Opbouw naar vaste voeding - Voeding vanaf 14 dagen na bariatrische operatie - Engels

Building up to solid food - Diet from 14 days after bariatric surgery

Introduction

The recommendations in this leaflet aim to reduce the risk of experiencing complaints during or after a meal as you transition to solid food. It also contains information that is and will remain important for you forever.

General

Eat slowly and chew your food thoroughly

- Take your time when eating meals and snacks (at least 20–30 minutes).
- Find a quiet place and make sure you are not disturbed.
- Put down your fork or spoon after each bite, chew slowly, swallow, take a breath and only then continue with the next bite.
- If it is difficult to eat solid food (for example, because of work), choose a high-protein drink such as milk, buttermilk or a sugar-free dairy drink, or have some low-fat yoghurt or fresh cheese, etc.
- Drink slowly, sip by sip.

Spaarne Gasthuis

Have at least six high-protein meals per day
To ensure you consume enough nutrients, it is important to eat something containing protein six times a day (see sample daily menu).
Do not skip meals. You will not be able to make up for one you have missed.

No appetite
You will often not feel hungry. This is because of the operation. Do not wait until you feel hungry! If you do, you will miss important meals. Eat by the clock; set your alarm or use an app (there are many apps in the app store or on patient websites).

Drinking
- Do **not** drink 20–30 minutes before a meal.
- Do **not** drink during a meal.
- Wait 20–30 minutes after a meal before having a drink.

These recommendations about drinking will apply for the rest of your life. Even if you do not experience any symptoms, we advise against drinking while eating because:
- it increases the risk of dumping syndrome after a gastric bypass;
- it flushes out the food, which could make you start eating more.

Drinking during a meal is one of the reasons people struggle to lose weight or gain weight in the future.

Drinking will be different than before the operation. You will notice that you can no longer drink a lot at once. Drink sip by sip.
It is not uncommon for people to experience water nausea or other complaints after a gastric bypass.
It can help to flavour your water with a little sugar-free lemonade or a slice of lemon, for example. Hot or cold flavoured tea can also work well.

Exercise caution with carbonated drinks; we recommend avoiding them entirely if you have trouble burping properly or experience excessive burping.
If you really want to have one, always choose a sugar-free variety and let the bubbles (carbonation) settle a little before drinking it. **Drink no more than one to two glasses of carbonated beverages per day.**

If you have a liquid product containing protein—such as soup or yoghurt—as a meal or snack, this counts as a meal and you must not drink when consuming it.

Building up your diet
Start slowly and do not choose anything too difficult. Start with softer products for your hot meal. For bread-based meals, opt for crisp products such as whole-wheat crackers and rusks; they will go down better. A slice of light toast is also a good alternative.

Bread-based meals
- whole-wheat rusk, whole-wheat crispbread
- whole-wheat bread (toasted)
- low-fat margarine
- **high-protein** topping (cheese, meat, fish, egg)

Variation
One bowl (150 ml) of low-fat or semi-skimmed yoghurt, fresh cheese or semi-skimmed milk with one serving (30–40 grams) of muesli or other high-fibre breakfast cereal with no added sugars (i.e. no Cruesli).

Please note that honey counts as sugar; do not use it. You may use a sweetener. Note: sweeteners containing sorbitol can cause symptoms such as gas, nausea and diarrhoea if used frequently.

Lunch variation
A salad containing at least 50 grams of a high-protein product such as:
- smoked salmon
- grated cheese
- an egg (scrambled, boiled or fried egg)
- tuna in water
- prawns
- smoked chicken fillet
- meat substitute (with at least 15 grams of protein per 100 grams)

Snacks
Choose something **containing protein** for snacks, such as:
- One whole-wheat cracker or rusk with low-fat margarine and a high-protein topping.
  or
- One glass (150 ml) of low-fat yoghurt, buttermilk or semi-skimmed milk or other low-fat or semi-skimmed unsweetened dairy product.
  or
- a latte with at least 100–150 ml of foamed milk. (do not opt for instant products or products from a vending machine. These contain less protein and can have a lot of added sugar).
  or
- a piece of cheese or two slices of chicken fillet or an egg with smoked meat or a pickle with a slice of ham or a handful of nuts (two to three times a week)

Hot meal
Aim for:
- 40–60 grams of prepared meat, fish, chicken, egg or meat substitute
- a little low-fat gravy or low-fat sauce
- One to two serving spoons of vegetables.

Start with the meat before eating the vegetables. If you have any room left:
- One small potato or one tablespoon of rice or pasta

Opt for meat, chicken, fish or a meat substitute with a loose structure.
Cook the vegetables. You can also try stir-fried vegetables or salad.

The quantities listed here are a guideline! If you are full after two mouthfuls, then so be it. You can try again after ten minutes if you like.

The hot meal is the most difficult one.
If you find this meal difficult, you could:
- Wait a little longer with transitioning to solid food.
- Opt for cold dishes, or have cold cuts instead of a piece of fried chicken fillet, for example.

Eating a hot meal usually becomes easier on its own, but it can take time.

Multivitamins and mineral supplements

Post surgery, you may not be able to consume all the nutrients your body needs. Your body will absorb various vitamins and minerals less efficiently for the rest of your life. As such, you should take a multivitamin and mineral supplement (tablet or capsule) every day for the rest of your life. It is important to choose a supplement that contains 100% of the recommended daily allowance (RDA) of vitamins and minerals, unless your doctor has instructed you otherwise.

Multivitamins and minerals specially designed to be taken after bariatric surgery

These multivitamin and mineral supplements are specially designed for people who have had obesity surgery. This supplement contains certain vitamins and minerals in larger quantities than the 100% daily recommended amount (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 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 at: 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 dietitian or doctor will tell you whether this is necessary. Consult carefully with your dietitian or doctor about which tablets you take. Be careful not to take too many vitamins and minerals, as this can be harmful to your health. Examples of such 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 is appropriate, bring the supplement and, if possible, the packaging with you to your appointment with the dietitian.

Instructions for use

- Tablets are often compressed. We recommend crushing or finely grinding them first to ensure 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 do not 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 should be swallowed whole and will break down after a few minutes.
- Take the multivitamin and mineral supplement in the evening before bedtime or with your hot meal. It will often contain little to no calcium.

- Do not consume dairy products or take a calcium supplement (if applicable) 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 GP has given you vitamins supplements such as vitamin D or B12, take the multivitamin and mineral supplement as well.
- Do not take any other vitamins or supplements without your doctor's or dietitian's knowledge and approval. Also, do not take nutritional supplements against hair loss without prior consultation. When in doubt, bring the supplement 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.***

Protein

The amount of protein you need depends on your height. In our experience, if you stick to six high-protein meals, you will come reasonably close.
To calculate the amount, follow the steps below:
- Calculate your weight at a BMI of 27.5. This is your height in metres x your height in metres x 27.5. For example, for a person who is 1.81 m tall: 1.81 x 1.81 x 27.5 = 90 kg.
- Multiply the result by 0.8.
- This result is the number of grams of protein you need.

Example 1
You are 1.60 m tall and weigh 90 kg
1.60 x 1.60 = 2.56
2.56 x 27.5 = 69 kg (= your weight at a BMI of 27.5)
70 x 0.8 = +/- 56 grams of protein (= your protein requirement)

Example 2
1.83 tall, 145 kg
1.83 x 1.83 = 3.35
3.35 x 27.5 = +/- 92 (= weight at a BMI of 27.5)
92 x 0.8 = 74 grams of protein (= your protein requirement)

Please note: **You will not reach these amounts in the first few weeks!** We know and accept that.
You do not need to start consuming extra protein shakes—we even advise against this. Just concentrate on the six meals containing protein.

High-protein products include:
- meat, fish and, chicken and egg
- meat substitute with at least 15 grams of protein per 100 grams
- milk and dairy products
  - milk, buttermilk, yoghurt, approximately 3 grams per 100 grams
  - fresh cheese 9–13 grams of protein per 100 grams
  - Optimel fresh cheese 6 grams of protein per 100 grams

Not all foods are created equal. Change it up to find out what suits you best. It is better to eat a whole cup of yoghurt with little difficulty than struggle with one mouthful of fresh cheese.

Plant-based products also contain some protein. You will need to eat more of them than animal products to meet your protein needs. If possible, combine a plant-based product (e.g., bread or beans) with another high-protein product.

Fruit

Fruit naturally contains a large amount of fruit sugar (fructose) and no protein. This makes fruit unsuitable as a snack.
If you want to eat fruit, add it to some yoghurt or fresh cheese, for example. Limit your intake to one to two portions a day.

Be careful with smoothies! They often contain more than one portion of fruit, which makes them high in sugar!
Smoothies made of only vegetables contain barely protein and are filling!

Complaints

Bowel movements

You may experience gastrointestinal issues. You are eating less, consuming less fibre, drinking is more difficult and you are not yet as physically active as you were before. You can prevent or reduce such complaints by following the advice below.

- Aim for 1.5 litres of fluid intake per day. Milk, dairy products and drinks such as tea and coffee also count as fluid.
- Opt for whole-grain products.
- Try to be physically active for at least 30 minutes every day (for example, cycling, walking).
- Contact your GP if the complaints persist.
- Do not take something you have obtained from the chemist yourself, such as Lactulose or senna tea; this could ultimately make the symptoms worse.

Dumping syndrome

Dumping syndrome occurs after a gastric bypass or a mini gastric bypass.
Dumping mainly occurs when very sweet or fatty food enters the small intestine too quickly.
Symptoms include stomach cramps, yawning, dizziness, a bloated feeling, nausea, trembling, feeling hungry, and vomiting.
These symptoms can last around 30–60 minutes.

Preventing dumping

To prevent dumping, you must avoid added sugars and fruit sugars. This includes:

- Honey
- See also the ‘Fruit’ section earlier in this leaflet.
- Drinks sweetened with sugar, sorbitol, fructose or honey—such as soft drinks, alcoholic drinks, milkshakes, yoghurt drinks, DubbelDrank products and full-fat/semi-skimmed chocolate milk—contain lots of calories and sugar.
- Also be careful with products such as cake, gingerbread, pastries, biscuits, muesli bars, cereal bars and sweet spreads.
- We also advise against eating very fatty products. Examples include fried products such as fried fish, chicken nuggets, chips and snacks such as croquettes and noodle patties.

Lie down for a while if you experience severe dumping symptoms. Make sure you do not lie completely flat to prevent the stomach contents from flowing back into the oesophagus.

Stuck feeling
This is common with all procedures. You get a stuck feeling when a piece of food becomes stuck just above the stomach in the oesophagus. This can be caused by eating too quickly, eating pieces of food that are too large, not chewing properly or overeating.
Your oesophagus will try to get rid of the piece by causing you to vomit. You will notice this because you will have a lot of mucous/saliva in your mouth and sometimes an urge to vomit. In some cases, this can happen after a single bite. The feeling will often disappear after half an hour.

Preventing a stuck feeling
It is important to eat slowly, chew well and do not have another bite if you think you are full.

Acid reflux or heartburn
This is most common with gastric sleeve surgery.
Use the stomach protection medication as instructed. Please contact your GP or the Obesity Surgery Department if the symptoms persist.

Feeling full/constant burping
Be careful with fizzy drinks; it is best to avoid them entirely. Eat slowly, chew slowly, and swallow as little air as possible. Be careful with chewing-gum.

Noisy intestines (rumbling)
The intestines will often start making more noise after the procedure. This is nothing to worry about.

Sagging skin
Many factors will determine whether your skin starts to sag. Your genes play a part in this, as does the degree of excess weight. Exercise can help but will not prevent it. The final result will not be visible until your weight has stabilised over a fairly long period of one to two years.

Physical activity
Physical activity is important; not just for you but for everyone. There is no limit to the amount of walking and cycling you can do.

- You can swim from two weeks after the operation if the wound has healed properly. Avoid the use of a sauna or sun bed until six weeks after the operation.
- For strength training: wait for three weeks after the operation and start slowly.
- You must give your abdominal muscles time to recover. If you experience muscle pain after the three weeks, slow down or wait a while longer before exercising your abdominal muscles.

Your weight after obesity surgery

You will lose the most weight in the first 1 to 2 years. On average, patients experience 30% to 35% weight loss in the first 1 to 2 years. Weight gain is common over time. This puts the final weight loss at 25% of the starting weight.
Your final weight loss may total more or less than that figure. This will also depend on how you closely you stick to the guidelines, how much you exercise or are able to exercise, and your medical history.
This means that not everyone will reach a ‘healthy’ weight. This is also not the goal.

The goal of the procedure is to achieve permanent weight loss.
In other words, to avoid piling all the weight back on with extra weight on top, as often happens with special weight-loss diets.

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

Do not compare yourself with others! The amount of weight loss varies from person to person.

Weight loss can stall for up to 3 weeks. This is annoying, but common. Try not to worry about it.

Follow-up consultations with the dietitian

The follow-up consultations with the Spaarne Gasthuis dietitian take place:

- two weeks after the group information session;
- twelve weeks after the individual consultation. You will discuss how things are going, six meals containing protein per day, options, complaints, etc.;
- There is a group meeting with the dietitian and the medical psychologist. During this meeting, we talk about the future, eating out, going on holiday, and we share experiences. This meeting is organised twice a year. You are welcome to join from one year after your operation.

We will remain available in the background. If there any complications, the internist, for example, will engage us again.

We recommend that you stay with your primary dietitian. They will be able to support you in following the guidelines and advise you on products. You can discuss the frequency of appointments with the dietitian.

You will have a check-up appointment with the internist after six months and once a year thereafter. These check-ups are important because your blood will be tested, among other things. The internist will engage us if necessary.

Summary

- 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 and avoid excessive fat
- Fruit also contains lots of sugars (fructose); eat it together with a high-protein product
- Take a daily multivitamin and mineral supplement
- Exercise thirty minutes each day

The process is different for everyone. You will learn what and how much you can tolerate in the coming period. One person will be able to eat everything without any problems, while someone else may have more difficulty. Try to eat a varied diet. If a food disagrees with you, try it again a few weeks later.
Bear in mind that you have not had much time to recover after the operation yet. Do not expect to start eating ‘normally’ again. We do not expect that either.
The main thing is to follow the guidelines as closely as possible.

Example of a daily menu for the transition to solid food

Breakfast
- One wholemeal rusk or one slice of wholemeal crispbread or half a slice of wholemeal bread, toasted or untoasted,
- spread with low-fat margarine
- topping: (30+) cheese, ham, chicken fillet, smoked salmon, tinned salmon/tuna in water, or egg

After 20 to 30 minutes
- One glass of low-fat fresh cheese, low-fat regular or Greek yoghurt, buttermilk, semi-skimmed milk or other low-fat or semi-skimmed unsweetened dairy product (150 ml)
- tea, coffee (with semi-skimmed evaporated milk and/or a sweetener, if desired) or water

Breakfast variation:
- Oatmeal porridge or Brinta (wheat porridge) made with semi-skimmed milk (150 ml)
- yoghurt with muesli or low-sugar Cruesli (150 ml)

During the morning
- One bowl or glass of low-fat fresh cheese, low-fat regular or Greek yoghurt, buttermilk, semi-skimmed milk or other low-fat or semi-skimmed unsweetened dairy product (150 ml)
- You can also add half a portion of fresh fruit if you have enough room

After 20 to 30 minutes
- tea, coffee (with semi-skimmed evaporated milk and/or a sweetener, if desired) or water

Lunch
- Two wholemeal rusks or two slices of wholemeal crispbread or one slice of wholemeal bread, toasted or untoasted,
- spread with low-fat margarine
- topping: (30+) cheese, ham, chicken fillet, smoked salmon, tinned salmon/tuna in water, or egg. Herring or mackerel are also good choices.

Lunch variation:
- Salad with a source of protein such as boiled egg, smoked chicken, tinned salmon/tuna (50 grams), etc.

After 20 to 30 minutes
- tea or coffee (with a sweetener and/or a dash of semi-skimmed evaporated milk, if desired)

During the afternoon
- One bowl or glass of low-fat fresh cheese, low-fat regular or Greek yoghurt, buttermilk, semi-skimmed milk or other low-fat or semi-skimmed unsweetened dairy product (150 ml) with a little fruit, if desired

After 20 to 30 minutes
- tea, water, coffee (with a sweetener and/or a dash of semi-skimmed evaporated milk, if desired)

Hot meal
- A half portion of lean meat, fish or chicken (= 60 grams, prepared weight), cooked in a tablespoon of liquid reduced-calorie cooking fat or oil.
- One to two serving spoons of cooked vegetables (75–150 grams)
- Two boiled potatoes or one tablespoon of rice or pasta

After 20 to 30 minutes
- tea, coffee (with semi-skimmed evaporated milk and/or a sweetener, if desired) or water

During the evening
- One bowl or glass of low-fat fresh cheese, low-fat yoghurt, buttermilk, semi-skimmed milk or other low-fat or semi-skimmed unsweetened dairy product (150 ml)

or
- One slice of crispbread or one wholemeal rusk spread with low-fat margarine
- topping: (30+) cheese, spreadable cheese, spreadable sausage, a slice of ham or other soft, lean meat product

After 20 to 30 minutes
- tea, coffee (with semi-skimmed evaporated milk and/or a sweetener, if desired) or water

This sample daily menu is an example. In other words, it is a suggestion as to how you could design your daily menu. Needless to say, you can change the meals. However, please remember that any alternative must contain a source of protein.

Questions and telephone numbers

It is important that you receive clear and accurate information. If you have any questions about food, contact your dietitian or the Baria Nederland dietitian.
Write down your questions in advance so that you don’t forget anything.

- Baria Nederland
  Monday to Friday between 08:00 – 12:00 and 13:-00 – 16:00 +31 23 224 0230
- Bariatric Surgery Department dietitian +31 23 224 0230