

Bariatric Surgery Nutrition Guidelines

Patient Handbook



Thank you for Choosing WakeMed

Bariatric surgery is an excellent tool to help improve your overall health. After bariatric surgery, it is possible to lose weight rapidly. Good nutrition is essential to maintain lean body mass (muscle), hydration and skin elasticity and to minimize hair loss.

The primary nutrition goals before and after surgery:

- Learn proper eating habits to promote weight loss while maintaining health at a reduced weight.
- Consume adequate amounts of protein to minimize loss of lean body mass and to facilitate healing.
- Drink adequate amounts of fluid to maintain hydration.
- Take recommended lifelong bariatric vitamins and minerals for optimal health and nutrition status.

For many individuals, bariatric surgery meal planning requires a significant change in how and what you eat and drink to safely and healthfully lose weight.

We recommend that you begin adapting your current eating pattern and health behaviors now to prepare for this change.

If you have any questions or concerns regarding your nutrition before or after surgery, contact your registered dietitian:

WakeMed Bariatric Surgery & Medical Weight Loss

- WakeMed Bariatric Surgery & Medical Weight Loss Nutrition Scheduling
(919) 350-7000
- WakeMed Pediatric Weight Management
(919) 235-6439

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How Your Diet Will Advance

After bariatric surgery, protein and fluid intake are essential for successful recovery. Most patients will go home from the hospital on a liquid diet and advance slowly as detailed below. This specific progression of textures is prescribed to provide a concentrated source of nutrition that will empty from the stomach easily and allow for safe healing.

Weeks 1 & 2	Liquids
Week 3	Semi-solids (pureed)
Week 4 to 8 Weeks post-op	Soft foods (fork tender)
8 Weeks +	Regular texture foods

Nutrition Goals

The daily **fluid goal is at least 64 ounces (oz.)** to stay hydrated. Hydration fluids are non-carbonated, sugar-free and caffeine-free. Fluid is essential to prevent dehydration.

The daily **protein goal is 60-90 grams (g)** for sleeve gastrectomy and gastric bypass patients. For duodenal switch (DS) patients, the daily protein goal is **80-100 grams (g)** of protein.

Protein is needed to promote healing and to prevent the loss of muscle after surgery. Adequate protein intake may also prevent hair loss.

Dehydration

Dehydration is the primary complication of bariatric surgery.

Symptoms of dehydration include: fatigue, nausea, dry mouth, dizziness or lightheaded, dark or concentrated urine and low urine output.

If you are having difficulty drinking the recommended amount of fluid each day and/or are suffering from any of the above symptoms, we recommend that you call your bariatric practice to discuss your fluid intake.



Choosing a Protein Supplement

You will need to have **two types of fluid** to drink after surgery:

- Fluids for hydration
- Fluids for protein

Hydration fluids help prevent dehydration. They are non-carbonated, sugar-free and caffeine-free. Examples can be found on page 5.

Protein supplements provide a source of protein and nutrition. Examples can be found on page 5.

Choose a protein supplement (drink, shake or powder) with:

- At least 15 grams of protein
- 20 grams or less total carbohydrates
- 10 grams or less sugars
- 10 grams or less total fat

per 8- to 12-ounce serving

Examples can be found on page 5.

Lactose Intolerance

Lactose intolerance is your body's inability to digest the naturally occurring sugar, also known as lactose, which is found in milk and dairy products.

Symptoms of lactose intolerance include: cramping, gas, bloating, loose stools and nausea.

If you do not tolerate lactose after your surgery, look for a lactose-free protein shake or powder. They are often made with soy, pea or whey isolate protein. Whey isolate is lactose-free; whey concentrate is not lactose-free. You can also try lactose-free milk (ex. Fairlife® or Lactaid® milk) or unsweetened soy, almond or oat milk.



The Liquid Diet

WEEKS 1 & 2 – days 1 to 14 after surgery

No carbonated, sugar-containing or caffeinated fluids are allowed. Choose a variety of non-carbonated, sugar-free and caffeine-free fluids.

Clear liquid: a liquid that will allow light to pass through. **ONLY** clear liquids are to be consumed *during your hospital stay*.

Full liquid: a liquid that is creamy or milky in texture and opaque in color. Full liquids include protein shakes, protein-fortified, strained low-fat soup and low-fat milk. You can consume full liquids *when you return home from the hospital*.

- Drink fluids in no more than 2 ounce (¼ cup) portions every 15 minutes. Sip slowly and continuously throughout the day to prevent dehydration. Do not gulp.
- To reach your daily protein intake and fluid goals, follow the clock method on page 6.
- Your new “full” feeling will likely be a gentle tightness or pressure below the breastbone.

- For the first one to two months after surgery, do not use straws, sippy cups or water bottles with built-in straws. Do not chew gum. These actions may cause air bubbles that can lead to gas or discomfort.
- You may initially be sensitive to very hot and very cold fluids. Start drinking fluids at room temperature and then gradually increase or decrease the temperature as tolerated. This is usually a temporary side effect and will resolve for most patients in several days to weeks.
- Liquids should be able to pass through a fine mesh strainer with no solids, chunks or seeds. No blended foods or smoothies are allowed for the first two weeks after surgery.
- The **fluid goal is at least 64 ounces (oz.)** of fluid per day to stay hydrated.
- The daily **protein goal is 60-90 grams (g)** for sleeve gastrectomy and gastric bypass patients. For duodenal switch (DS) patients, the daily protein goal is **80-100 grams (g)** of protein.
- No alcoholic beverages are allowed.

Start B-complex vitamin when you return home from the hospital.



NO SOLID FOODS ARE ALLOWED WEEKS 1 & 2 AFTER SURGERY.

The Liquid Diet

WEEKS 1 & 2 – days 1 to 14 after surgery

CLEAR LIQUIDS are required in the hospital; you may transition to FULL LIQUIDS when you return home.

Hydration

Recommended for long-term use

- Water
- Chicken, beef or vegetable broth
- Decaffeinated herbal tea
- Decaffeinated coffee

Recommended for short-term use

- Crystal Light
- Sugar-free Kool-Aid
- MiO Drops
- Dasani Drops
- Fruit2O
- Dasani flavored water
- Hint water
- Skinny water
- Vitamin Water Zero
- Propel
- Powerade Zero or Gatorade Zero
- Sugar-free gelatin
- Sugar-free popsicles
- Clear, diet or sugar-free fruit juice (ex. apple, grape, cranberry)



NO CARBONATION
NO SUGAR
NO CAFFEINE
NO ALCOHOL
NO STRAWS
NO GUM

Protein

Clear Liquid Protein (bring to hospital)

- Premier Protein Clear
- Protein20
- Syntrax Nectar protein powder
- Isopure liquid protein
- Bariatric Advantage Clearly Protein
- Celebrate CLR
- Healthwise sugar-free protein gelatin
- Healthwise bouillon

Unflavored Protein Powders

- Bariatric Fusion unflavored
- Isopure unflavored
- Garden of Life unflavored

(Unflavored protein powder may be added to clear hydration fluids to create clear liquid protein).

Full Liquid Protein (start when you return home)

- Premier protein shake
- Muscle Milk protein shake
- Fairlife Core Power protein shake
- Quest protein powder
- Syntrax Matrix 2.0 or 5.0 protein shake
- Met Rx meal replacement shake
- Bariatric Advantage HPMR protein powder
- Celebrate protein powder
- Pure Protein protein shake
- Oh Yeah protein shake
- Unjury protein shake
- Bariatric Fusion protein powder
- Plant-based protein powders: Orgain, Vega, OWYN, Garden of Life

Other Full Liquids (start when you return home)

- Skim or 1% milk, lactose-free milk (ex. Fairlife or Lactaid milk), soy milk
- Protein fortified, strained, low-fat soups
(Try stirring protein powder into soup to increase protein content. Follow the manufacturer's mixing instructions. Protein powder may clump if liquid is too hot.)
- Unsweetened almond, soy, oat milk and milk alternatives

The Clock Method

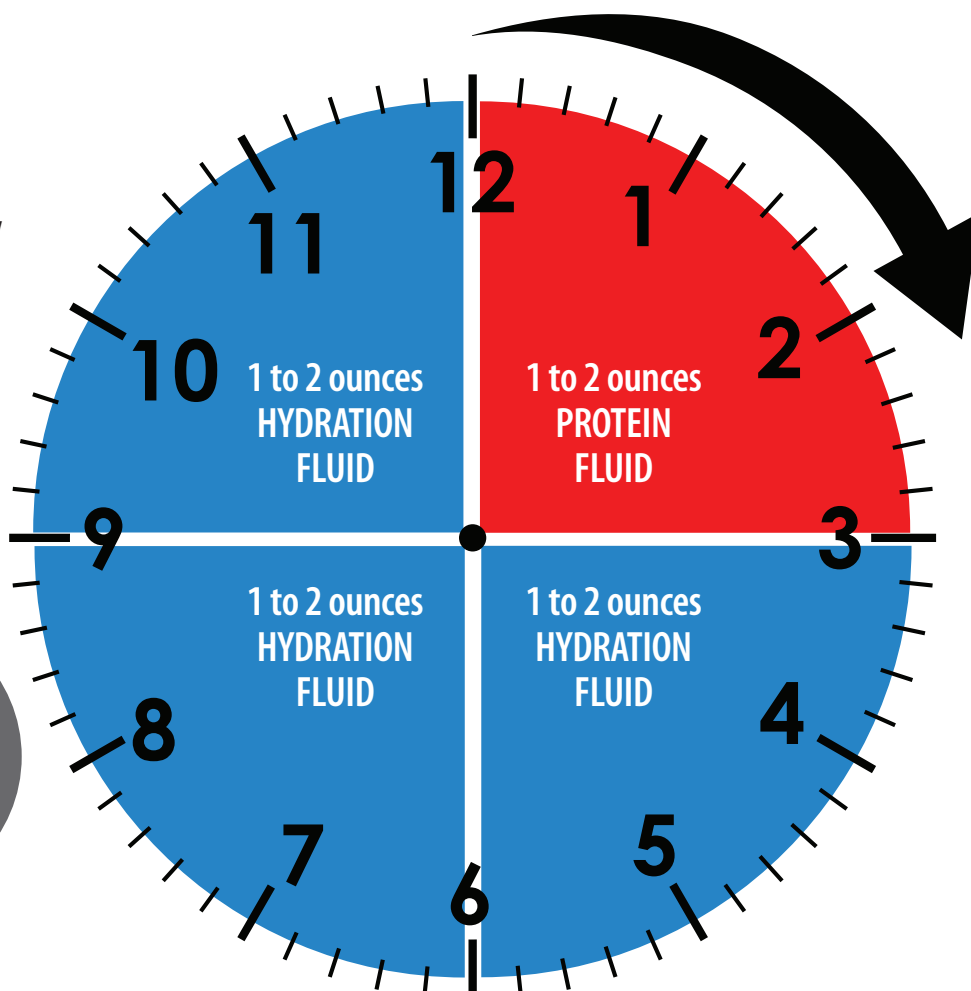
Use during Liquid Diet

WEEKS 1 & 2 –

days 1 to 14 after surgery

Sample Clear and Full
Liquid Fluid Schedule

Drink
1 to 2 ounces
every
15 minutes



Drink fluids in **no more than 2 ounce (¼ cup) portions every 15 minutes**. Drink about 2 ounces of a protein fortified fluid each hour. During the rest of the hour, sip 2 ounces of non-protein fortified hydration fluid every 15 minutes to stay hydrated. Your goal is to work up to 8 oz. of fluid per hour.

Following this sample schedule, it will take approximately 12-14 hours each day to reach your fluid and protein goals. **Sipping fluid should be your priority during the day when you are awake.**

Use the above schedule to make sure you reach fluid and protein goals, alternating between fluids for protein and hydration throughout the day.

1 oz. =



TIP: Drink fluids from a smaller cup, such as a medicine cup or a 2 to 3 oz. disposable cup to help control the amount of fluid you drink.

Drinking too quickly or drinking too much at one time may cause pain or discomfort.



The Semi-solid (pureed) Diet

WEEK 3 – begin day 15 after surgery

- All liquids from weeks 1 & 2 are allowed with the addition of semi-solid foods. Eat a small amount of semi-solid food every three to four hours and keep a constant trickle of non-protein fortified hydration fluid in between each small meal. See bulleted list at bottom of page 8 for recommended lifelong eating habits.
- Semi-solid foods are those that are normally eaten with a spoon and are the consistency of pudding or hummus. They have no chunks. Avoid skins, seeds or large pieces of food. Examples of semi-solid foods to try and to avoid during this phase can be found in the chart on the following page.
- Eat semi-solid food **every three to four hours** for approximately four to six small meals daily.
- Take thumbnail-sized bites.
- Take 20-30 minutes to finish each meal. Do not graze on foods.
- Try only one new food at a time.
- Do not drink fluids while eating. Do not start drinking fluids until **30 minutes after** finishing a meal.
- For most people, fullness will feel very different from before surgery. Learn to recognize when you are full and stop eating; your new 'full' feeling will likely be a gentle tightness or pressure below the breast bone.
- Common causes of nausea and vomiting include: eating too fast, not chewing food well, drinking fluids with meals, eating too much at one time and eating solid foods too soon after surgery.
- Sip continuously throughout the day between trials of semi-solids to prevent dehydration.
- Continue to use all of the fluids on the liquid hydration list to prevent dehydration. A list of recommended hydration fluids can be found on page 5.
- Do not drink any carbonated, caffeinated or sugar-containing fluids.
- Do not use straws, sippy cups or water bottles with built-in straws. Do not chew gum. These may cause air bubbles that can lead to gas.
- The **fluid goal is at least 64 ounces (oz.)** of fluid per day to stay hydrated.
- The daily **protein goal is 60-90 grams (g)** for sleeve gastrectomy and gastric bypass patients. For duodenal switch (DS) patients, the daily protein goal is **80-100 grams (g)** of protein.
- Choose protein foods first. You will likely need to continue drinking protein shakes or supplement with an unflavored protein powder while on semi-solids to reach your daily protein goal.

The Semi-solid (pureed) Diet

WEEK 3 – begin day 15 after surgery

Protein goal: 60-90 grams per day (80-100 grams per day for duodenal switch patients)

Semi-Solids to Try



- Light or low-fat blended regular or Greek-style yogurt without chunks of fruit or seeds
- Low-fat or fat-free cottage cheese
- Low-fat or fat-free ricotta cheese
- Mashed beans (ex. black, pinto, navy beans)
- Low-fat or fat-free refried beans
- Hummus
- **Protein-fortified**, sugar-free and low-fat or fat-free pudding (add protein powder)
- **Protein-fortified**, strained soups: broth and low-fat soups (Try stirring protein powder into soup to increase protein content. Add protein powder after soup is heated.)
- **Protein-fortified**, cooked and mashed or pureed vegetables that have no skins or seeds (ex. soft carrots or green beans with protein powder)

The above are examples of appropriate semi-solid food texture. More examples can be found at www.wakemed.org/weightloss under the Nutrition Guidelines tab. Click on Recipes and Nutrition.

Semi-Solids to Avoid



- Full-fat yogurt or yogurt with fruit or seeds
- Full-fat dairy and cheese
- Oatmeal, grits
- Regular, full-fat refried beans
- Hummus containing pine nuts or other solids
- Full-fat, sugar-containing puddings
- Any unstrained soup with meat, vegetables, rice or noodles; full-fat soups
- Any mashed fruits and vegetables with seeds or fibrous skins
- Mashed potatoes

Semi-solids allow the diet to progress slowly while limiting stress on the gut as it heals.

HOW you eat is just as important as WHAT you eat for safety, comfort, and weight loss.

The following are lifelong recommendations.

- Eat every three to four hours for approximately 4-6 small meals per day.
- Take 20-30 minutes to finish your meals.
- Take thumbnail-sized bites. Chew thoroughly.
- Do not drink fluids while eating or for 30 minutes after eating a snack or meal.



The Soft Food (fork tender) Diet

WEEK 4 – 8 WEEKS Post Op

DO NOT ADVANCE to soft foods until you have received instruction on the Soft Foods Phase from your registered dietitian!

The daily **protein goal is 60-90 grams (g)** for sleeve gastrectomy and gastric bypass patients. For duodenal switch (DS) patients, the daily protein goal is **80-100 grams (g)** of protein.

- Due to the change in size and function of your stomach after surgery, there are foods and fluids that should be avoided for the first two months after surgery.
- Try one new food at a time
- Eat every three to four hours for approximately 4-6 small meals per day
- Cut foods into dime-sized pieces
- Do not advance to regular texture foods until 8 weeks or you receive permission to do so.

Examples of soft foods:

- Fish and shellfish (ex. salmon, tuna)
- Beans
- Low-fat dairy
- Eggs
- Soft-cooked vegetables without tough skins or seeds
- Ground or fork tender lean meats (ex. poultry, beef)
- Fork tender soy alternatives or veggie burgers

This is not a full list of soft foods. Your dietitian will go over a more in-depth explanation of what foods are safe to have and not have on Soft Foods at your post-op surgery nutrition appointment.

Regular Texture Food

WEEK 8 and beyond post-op

You may advance to regular texture food after 8 weeks or upon receiving clearance from your bariatric surgeon.

HOW you eat is just as important as **WHAT** you eat for safety, comfort and weight loss.

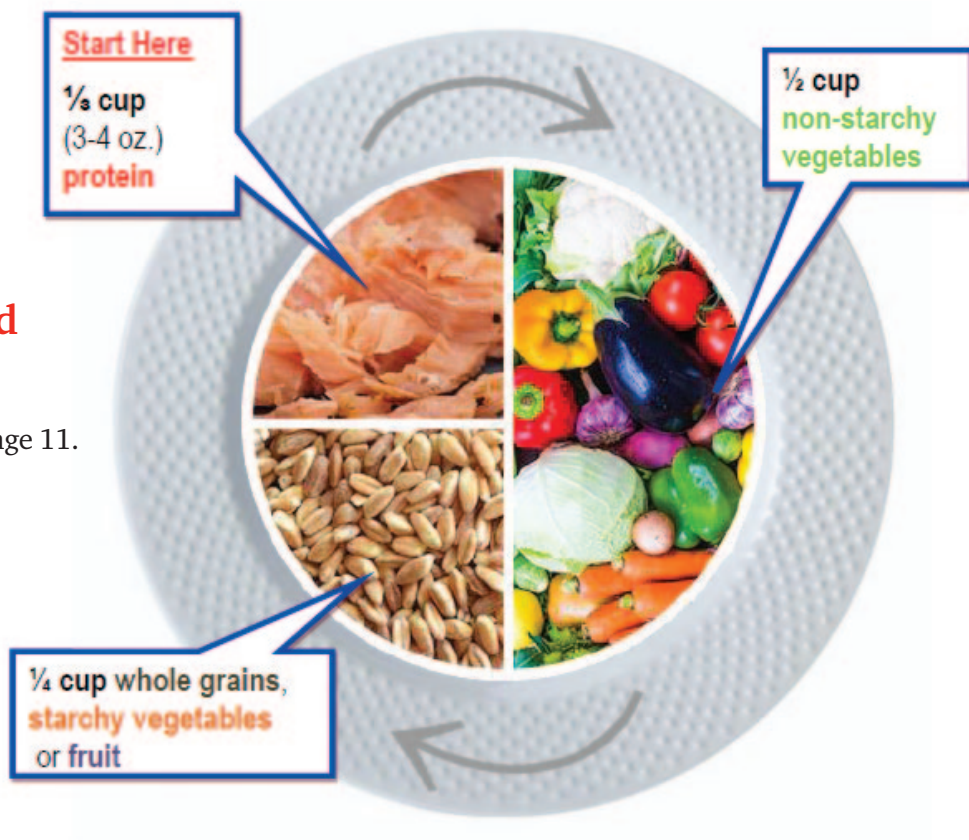
The following are *lifelong* recommendations.

- Eat every three to four hours for approximately four to six small meals per day.
- Take 20 to 30 minutes to finish your meals.
- Take dime-sized bites. Chew thoroughly.
- Do not drink fluids while eating or for 30 minutes after eating a snack or meal.
- Take thumbnail-sized bites.

The Plate Method

Meal planning guide

See protein sources on page 11.



Non-starchy vegetables

- | | | |
|-------------------|----------------|--------------|
| • Green beans | • Cauliflower | • Peppers |
| • Broccoli | • Eggplant | • Sauerkraut |
| • Brussel sprouts | • Leafy greens | • Spinach |
| • Cabbage | • Mushrooms | • Squash |
| • Carrots | • Okra | • Tomato |
| | • Snow peas | |

Starchy vegetables

- Corn
- Lima beans
- Green peas
- Plantain
- Potato
- Sweet potato/yam



Sample Long-Term Menu

This menu can be used before surgery to begin practicing the Plate Method of meal planning and can be used during the “regular texture” diet 8 weeks after surgery and long-term.

Breakfast

2 egg omelet:

½ cup non-starchy vegetables (ex. spinach, broccoli, onion)

2 tbsp. low-fat shredded cheese

Morning Snack

⅓ cup hummus with sliced cucumbers, carrots, peppers

Lunch

Taco salad:

3 oz. grilled chicken, ¼ cup black beans over spinach, pico de gallo, peppers, onions topped with 1 oz. guacamole, cilantro and salsa

Afternoon Snack

2 low-fat cheese sticks

Dinner

Shrimp lettuce wraps:

3-4 oz. grilled shrimp shredded carrots, cucumbers, scallions, ¼ cup brown rice wrapped in lettuce leaves topped with low-sugar, low-fat Asian dressing

Evening Snack

½ cup Greek yogurt, topped with sliced almonds & berries

Protein Sources

Beans, Nuts and Legumes

- Beans (ex. black, pinto, white, navy, garbanzo, kidney)
- Fat-free refried beans
- Lentils
- Peanut butter or other nut butters (ex. almond, cashew, sunflower seed)
- Nuts (ex. almonds, walnuts, pistachios, peanuts)
- Seeds (ex. sunflower seeds, pumpkin seeds)
- Steamed soy beans (edamame)

Dairy

- Low-fat or fat-free cottage cheese or ricotta cheese
- Low-fat or fat-free yogurt
- Low-fat or fat-free Greek yogurt
- Low-fat or fat-free cheese
- Skim or low-fat milk
- Unsweetened soy milk
- Lactose-free milk (ex. Fairlife® or Lactaid® milk)

Meat and Seafood

- Eggs or egg whites
- Fish, shellfish, seafood (ex. salmon, tuna, shrimp)
- Chicken
- Turkey
- Lean beef or pork (ex. loin, round)
- 85-95% lean ground meats (ex. turkey, beef)

Meat Alternatives

- Veggie burger
- Soy burger patty
- Black bean burger
- Tofu
- Tempeh
- Seitan

Try to consume at least 15 grams of protein at each meal!

Bariatric Vitamins & Minerals

Start taking B-complex vitamin upon return home from hospital.



B-Complex

- B-complex vitamins must contain at least 12 mg of thiamine (vitamin B1).
- A B-complex that contains less than 12 mg of thiamine in one serving may be doubled to achieve a minimum of 12 mg.
- The B-complex vitamin is optional after starting the bariatric multivitamin.

All pill and capsule forms of medications are allowed after surgery unless otherwise instructed by your bariatric provider. All vitamin and mineral supplements should be chewable or liquid for the first 30 days after surgery, unless otherwise instructed by your bariatric provider.

- The Bariatric Fusion B50 capsule meets program vitamin and mineral size requirements and is allowed during the first 30 days after surgery.

Please speak with your bariatric provider about returning to other pre-operative medications following surgery.

The American Society of Metabolic and Bariatric Surgery (ASMBS) recommends that all bariatric surgery patients take a bariatric formulated multivitamin daily following surgery.

Multivitamin

Begin 2-4 weeks after surgery, when instructed by surgeon or registered dietitian and continue life long.

- We recommend a bariatric formulated multivitamin that contains iron.

Elemental Iron

- Most bariatric multivitamins contain iron. Additional iron is recommended for menstruating women and patients who have a history of iron deficiency anemia. Consult your registered dietitian or bariatric provider for more information.
- Take iron and iron containing supplements with food to avoid upset stomach.

Calcium

Begin 2-4 weeks after surgery, when instructed by surgeon or registered dietitian and continue life long.

- Take calcium supplement doses at least 2 hours before or 2 hours after iron supplements and multivitamins containing iron. Your 500-600 calcium supplement dose should be spaced throughout the day for increased absorption.
- Calcium citrate and calcium carbonate are the preferred sources of calcium after surgery. If you have a history of kidney stones, calcium citrate is the preferred source of calcium.

Daily calcium needs:

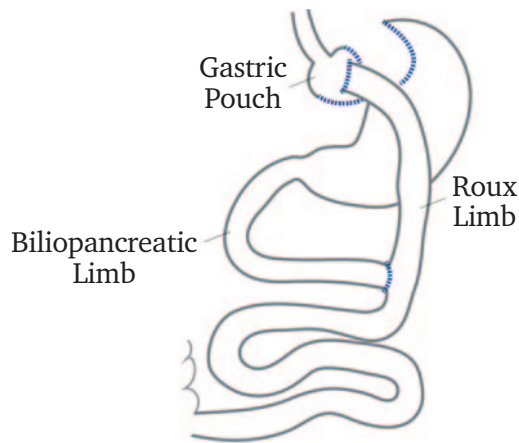
- 1200-1500 mg (lap band, sleeve, gastric bypass)
- 1800-2400 mg (duodenal switch)

If you have questions or concerns regarding vitamin and mineral supplementation, please speak with your registered dietitian or your bariatric surgeon.

Dumping Syndrome

Only a side effect after the **ROUX-EN-Y GASTRIC BYPASS**

Duodenal switch patients may experience a similar side effect from food with a concentrated amount of dietary fat.



Dumping syndrome refers to a group of symptoms that are caused by a change in size and function of the bypassed stomach. Most Roux-en-Y gastric bypass patients will experience dumping syndrome to a minor degree after surgery. The severity of dumping syndrome can depend on the volume, consistency and **sugar** or **fat** content of food eaten.

There are two phases to dumping syndrome, **early dumping** and **late dumping**. Some patients experience only one phase of dumping, while others experience both phases. Symptoms of early dumping may begin as early as 45 minutes after a meal. Symptoms of late dumping may occur up to two to three hours after a meal.

To avoid dumping syndrome, choose foods with less than 10 grams of total fat and less than 10 grams of sugar per serving, avoid liquids during meals and chew your foods thoroughly. Relax and eat slowly.

Signs and Symptoms

Early Dumping

- Abdominal cramping
- Diarrhea
- Fatigue
- Sweating
- Rapid heart rate
- Decreased blood pressure
- Flushing
- Dizziness
- Shortness of breath

Late Dumping

- Shakiness
- Cold sweats
- Fatigue
- Decreased blood pressure
- Headache



ALL PATIENTS SHOULD AVOID ALCOHOLIC BEVERAGES FOR ONE YEAR AFTER SURGERY.

Bariatric Surgery Pre-op Checklist

- ☐ Purchase a B-complex vitamin that contains at least 12 mg thiamin (vitamin B1).
- ☐ Purchase two bottles of clear liquid protein to bring with you to the hospital. Sample flavors and brands before surgery!
- ☐ Sample approved hydration fluids and protein supplements for the pre-op liver reduction diet and the two week post-op liquid diet. Sample a variety of brands and flavors to find products you enjoy.
- ☐ Plan to eat a small meal every three to four hours for a total of approximately four to six small meals each day. Eat a protein source at each meal and aim to eat breakfast within one hour of waking up.
- ☐ Practice not drinking with meals or for 30 minutes after meals. Establish a habit of sipping non-protein fortified hydration fluids between meals.
- ☐ Increase fluid intake between meals. Aim to consume at least 64 oz. hydrating fluid per day. Eliminate carbonated, caffeinated, alcoholic and sugar-containing beverages
- ☐ Practice taking 20 to 30 minutes to finish a meal.
- ☐ Begin or continue to take a daily general multivitamin or the vitamin regimen recommended by your registered dietitian or bariatric provider until the day of your surgery.
- ☐ Practice mindful eating. Eliminate distractions during meals, including TV and cell phones.
- ☐ Begin to decrease high-fat, fried and sugary foods. Choose grilled, baked, roasted, steamed or broiled foods. Follow the Plate Method of meal planning.
- ☐ Read nutrition facts labels. Aim for the following per serving of food:
15 g or more protein, 20 g or less total carbohydrate, 10 g or less sugar, 10 g or less total fat.
- ☐ Follow your bariatric provider's instructions regarding weight loss or weight maintenance prior to surgery.
- ☐ Begin or continue a structured activity program. Discuss goals with your bariatric provider. General physical activity goals can be found on page 15
- ☐ Attend bariatric surgery support groups, both before and after surgery. See page 15 for details.
- ☐ Begin or continue self-education prior to surgery. Visit www.wakemed.org/weightloss for recipe ideas and additional information.

To access the nutrition guidelines online, the password is protein60.

Resources for Continued Success

WakeMed Bariatric Surgery Support Group

Meetings offer education, peer support and nutritional and/or medical advice.

When: 2nd Wednesday of each month, 6:30 pm

Where: Virtual

Physical Activity

While bariatric surgery is effective in helping you lose weight, physical activity is necessary for lifelong weight maintenance. Physical activity may also reduce chronic illness and improve quality of life.

Aim to perform one of the following physical activity regimens:

- 150 to 300 minutes of moderate-intensity activity per week.
- 75 to 150 minutes of vigorous-intensity activity per week or an equivalent combination of both.

In addition, muscle-strengthening activities are recommended 2 or more days per week.

After surgery, wait for clearance from your bariatric surgeon before starting a physical activity program.

WakeMed Healthworks

Personal training for bariatric surgery patients is offered at the following locations:

WakeMed Outpatient Rehabilitation –
Cary Hospital

300 Ashville Avenue, Suite 220, Cary NC 27518

WakeMed HealthWorks – Raleigh Campus
3000 New Bern Avenue, Raleigh, NC 27610

Please contact Joelle Sevio at jsevio@wakemed.org or call (919) 350-8613 to enroll or with questions.

Bariatric Vitamin and Mineral Resources

The American Society of Metabolic and Bariatric Surgery (ASMBS) recommends that all bariatric surgery patients take a bariatric formulated multivitamin daily following surgery. **Bariatric vitamin and mineral supplements are recommended lifelong.**

To purchase vitamins locally, visit the WakeMed Pharmacy in the Medical Park of Cary.

Recommended bariatric vitamin brands include: Bariatric Advantage, Celebrate, Bariatric Fusion.

If you have questions or concerns regarding vitamin and mineral supplementation, please speak with your registered dietitian or your bariatric provider.

Local Bariatric Stores

- The Bistro located in WakeMed Cary Hospital
1900 Kildaire Farm Rd. Cary NC 27518
(919) 350-1795
- WakeMed Pharmacy, Medical Park of Cary
210 Ashville Ave. Cary NC 27518
(919) 350-6031

Long-term Follow up

Follow-up care with your bariatric surgery team is extremely important for your long-term health and success. Nutrition follow up is recommended at 3 weeks and 3, 6 and 12 months after surgery. It is recommended to schedule frequent follow-up appointments with your bariatric providers and registered dietitian.

Apps

- LoseIt! • MyFitnessPal • Baritastic

Websites

- www.loseit.com • www.myfitnesspal.com

If you would like to schedule an appointment with your registered dietitian to create a meal plan or review the post-operative nutrition protocols, please call:

- WakeMed Bariatric Surgery Nutrition (919) 350-7000
- WakeMed Pediatric Weight Management (919) 235-6439



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