milk

Phase 3 – weeks 3 and 4

Puree diet - at this stage you can start to introduce pureed or blended foods into your diet. This should be smooth and the consistency of baby food.

The following types of food can be included:

- Thick creamy soups, rice pudding, custard
- Softly cooked and blended vegetables, mashed potato
- Cereals such as Ready Brek, Weetabix, ground rice
- Blended fruits
- Blended meats with gravy
- Blended casseroles and soups

Sample menu plan for puree diet:

Breakfast	Weetabix or Ready Brek with milk <u>or</u> yoghurt and fruit juice
Mid morning	Low calorie yoghurt <u>or</u> smooth rice pudding
Lunch	Blended creamy soup or blended macaroni cheese or cauliflower cheese
Mid afternoon	Mashed banana or pureed stewed fruit
Evening	Blended chicken casserole, <u>or</u> fish in white sauce, with mashed potato and, blended carrots

Remember to chew food thoroughly and to eat very slowly. When you are no longer hungry, **remember to STOP EATING!**

Phase 4 – weeks 5 and 6

Soft diet - at this stage you no longer need to blend your food but can progress to a soft consistency diet. These are foods that can be mashed easily or cut with a fork.

Sample menu plan for soft diet:

Breakfast	Weetabix or Ready Brek with milk <u>or</u> toast and low fat spread
Mid morning	Low calorie yoghurt or rice pudding
Lunch	Scrambled egg <u>or</u> macaroni cheese <u>or</u> cauliflower cheese
Mid afternoon	Banana <u>or</u> tinned soft peach or pear without skins
Evening	Shepherds pie, <u>or</u> fish pie, with soft vegetables

Phase 5 – weeks 6 onwards

Normal diet - you are now ready to continue on your long term eating plan. At six to eight weeks your first band adjustment is usually done and you will start to feel the restriction your band is making around the top of your stomach. Remember, you are not just eating small amounts to reduce your calorie intake and lose weight, but you are also aiming for a healthy nutritious eating plan. It is critical that the food you eat is of good quality and has a high nutritional value.

A healthy diet

There are five main food groups and a healthy diet comprises a mix of them:

- **Protein foods** – such as meat, fish, eggs, beans – include 2-3 60-90g (2-3oz) portions per day. You must be particularly careful to chew meat, chicken and fish thoroughly before you swallow – the recommended bite size is the size of a pencil-tip eraser. Eat the protein part of your meal first.
- **Milk and dairy** – choose low-fat cheese and limit amount to 30-60g (1-2 oz). Choose skimmed milk and low fat yogurt varieties.
- **Fruit and vegetables** – try to have 4-5 portions per day. A small glassful of unsweetened fruit or vegetable juice counts as one portion. Vegetables are good and filling as well as nutritious and non-leafy salads tend to be digested easily by most people with bands.
- **Carbohydrates** – bread, potatoes and cereals. For most people with properly restricted bands, this group is somewhat harder to digest so you develop an in-built mechanism to reducing your carbohydrate intake! Replace soft bread in your diet with granary or wholemeal, or crisp breads which are more easily digestible. One small portion of 60-90g (2-3oz) at each meal will be fine.
- **Fatty and sugary foods** – use a small amount of olive oil for cooking and replace puddings with a low fat yoghurt or stewed fruit. As mentioned before, beware of the soft calorie-laden foods such as chocolate, sweets or ice cream.

Fluids

- All liquids should be consumed between meals, never with a meal. This can be a hard habit to break but is important to your success. Drinking with meals can lead to “pushing” the solid food through your band more quickly, which leads to faster emptying of your pouch. The sooner your pouch is empty the hungrier you will feel and you will be tempted to eat between meals which we are trying to avoid.
- Choose non-carbonated fluids. Avoid diet and/or regular fizzy drinks. These make you feel uncomfortable and the gas produced by these can stretch the pouch or its outlet. Stretching means that you will be able to fit larger food portions in your pouch before you feel full. Remember, more food equals more calories.
- Your best choices for fluids are water (try squeezing some lemon into water), artificially sweetened, non-carbonated flavoured waters, coffee or tea, herbal teas, clear soups, and diluted 100 percent unsweetened fruit juices.
- Read labels carefully to be sure your healthy sounding drinks do not contain lots of calories.
- Do not forget that alcoholic drinks can be high in calories, so moderate your intake.
- Aim for 10 glasses of fluid a day.

Meal ideas for normal diet:

Breakfast

Coffee **or** tea **or** 200ml skimmed milk **or** 200ml vegetable or fruit juice

1 slice brown bread **or** roll (toasted) **or** 50g breakfast cereal

10g butter/margarine **or** 20g low fat spread

1 portion jam, honey or low fat cheese spread **or** 50g lean meat **or** 1 egg

Lunch

50g poached fish **or** 50g meat **or** 50-75g chicken/ Quorn/ tofu-based product

1 tablespoon risotto or rice **or** 1 tablespoon mashed potato **or** 1 small boiled potato

1 peeled grilled tomato **or** 2 tsp broccoli **or** carrots **or** a small mixed salad

Evening meal

100g boiled spaghetti with Bolognese sauce, 1 teaspoon Parmesan cheese and 1 peeled grilled tomato

Or 3 small slices of low-fat cheese, 1 slice brown bread and a small, non leafy, mixed salad (tomato, cucumber)

Or 1 tablespoon tuna or egg salad with diced pickled vegetables, 1 slice brown bread

Or 50g baked potato with cheese and ham with 1 tablespoon of tomato salad

Guidelines for success with a gastric band

After your surgery it is important to follow some basic guidelines regarding eating and drinking in order to maximize your chances of success.

Remember it is the action of the food passing through the banded area that makes the gastric band work. The action of solid food passing through the band stimulates the nerves in that part of the stomach. These nerves send a message to your brain to tell you that you are getting full. You do not get the same action or effect with liquid and sloppy foods.

12 steps to success:

1. **Limit portion sizes** for meals to 6 – 8 ounces (170 – 230grams) in total or about half of a normal portion. Using measuring tools such as food scales to check your portion sizes can help initially. Eat the protein part of your meal first followed by the carbohydrate and the vegetables. Do not eat more for fear of getting hungry later. Remember that it will take time to get used to what your smaller portion looks like. Eat slowly and if you do get hungry later on have a ready-prepared snack such as a piece of fruit or a low-calorie yoghurt.
2. **Stop eating as soon as you are no longer hungry.** You have to learn to work with your band and listen to your body's feeling of satisfaction and fullness, otherwise there is a great risk of you stretching the pouch.
3. **Eat slowly**, taking 20-30 minutes to complete your meal. Most obese people are used to rushing their meals and, as there is a time delay from stretching the wall of your stomach and it telling your brain you are full, you need to be careful with this one or risk blockage, pain or vomiting. Try placing your knife and fork down between mouthfuls and allow 1 minute between each swallow.
4. **Chew foods thoroughly**, aiming for 15-20 chews per mouthful. Swallow the food once you have achieved a smooth puree consistency in the mouth. Take tiny bites (cut meat up to the size of a pencil-top rubber) and chew each piece 10–25 times. At some point you will start to feel a tightness in your chest. Stop eating and if you are hungry again a few minutes later have a little more.
5. **Eat three meals per day** –You should be satisfied eating three meals a day without getting hungry in between meals. Beware of developing 'grazing' eating patterns of small snacks throughout the day.
6. **Eat healthy, solid food** – soft food slips down easily and whilst this has the benefit of being less likely to get stuck, you will probably end up eating more over the course of the day. Many soft foods are also higher in fat or carbohydrates and as a consequence you may be taking more calories than you should and your weight loss will slow down or stop. Choose solid foods without lots of sauce (e.g. small meal of chicken and vegetables) and you will eat less overall and stay full for longer.

7. **Do not drink while eating** as you could feel full too soon before you have eaten the right amount of food. So avoid fluids for half an hour before your meals and for one hour afterwards.
8. **Do not eat or graze between meals** as this will slow down the weight loss. You should not need to eat between meals because of hunger if you are eating three sensible meals per day.
9. **Only eat good quality nutritious food** (see below).
10. **Avoid fibrous/problem foods** which can get stuck (see below).
11. **All drinks should be zero calories** – As liquids pass through your stoma so easily calorie laden drinks, including alcohol, will simply add calories to your daily intake. Women need calcium and this can be obtained from skimmed milk. You should avoid juice, squashes, milkshakes and fizzy drinks (the gas can also cause considerable pain), Drink adequate fluid between meals as mentioned before
12. **Take a crushable, chewable or liquid multivitamin and mineral supplement** daily. Recommended brands include Sanatogen A to Z, Boots multivitamin and mineral supplement, Centrum and Multibionta.

Problem foods

Some foods are not tolerated very well after band placement, or may block the stoma and cause you to vomit. This again is very individual and some foods cause a problem for one band patient but not the next.

Vegetables and fruits that contain stringy fibres are particularly prone to be problematic.

These may include:

- Asparagus – cut up very small or blend into soup.
- Pineapple – juice is ok, fruit may be difficult to digest.
- Rhubarb – cut up very small or puree.
- Broccoli – the stalks may be problematic.
- Dried fruits – will swell inside you and should be avoided.
- Oranges – juice ok, flesh may be problematic.
- Fruit skins and vegetable peel.
- Leafy salads.
- Meat – needs to be chopped very small and chewed thoroughly.

Some foods can get stuck if swallowed in one piece including:

- Nuts (such as peanuts, almonds, walnuts) and popcorn.
- Mushrooms.
- Broad beans.

- Cherries.
- Noodles.

Foods such as coconut, crisps and soft white bread are sticky and difficult to digest.

For best weight loss *limit* (or avoid) the following foods:

- High calorie drinks (full fat milk, milkshakes, alcohol, standard squash, juice).
- Ice cream.
- Chocolate.
- Sweets and toffees.
- Crisps.
- Cakes, biscuits and desserts.
- Cereals with added sugar.
- Fats and fatty foods – butter, oils, snack foods (crisps, peanuts), chips.
- Creamy soups.

What to do if food gets stuck

If you have not followed your eating plan rules you may get a piece of food stuck in your stoma, which can be quite uncomfortable. The first advice is not to panic about it, as most times it will eventually dislodge again on its own accord. To help move the food item on, try taking tiny sips of a hot drink over a period of an hour. Some people recommend that this is the one occasion that coke is good to drink as the bubbles encourage your stomach to distend and dislodge the blockage. If 24hrs has gone by and you still have something stuck and nothing else is going down (or it is coming straight back up) you need to attend your hospital for a temporary emptying of your band to ease the problem.

Pre-op and post-op support for gastric banding

All sessions are 'drop-in' so you can just turn up. There is no need to book.

Please remember that attendance at these groups is compulsory. Failure to attend may result in a delay/postponement of surgery or band adjustments.

Pre-op support

Pre-op support sessions are held in small groups with the dietitian, psychologist and nurse. The aim is to explain the pre and post op diet and to help prepare you for surgery and living with a band. It also helps support you with weight loss prior to surgery.

- Sessions are held in the Parentcraft Room – Maternity Unit Level 2 - Royal Berkshire Hospital
- First and third Thursday afternoon of every month @ 3.30pm – 5pm – IT IS IMPORTANT THAT YOU ATTEND AT LEAST 3 SESSIONS PRIOR TO SURGERY.

Each session will have a different focus:

1. Medical Focus
2. Diet Focus
3. Psychology Focus

You need to attend one of each of the above topics but it doesn't matter which order you attend them in.

Dates 2011/12

	Aug 2011	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	June 2012
Medical focus	18th		6th	17th		5th	16th		5th	17th	
Diet focus	4th	15th		3rd	15th		2nd	15th		3rd	21st
Psychology focus		1st	20th		1st	19th		1st	19th		7th

Post-op support

Post-op support sessions are held in small groups with the dietitian, psychologist and specialist nurse. This forms an important part of your follow up care and it is recommended that you attend as many as possible, and COMPULSORY THAT YOU ATTEND AT LEAST 4 SESSIONS IN YOUR FIRST YEAR FOLLOWING SURGERY. They alternate between a Tuesday morning at Erleigh Road and a Thursday evening at Melrose House

- 25 Erleigh Road, Reading, third Tuesday morning of every other month, 9.30-11.00am
- Melrose House, third Thursday evening of every other month, 6.00pm-7.30pm

Dates 2011/12

	July 2011	Aug 2011	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012
Erleigh Road Tues 9.30- 11am	19th	-	20th	-	15th	-	17th		20th		15th
Melrose House Thurs 6.00 - 7.30pm	-	18th	-	20th	-	15th		16th		19th	

Useful websites

www.bospa.org

British Obesity Surgery Patients Association

www.wlsinfo.org.uk

Weight Loss Surgery Information

Useful books

The Lap-Band Solution – A partnership for weight loss by Paul O'Brien MD

ISBN 978-0-5228-5412-1

For more information about the Trust, visit our website www.royalberkshire.nhs.uk

Department of Nutrition & Dietetics

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