



Dietary considerations before your bariatric (weight loss) surgery (pre-op information)

This leaflet is for patients undergoing bariatric (weight loss) surgery and provides advice on changes in diet and eating behaviours prior to surgery. Please see the separate leaflet for post-op advice.

Bariatric surgery and diet

Bariatric surgery does not guarantee weight loss. Bariatric operations are tools that you should work with to maximise and maintain your weight loss. This means you will still need to make changes to your diet and lifestyle.

Weight loss before surgery

Although you do not need to lose weight to qualify for bariatric surgery, any weight you manage to lose will be beneficial for your surgery and recovery. You should try to avoid gaining significant weight.

Use the following QR code (or web link) for an NHS website with short videos on weight loss advice. There are five videos in total, it is essential to watch videos 1 to 4 to improve your knowledge around healthy eating patterns. **Please watch these before attending your appointment with the surgeon**. Video 5 explains a healthy diet. If you watch this video, you should not follow the 'Eatwell Plate' advice. Focus instead on meals that are 50% vegetables, 25% protein and 25% carbohydrates to promote weight loss before your surgery.



https://patientwebinars.co.uk/condition/weight-management/webinars

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Dietary behaviours to practice before surgery

Introducing healthy eating behaviours before your bariatric surgery will make it easier to maintain these after your operation. This will also help you to lose the most amount of weight and could reduce your complications after surgery.

Here are the main changes you can make before surgery:

• Regular meals:

A **regular eating pattern** is important if you want to lose weight and maintain your weight loss. Missing meals often leads to over eating and snacking later in the day. After surgery it is important to have a regular meal pattern to make sure you get the nutrients your body needs. Without a regular meal pattern it will also be more challenging to eat a sufficient amount of protein after surgery.

· Hunger levels:

Regular meals are also important in preventing you from becoming too hungry and eating large portions. After surgery this is particularly important as eating too much can make you feel uncomfortable. Try not to go from 'starving to stuffed'; and 'eat only until satisfied not until full', aiming for 'no longer hungry'.

Eating slowly will help you to manage smaller portions and avoid feeling uncomfortable. After surgery it is important to make sure that you cut your food up very small and chew well. Practice cutting your food up into the size of a 20p piece and chewing it 20 times. After 20 minutes check your appetite to see if you are still hungry, you may need to leave food that is still on your plate which can be challenging for many.

Portion control:

After surgery it will be really important **not to over eat**. Over eating will result in feeling uncomfortable and often people experience regurgitation of food when they have eaten too much. After surgery you will only be able to eat a very small quantity of food, and usually people will chose to eat their meals off a small plate to help with this.

Snacking:

After surgery **snacking can limit your weight loss**, it is important before surgery to change any snacking habits you may have and to address any emotional eating. Gradually reduce your frequency of snacking and highlight to our Psychology team if you feel you need advice to manage any emotional eating. Aim to only snack when you are experiencing genuine hunger between your meals.

• Fluids:

After surgery you will be unable to drink large quantities of fluid at one time. To ensure you are getting adequate fluid intakes you will need to *sip fluids regularly* throughout the day. This can be a difficult habit to learn and it is recommended that you begin to practice this long before your surgery.

After surgery we recommend that you do not drink at least 30 minutes before and 30 minutes after your meal. Drinking fluids before your meal will fill up your pouch / sleeve and mean that there is less room for nutritious foods. Drinking too soon after a meal will 'flush' the food through your pouch / sleeve which may cause discomfort or mean you are hungry sooner.

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Top six things to practice / implement

- 1. Regular eating pattern of 3 meals a day
- 2. The 20 / 20 / 20 approach (explained above)
- 3. Avoid overeating to fullness

- 4. Reduce snacking habits
- 5. Sip fluids throughout the day
- 6. Remove drinks from meal time

Smoking or vaping

Alongside the dietary changes you make, **you must be a non-smoker before surgery**. This means you should not smoke any tobacco and you should be nicotine-free for a minimum of 6 months before your surgery. For health reasons, your operation will be cancelled if you are smoking, vaping or using nicotine products prior to your surgery and this can be tested for.

Liver reduction diet

Just before your bariatric surgery, you will need to go on a liver reduction diet. The aim of this diet is to shrink your liver size so that the surgeons can get easy access to your stomach. This diet will either be two or four weeks long; you will be told the duration of your diet by the surgeon or bariatric nurse.

Important: If you take medications for diabetes, these will need to be adjusted while you are on the liver reduction diet. Please check with your nurse, GP or consultant. This should also be discussed with you at your appointment with the surgeon.

It is important that you strictly follow this diet without any additional foods or drinks. At the Royal Berkshire Hospital we recommend a liquid only diet.

Each day you should have one of the following options:

OPTION 1 – soup, yogurt, milk	OPTION 2 – meal replacement drinks
4 cans Weight Watchers soup (295g) OR 3 cans supermarket own brand 'healthy' soups (400g) PLUS 4 low fat / diet yogurts (175g) PLUS 1 pint of semi skimmed milk	4 servings of meal replacement shakes only. Each shake should be within the following parameters: • Around 200 calories • 15g – 25g carbohydrates • 15g – 20g protein Suitable options (at time leaflet published): Slimfast bottles (not sachets), Asda great shape, Morrisons in shape, My protein meal replacement, Tesco slim shake.
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For both options

- Please include a daily A Z multivitamin.
- Unlimited tea or coffee without sugar or milk (option 1: can use milk from allowance).
- Unlimited water, sugar free squash, sugar free fizzy drinks, sugar free jelly.

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OPTION 1 – Vegan / Dairy free	OPTION 2 – Vegan / Dairy free	
3 cans vegan / dairy free soups (400g) PLUS 4 low sugar / low fat vegan yogurts (150g) e.g. Alpro plain yogurt. You can add flavour with sweetener or sugar free syrups	 4 servings of meal replacement drinks only. Each drink should be within the following parameters: Around 200 calories 15g – 25g carbohydrates 15g – 20g protein 	
PLUS 1 pint unsweetened dairy free milk e.g. soya milk	Suitable options (at time leaflet made): USN Diet fuel vegan, Protein works vegan diet extreme, Exante plant based juiced meal replacement shake	

For both options

- Please include a daily A Z multivitamin.
- Unlimited tea or coffee without sugar or milk (option 1: can use milk from allowance).
- Unlimited water, sugar free squash, sugar free fizzy drinks, sugar free jelly.

Contacting us

If you have any questions, please contact the Bariatric Dietitians.

Telephone: 0118 322 7116 or email rbb-tr.dietitians@nhs.net

Useful websites

Weight Loss Surgery Information: www.nhs.uk/conditions/weight-loss-surgery/

NHS Better Health: www.nhs.uk/better-health/

Useful books

Living with Bariatric Surgery: Managing your mind and your weight.

Author: Denise Ratcliffe. Published 2018.

The Weight Escape: How to Stop Dieting and Start Living.

Authors: Ann Bailey, Joseph Ciarrochi and Russ Harris. Published: 2014.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Bariatric Dietitian, reviewed: July 2024:

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