



Adviezen en informatie vanaf 4 maanden na een bariatrische operatie - Engels



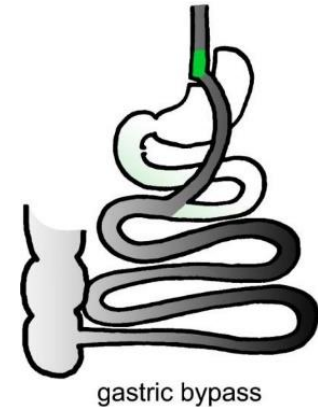
Advice and information starting from four months after bariatric surgery

Recently or some time ago, you underwent a gastric reduction procedure (bariatric surgery). The guidelines you received will be important for the rest of your life. You can review these guidelines in this leaflet. It also addresses common complaints. In addition, you will find practical advice on how to deal with special situations.

The operations

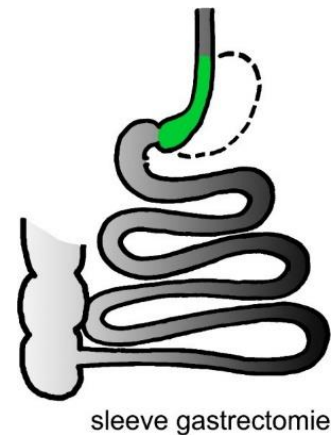
Gastric bypass

- small pouch (mini stomach)
- direct access to the small intestine
- dumping occurs



Gastric sleeve

- narrow stomach
- stomach valve (pylorus) still in use → no direct access to intestine
- heartburn (acid reflux) occurs
- no dumping



General recommendations

The general recommendations apply to all of the operations. To ensure that you don't develop symptoms and for best results after your surgery, you should continue to follow this advice throughout your life.

- six (high-protein) meals per day
- do not drink while eating, wait 20-30 minutes
- take your time with eating and drinking
- avoid added sugars (including honey)
- pay attention to your food choices

In addition:

- sit up straight
- eat at the table, put your phone out of reach and turn off your TV and computer
- be physically active at least 30 minutes every day

Six high-protein meals

Especially in the early years, but also over the longer term, it's important to have six protein-rich meals each day. This way, you'll get enough protein. Six high-protein meals ensure:

- a more stable blood sugar or insulin level
- prevent 'catch-up eating' (waiting too long to eat will make you very hungry, causing you to overeat or make the wrong food choices)
- prevent late dumping (adding protein prevents sharp drops in blood glucose levels, see below for more information).

Do not drink while eating, wait 20-30 minutes

Even if you can drink with food without developing complaints, the advice is always not to do so. The following are the disadvantages of drinking while eating:

- You flush the food, as it were, from the mini stomach into the small intestine, your mini stomach is empty and the feeling of satiety disappears, so you can eat something again more quickly.
- Early and late dumping.
- Weight regain (putting on weight). Generally speaking, most people eventually start putting on a little weight after bariatric surgery. Drinking while eating can reinforce this effect.

Take your time with eating and drinking

Take a moment to think back on when you'd just undergone surgery. It may already be a lot easier for you to eat. Consequently, your eating can speed up again without you noticing. When you eat quickly, it's harder to tell that you're full. This causes you to eat a few more bites than necessary. This is less beneficial in the longer term.

So, keep eating your meals slowly. It takes 20 minutes to activate the satiety centre in the brain. If you take the time to eat slowly, you'll need to eat less to feel full than if you eat quickly. Chewing thoroughly also activates the satiety centre.

Eat without distractions from a TV, computer, phone, etc. Distractions keep you from concentrating on eating, and the pace of eating is often too fast.

Food choices

The primary effect of bariatric surgery is to ensure that you're able to eat less. What the procedure does not do is ensure that you make good choices regarding food and drink. Naturally, these choices will impact your weight progression.

Dieting is not recommended. This does not mean there are no choices to be made. There are still foods that are less beneficial (with added sugars and high in fat) and more beneficial (unsweetened, high-fibre, lower-fat).

This also applies to beverages. Fruit juices, sweetened beverages and alcohol are all high in carbohydrates (sugars). These drinks are best avoided.

Weight progression



You'll lose the most weight during the first and second year after your operation. The average weight loss is 30%-35% of the starting weight in the first one to two years. Weight gain is common over time. This puts the final weight loss at 25% of the starting weight (not your weight at the time of the surgery).

Your final weight loss may total more or less than 25%. This will depend, among other things, on how you adhere to the recommendations, how much you exercise or are able to exercise and your medical history.

This means that not everyone is going to reach a 'healthy' weight. Nor is this the goal.

The goal of the procedure is to achieve permanent weight loss.

In other words, not, like after other dieting attempts, to pile all the weight back on with interest (extra weight).

Please note: You'll easily lose weight in the first year, even if you do not follow the guidelines. You'll only achieve long-term success if you stick to the recommendations.

Calculating weight loss

Use the following formula to calculate your weight loss as a percentage:

$$\frac{(\text{Starting weight} - \text{current weight}) \times 100}{\text{Starting weight}} = \%$$

Example

Your starting weight is 113 kg and your current weight is 87 kg

Your starting weight of 113 kg minus your current weight of 87 kg is: $113 - 87 = 26$ kg

$26 \text{ kg} \times 100 = 2600$

$2600 \div \text{starting weight of } 113 \text{ kg} = 23\%$

Example

Your starting weight is 160 kg and your current weight is 110 kg

Your starting weight of 160 kg minus your current weight of 110 kg is: $160 - 110 = 50$ kg

$50 \text{ kg} \times 100 = 5000$

$5000 \div \text{starting weight of } 160 \text{ kg} = 31\%$

Please note: the starting weight is your highest weight, i.e. not your weight at the time of the surgery.

If you've previously had a gastric band procedure or other bariatric surgery, use your weight before the gastric band procedure if it's higher than before the second procedure.

After sixteen weeks, the average weight loss is 16%-22%. After one to one-and-a-half years, weight loss averages 33% of the starting weight. This may be a little more or a little less.

Weight regain

As shown in the graph, most individuals regain weight after surgery over time. As stated above, it's not a good idea to go on a diet. However, we do recommend checking that you're still following the recommendations. You can always go (back) to a local dietitian and discuss whether your diet still fulfils the recommendations.

The reason strict diets or crash diets are not recommended is because they do not change your eating habits in the long run. You're also likely to relapse into yo-yo dieting. This means that you will initially lose weight but, after relaxing your strict diet, you will regain your original weight as well as more on top of that.

Your weight progression

Weight progression is different for everyone and depends on many factors. For example, how long you've been obese, the number of attempts at dieting and how successful they were, your medical history, how well you adhere to guidelines and what you do or are able to do in terms of exercise.

Don't compare yourself with others. Weight progression varies from person to person.

Protein

What is a sufficient amount of protein?

Height (metres)	0.8 grams of protein*	1.2 grams of protein**
1.51–1.55	50	74
1.56–1.60	53	80
1.61–1.65	56	84
1.66–1.70	61	91
1.71–1.75	65	97
1.76–1.80	69	103
1.81–1.85	72	108
1.86–1.90	76	114
1.91–1.95	81	121
1.96–2.00	85	127

*0.8 grams is in a normal situation

*1.2 grams in case of higher requirements, such as severe illness, surgery or poorly healing wounds.

Please note: the table above assumes a BMI of 27.5 or higher.

If your BMI is lower than 27.5, calculate your protein requirement by multiplying your weight by 0.8.

BMI calculation and protein requirements

BMI is calculated by dividing your weight in kg by your height in metres squared (i.e. your height in metres x your height in metres).

For example: 1.65 metres and 67 kg

$1.65 \times 1.65 = 2.72$

BMI of 67 divided by 2.27 ($67 \div 2.27$) = 24.6.

The protein requirement is $67 \times 0.8 = 53.6$ (54) grams

High-protein products

Protein is mainly found in products such as dairy (milk and milk products), meat, fish, chicken and egg, vegetarian replacement (minimum of 15 g/100 g).

Legumes (e.g., lentils, brown beans, white beans, etc) also contain protein, as do soya products.

It's true that animal protein is of higher quality or more complete than vegetable protein. In case of a vegetarian diet, try to end up with more than the amount of protein indicated for 0.8 g/kg at a BMI of 27.5. It's better to consume closer to 1.2 grams.

An app like the Nutrition Centre's Eat Meter allows you to easily enter once what you are eating to see if you're getting enough protein and what's recommended.

Protein is important because it plays a vital role in maintaining your body. In addition, it helps make you feel full. Insufficient protein in the diet can lead to increased muscle breakdown. Your body uses your muscles to get enough protein.

Beware of products that seem high in protein, such as oat drinks and almond drinks (milk). These contain very little protein.

Protein powders and shakes are usually not necessary. The body can only properly convert the protein from protein powders and shakes into body protein if enough carbohydrates are ingested at the same time. So, they're high-calorie products that are easy to drink or eat. Try to get your protein as much as possible by eating regular foods.

If normal nutrition is really not working for you, the dietitian will suggest using these protein powders and shakes.

This is not about a diet that contains extra protein. The goal is to consume enough protein to keep your body functioning at its best.

Sports and protein consumption

People often ask if you should consume extra protein when you exercise. If you exercise several times a week, this is not necessary. However, it's good to consume a food containing protein, like cottage cheese, after exercising. You can also opt for a high-protein dairy product. There are some on the market that contain 20 grams of protein per serving. You can find it on the dairy shelf in supermarkets.

Multivitamins and minerals

Post surgery, you may not be able to consume all the nutrients your body needs. And your body will absorb various vitamins and minerals less efficiently for the rest of your life. That's why you should take a multivitamin and mineral supplement (tablet or capsule) every day for the rest of your life. It's important to choose a supplement that contains 100% of the recommended daily allowance (RDA) of vitamins and minerals, unless the doctor has made other arrangements with you regarding this.

Multivitamins and minerals specially designed to be taken after obesity surgery

These multivitamin and mineral supplements are specially designed for people who've had obesity surgery. This supplement provides certain vitamins and minerals in larger quantities than the 100% daily recommended dose (RDA). These are the vitamins and minerals that we know you may not get enough of after undergoing obesity surgery. In this case, the amount may exceed 100%.

Examples of these multivitamins include:

- BariNutrics multi chewable tablet (one tablet a day) or capsule (two capsules a day), available at the Spaarne Gasthuis pharmacy.
- WLS Forte (gastric bypass) or WLS Optimum (gastric sleeve) capsule (one capsule a day) Fit for me, available to order online: www.fitforme.nl
- WLS Forte (gastric bypass) or WLS Optimum (gastric sleeve) chewable vitamin (one tablet a day) with separate iron supplement (one a day).

Other options

You can also choose a multivitamin and mineral tablet that is not specifically designed to be taken after obesity surgery. Sometimes, you may need to take additional vitamins with these tablets. Your dietician or doctor will tell you whether this is necessary. Consult carefully with your dietician or doctor about which tablets you're taking. Be careful not to take too many

vitamins and minerals. This can be harmful to your health. Examples of these multivitamin and mineral tablets include:

- Kruidvat A-Z complete (one tablet a day). The chewable tablets and coated tablets are **not** suitable, as they contain insufficient iron.
- Lucovitaal multivitamin 50+ effervescent tablet (one tablet a day), dissolved in 200 ml of water.

If you are taking another supplement, but are unsure whether it's appropriate, bring the supplement and (if necessary) the package with you to your appointment with the dietitian.

Instructions for use

- Tablets are often pressed. We recommend crushing or finely grinding them first. This ensures that the vitamins and minerals can be better absorbed by your body. If you are unable to take these supplements crushed or finely ground, discuss this at the appointment with your dietitian. In the meantime, make sure you take your supplement or choose one of the capsules or chewable tablets indicated in this leaflet.
- You do not need to crush a chewable or effervescent tablet first. With an effervescent tablet, make sure you don't leave the liquid standing for too long. Exposure to light or sunlight can cause certain vitamins to break down.
- You do not need to crush a capsule first; it will fall apart after a few minutes. Swallow these whole.
- Take the multivitamin and mineral supplement in the evening before bedtime or with hot meals. These supplements often contain little to no calcium.
- Do not eat or drink dairy products or take a calcium supplement (if you already take one) two hours before or after taking the multivitamin and mineral supplement. If this is not possible, discuss this with the dietitian during the information session or telephone check-up.

Important information

- If your internist or your GP has given you supplementary vitamins, for example, vitamins D or B12, take the multivitamin and mineral supplement as well.
- Do not use any extra vitamins or supplements without your doctor's or dietician's knowledge and approval. Also, do not take hair loss products without prior consultation. When in doubt, you can always bring the product with you for the dietitian to review.
- If you are taking blood thinners, your multivitamin supplement should not contain more than 100 micrograms (μg) of vitamin K per daily dose.

Complaints (over the long-term)

Complaints that occur after bariatric surgery include:

- eating too fast/too much (stuck feeling)
- nausea
- dumping syndrome
- late dumping
- hypoglycaemia
- intestinal complaints
- weight regain (gaining weight again)

Too fast/too much ('stuck feeling')

If you don't chew properly, causing you to swallow a piece that's too large, or if you eat one bite too many, a piece of food may get stuck in your oesophagus. Your oesophagus will try to get rid of the piece by inducing vomiting. This may also cause you to feel very uncomfortable.

Producing mucus, sweating, drooling, and stomach discomfort are associated with this. Sometimes, it's difficult to distinguish whether you're experiencing symptoms of dumping or of the food feeling stuck.

Generally, the 'stuck' feeling occurs right away or shortly after eating. Dumping usually occurs 15-30 minutes after meals.

Nausea

Nausea is a difficult complaint that has a variety of causes. These include eating too quickly and eating excessive amounts. Additionally, there may be changes in taste, with foods that were previously enjoyable now tasting different or even unpleasant.

Eat slowly and chew your food thoroughly. Try to develop a good sense of when 'enough is enough'. Just one more bite can cause complaints. Don't compare your experience of eating with before your surgery. This is a new beginning with major changes for your eating habits. Hot meals can be problematic. Adjust the meal if necessary; opt for cold products. Don't pile on too much and use a small breakfast plate.

Sometimes, people get so excited about eating a hot meal that it can cause nausea. In this case, replace the hot meal with a sandwich or something else containing protein that you know you can eat without issues. Then, little by little, start eating hot meals again. Your dietitian can advise you on this.

Dumping syndrome

Dumping occurs after bariatric procedures where the stomach is connected directly to the intestine: the gastric bypass and the Omega Loop gastric bypass (a 'mini bypass').

Normally, the stomach has a sphincter that ensures that little amounts of food pass to the small intestine at a time. After a (mini) gastric bypass, you'll no longer have a sphincter. The stomach will have direct access to the intestine.

When eating especially high-carbohydrate (sugary) and/or fatty foods, too many nutrients enter the small intestine at once. The intestine wants to start diluting these, so it draws fluid from the entire body. As a result, you may feel lightheaded, 'see stars' (dizziness), sweat, get stomach cramps, have diarrhoea, and yawn.

The best thing to do to counter dumping is to prevent it from happening in the first place. So:

- have six meals containing protein
- do not drink while eating, wait 20-30 minutes
- do not use (added) sugars, be careful with natural sugars like fruit (smoothies), honey is also sugar
- be careful with fat

Late dumping

In addition to dumping, there's also 'late dumping'. In this case, late means one-and-a-half to three hours after the meal. Eating a large amount of carbohydrates (sugars) such as, for example, two crackers with chocolate spread and then a glass of smoothie or fruit juice may cause the body to produce too much insulin. Insulin is a hormone that removes sugars from the blood for further processing. This causes a 'hypo', i.e. an excessively low blood sugar level.

Hypo symptoms are somewhat similar to those with standard dumping. In addition, you'll often crave something sweet. Should you succumb to this craving, late dumping may occur again after one-and-a-half to two-and-a-half hours.

You could easily put weight back on by constantly eating something, sweet or otherwise. In case of late dumping, if the guidelines are followed (six meals containing protein, being careful with sugars, not drinking and eating simultaneously), the symptoms will resolve or lessen greatly.

Occasionally, these symptoms will persist. If so, make an appointment with the internist.

Hypoglycaemia

Sometimes, low blood sugar can be caused by eating too few carbohydrates. The symptoms that occur are also similar to dumping symptoms.

For example, if the afternoon meal consists only of protein (and fats), such as a piece of cheese, and you're active during the afternoon and burning/using the glucose (carbohydrates) in your blood, and there is no supplementation because you haven't eaten anything containing carbohydrates, your blood sugar level will become too low, causing you to feel ill.

This can be prevented by consuming both protein and carbohydrates at each meal. Example: piece of cheese (protein) + serving of fruit (carbohydrate) or whole-wheat cracker (carbohydrate) + cold cuts, cheese, eggs or fish (protein) or cottage cheese (protein) + serving of fruit/muesli (carbohydrate).

Intestinal complaints

If you had bowel problems prior to surgery, e.g. difficult bowel movements or an irritable bowel, those symptoms may lessen after surgery. In some cases, though, they may worsen.

Lactose intolerance

It is possible that your lactose tolerance will be impaired. Lactose, also known as milk sugar, is found in dairy products such as milk, porridge and (unsweetened) custard. Fermented products like yoghurt and buttermilk contain lactose, but these are often better tolerated.

Cottage cheese contains hardly any lactose. All hard yellow cheeses are lactose-free.

The symptoms of lactose intolerance are gas, bloating, excessive flatulence (passing wind) and, sometimes, nausea.

If you think you are lactose intolerant, switch to fermented products (e.g. buttermilk, yoghurt) or lactose-free products produced by, among others, Arla or Campina. Soya milk and soya-milk products) are also lactose-free. Be careful, though, as these may contain a substantial quantity of added sugars and have less protein in them.

If you find it difficult to adjust to a lactose-restricted diet or if you want to discuss your stomach issues, visit a dietitian in your area.

Gas formation

The consumption of what are known as gassy products, such as onion, garlic, leeks, legumes (white, brown or black beans, lentils and peas), heavy brassicas, including as red cabbage, kale and Brussels sprouts, can lead to gas formation. Gas is not harmful, but it can be rather uncomfortable.

Constipation (difficult bowel movements)

Constipation also produces gas. Paradoxically, constipation can also cause you to suffer diarrhoea. This form of diarrhoea involves an intense urge to defecate and little or no bowel control; you need to go to the toilet without delay. This kind of diarrhoea may alternate with great difficulty passing stool.

If you think you have constipation, the following advice applies:

- determine if you're drinking enough fluids; aim for 1.5-2 litres a day
- opt for fibre, i.e. whole-grain products
- eat vegetables every day
- physical activity is very important with constipation, so get about 30 minutes daily. This may include walking.

If your symptoms persist, see your GP. Where necessary, the GP can prescribe fibre (e.g., Movicolon or Metamucil or another remedy) for constipation.

Be careful with prunes and the like as they contain lots of carbohydrates (sugars). Also be careful with what are known as laxative teas, such as senna tea. These kinds of remedies can actually make the problem worse.

A dietitian will be able to review your diet with you and possibly offer advice on what changes to make to alleviate your symptoms. Visit a local dietician if you would like such advice.

Weight regain (unwanted weight increase)

This has already been discussed under the topic of weight.

Dining out and other occasions

Restaurants

You can eat out as normal after bariatric surgery. You can, of course, eat less than before. Some recommendations:

- beware of filling appetisers, such as bread with spreads
- skip the appetiser
- try having an appetiser as the main course
- use the moments between courses to take a few sips of a drink
- share dessert
- for dessert, have a cheeseboard or a latte (with sweetener, if required) rather than ice cream with whipped cream

Some restaurants offer what are known as 'senior portions'. It's also more and more common for restaurants to take into account people who've had bariatric surgery. Call the restaurant in advance to inquire about the options. Facebook groups and bariatrics sites also recommend restaurants that will cater for your mini stomach. Use the keyword 'bariatrics' and 'restaurant' to search online.

Barbecues

Barbecues after bariatric surgery can be rather tricky. They involve eating large quantities of meat, fish, chicken and fish products. With barbecues, bear in mind:

- The time: if the gathering starts at 4 pm, do not eat a snack at home. That way, you'll be able to eat three times during the barbecue. If the barbecue begins at 7 pm, consider it a hot meal. You can have a small snack later in the evening.
- Choices: beware of low-protein, but filling, dishes like bread with spreads and salads without any protein. Choose instead some (lean) meat or fish or chicken.
- Be careful with sauces. These often contain lots of calories in the form of fat and sugars.
- Barbecues encourage eating. We tend to eat more than we need to. This is caused not by feeling hunger but by having cravings. We call this 'head hunger'. Try not to give in to this.
- Barbecues usually last for a few hours. This makes it easier to take the time between eating to have a drink.
- Take your time with eating; go at your own pace.

Holidays

Recommendations for when you're on holiday include:

- Maintain your regular schedule as much as possible. Do not skip meals.
- Whenever possible, select products containing protein.
- Listen to your body. Distinguish between head and stomach hunger.
- Adjust the times, as necessary. If you get up later, then you may also go to bed later. If so, skip your snack in the morning but have an extra glass of milk or a latte in the evening.
- Beware of sugary and fatty products.

Alcohol

Ideally, stop consuming alcohol. This applies to everyone, not just those who've undergone bariatric surgery. Alcohol contains many calories. Calories from the alcohol and often sugars.

With the (mini) gastric bypass, alcohol quickly enters the small intestine. This means that you notice the effect of the alcohol faster. Drinking a lot of alcohol is one reason why people often say they gain weight on holiday.

Physical activity

Exercise is important for everyone. After bariatric surgery, physical activity also aids weight loss and weight maintenance.

What is sufficient exercise?

18-55 years	55+
Thirty minutes of moderate-intensity exercise, at least five to seven days a week, e.g. brisk walking (5 km/hour) / cycling (16 km/hour)	Thirty minutes of moderate-intensity exercise, at least five, but preferably seven days a week. e.g. brisk walking (5 km/hour) / cycling (16 km/hour)
	Strength and balance exercises at least twice per week.
Fit: Twenty minutes of strenuous exercise	Fit: Twenty minutes of strenuous exercise

Try to exercise regularly and preferably daily. Using the gym is fine, but walking is just as good. You can also use a pedometer to see whether you're getting enough physical activity.

Per day:

- < 5000 steps Not active
- > 5000 steps Slightly active (3.4 km, 45 minutes)
- > 7500 steps Moderately active (5.6 km, 60 minutes)
- > 10,000 steps Active (7.5 km, 90 minutes)
- > 12,500 steps Very active (9.4 km, 2 hours and 15 minutes)

Other special occasions

Ramadan

After bariatric surgery, you should eat something six times a day and also find time to drink beverages. In our experience, this is very difficult to do during Ramadan. This creates the risk of dehydration and generally just feeling unwell. Therefore, we recommended refraining from participating in Ramadan on the basis of medical grounds. If you still want to try it, consult your internist or your dietitian.

Wish to have children

We recommend that you wait at least one-and-a-half years. It's important that you've stopped losing weight. If you're still losing weight, you won't be able to eat enough for you and your baby. Weight loss during pregnancy is detrimental to both mother and child.

If you have become pregnant and your weight is not yet stable, please contact the Obesity Surgery Department. You'll be seen by the internist and the dietitian.

Please note: losing weight may improve your fertility. Avoid getting pregnant by using an oral contraceptive pill or IUD, for example.

Guidance

Dietitians at the Spaarne Gasthuis will have counselled you about bariatric surgery if you had your procedure at the Slotervaart Hospital or Spaarne Gasthuis. There was no further guidance thereafter. If you experience explicable or inexplicable symptoms, excessive weight loss, fall pregnant within one-and-a-half years of the bariatric surgery, or in the event of abnormalities related to vitamins or minerals, the internist will refer you back to us.

If you are having difficulty following the recommendations or with applying them to your daily life or work, you can check in with a local dietitian. You may have received guidance from a dietitian before your surgery or you may still be receiving guidance.

See the following websites to find a dietitian in your area:

- www.nvdietist.nl
- www.dcn-diëtist.nl

You can usually see a dietitian without a referral. Your GP can also refer you. Always ask if the dietitian has experience with obesity surgery (bariatrics).

Lifestyle guidelines

Given everything described above, it's probably already clear what the lifestyle guidelines are. For your convenience, they're listed again below:

- Make sure to eat six protein-rich meals a day
- Eat slowly and chew your food thoroughly
- Eat or drink in a quiet place without distractions like a TV, phone or tablet
- Never drink during meals
- Drink beverages 20-30 minutes before or after you eat
- Drink slowly, sip by sip
- Choose foods with no added sugars
- Look out for fat
- Fruit also contains lots of sugars (fructose); eat them together with a high-protein product
- Take a daily multivitamin and mineral supplement
- Exercise thirty minutes each day

Examples

To aid you, we have provided some examples of meals and snacks below.

Divide the six times you eat over the 24 hours of the day. If you have an irregular work schedule, work out how you can eat six times per shift during the day. If you always get up very late, then your day will shift a bit. You'll have breakfast later and then have, for example, two protein-rich meals in the evening, which will often last longer. This means you'll have to find an eating pattern involving six high-protein meals that suits you. Your dietitian can help you with this.

Examples of breakfast, lunch and hot meals

Breakfast examples:

- One bowl (150 ml) of low-fat or semi-skimmed yoghurt, cottage cheese/Skyr or semi-skimmed milk with one serving (about 30-40 grams) of granola or other high-fibre breakfast cereal with no added sugars (i.e., no Cruesli/crisp granola).
- Three tbsp of oatmeal, 150 ml of semi-skimmed milk.
- 150 g of low-fat cottage cheese/yoghurt with one tablespoon of unsalted nuts.
- One to two whole grain rusks/crackers with savoury toppings; consider different types of cheese like goat cheese and cottage cheese or cold cuts, fish, eggs or peanut butter.
- One toasted whole-wheat sandwich with savoury toppings, see above.

If necessary, add some fresh fruit to the yoghurt. Consider eating half an apple with a sprinkle of cinnamon. Do this only if you have 150 ml of dairy, otherwise this will be at the expense of protein.

Lunch examples:

- All of the breakfasts mentioned above can also be eaten for lunch.
- One whole-grain bread roll with, for example, lean steak tartare, tuna salad or hummus with a boiled egg.
- A one to two egg omelette on a toasted whole-grain sandwich, possibly topped with some stir-fried vegetables.
- One small whole-wheat wrap with two tbs hummus, iceberg lettuce, one egg or smoked salmon or with some light dairy spread with salmon and some iceberg lettuce.
- A salad meal that includes at least 50 g of a high-protein product, such as smoked chicken, feta cheese, shredded cheese, an egg, fish or a vegetarian substitute (with at least 15 g of protein per 100 g). Add some carbohydrates to the salad meal in the form of a potato, one scoop of cooked (whole-wheat) pasta or 50 g of brown rice.

Hot meal examples

Aim for:

- 80-100 g of prepared meat, fish, chicken, egg or vegetarian replacement with at least 15 grams of protein per 100 grams
- Cook in one tbsp of liquid margarine or vegetable oil.
- One to two large serving spoons of vegetables.
- 50-100 g of a starchy product, such as potatoes, whole-grain pasta, brown rice, quinoa, whole-grain wraps, whole-grain bulgur wheat, whole-grain couscous and legumes

Examples for snacks:

- One whole-wheat cracker or rusk with low-fat margarine with savoury toppings, see Breakfast.
- One glass (150 ml) of low-fat yoghurt, cottage cheese/Skyr, buttermilk or semi-skimmed milk or other low-fat or semi-skimmed unsweetened milk product
- A latte with at least 100-150 ml of foamed milk. (Do not eat ready-made meals or products from the vending machine. These contain less protein and (often) a lot of sugar).
- A piece of cheese or two slices of chicken breast or an egg with smoked meat or a pickle with a slice of ham.
- One high-protein product (possibly in two servings). Note the added sugars in the list of ingredients.
- Two to three pieces of whole-grain toast with cheese, meat or fish.
- A handful of unsalted nuts (two to three times a week).

These are only examples. This does not mean that other meals are not good. The important thing is that every meal contains protein and some carbohydrates.

In conclusion

If you're finding it difficult to cope with the recommendations or lifestyle guidelines, it's a good idea to work with a dietitian. You may have been in contact with a dietitian prior to your surgery. If necessary, check the section on 'Guidance' to find a dietitian near you.

If the entire process is causing you stress and/or frustration, or if you notice a relapse into old, disordered eating behaviours, do let us know. If necessary, you can see a psychologist.

Obesity surgery is a tool. Changing your eating and lifestyle habits play a big role in weight loss. For some, this is easy. Others find it more difficult. Some are satisfied with their weight loss. For others, the outcome does not match expectations. For a large group of people, the weight-loss journey after surgery proceeds without major issues.

Our locations

Haarlem Zuid

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