

Introduction

This stage starts around six weeks after surgery, once you are tolerating a soft food consistency, and will continue long-term. This sheet will highlight behaviours and recommendations that will form the basis of your new diet, as well as tips and changes at each point post-surgery. These recommendations will help you maximise your weight loss progress and help prevent weight re-gain.

Positive Eating Behaviours

- Establish a regular meal pattern of 3 meals per day.
- Always have meals based on high protein foods.
- Sit upright at a table to eat your meal.
- Use measuring cups to portion control meals using the guide below. Use a side plate (small plate or saucer) to help portion control your meals.
- Separate your serve into quarters and spend 5-7 minutes on each quarter.
- Use a teaspoon or small fork to help slow eating.
- Avoid snacking, picking or grazing between meals (even on high protein or low calorie foods).

Recommendations

- Avoid drinking liquids 30 minutes before and after eating.
- Meals should take between 20-30 minutes.
- Stop eating when you start to feel full.
- Protein must be included in every meal and should be eaten first.
- Include 60g protein per day from protein shakes until your 3 month clinic review (note: duodenal switch patients will require protein shakes for longer; to be discussed in clinic).
- Drink slowly and continue to drink between ½ 1 cup (125-250mls) an hour.
- Take small sips and remember to drink throughout the whole day between meals.
- Water is best tolerated when something is added to it (lemon juice/sugar-free cordial/herbal teabags).
- Your surgeon requires you to avoid caffeine life-long.
- Avoid mints or lollies (even if sugar free) as this can lead to snacking behaviours in the future.
- Avoid drinking through straws, carbonated drinks and chewing gum for the first 3 months as it increases gas in your stomach and can cause discomfort.
- You must avoid alcohol for at least the first year post-surgery as it is high in energy and can stimulate appetite. You will have a much lower tolerance to alcohol post-surgery, so it's important to avoid even small amounts in the first year. There are no safe drink driving limits for all post-surgery patients

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Portion Size Guide

You should use measuring cups to prevent overeating and should only start the next portion size once you reach the expected time post-surgery. For example, once you reach 6 months post-surgery, your serve is ½ cup.

Time post surgery	Serving size (maximum volume per meal)
6 weeks	¼ cup
3 months	¹ / ₃ cup
6 months	½ cup
9 months	¾ cups
12 months onwards	1 cup (majority of your meals)

Protein Requirement

My Daily Protein

g/day

- Protein is the most important part of your diet and will be for the rest of your life
- Bypass / Sleeve protein requirements per day: 80g minimum (once protein shakes stopped)
- Duodenal Switch protein requirements per day: 100g minimum (once protein shakes stopped)
- Your diet should include high protein foods at every meal to help promote weight loss from fat mass, preserve lean muscle tissue and help maintain weight loss from 12 months onwards
- Protein foods can be the hardest part of your diet to tolerate. This can be due to cooking technique, a consistency that is too tough/chewy, speed of eating, or eating and drinking together.

Multivitamins Regimen

My Multivitamin

x /day

After surgery you must take a multivitamin **every day for the rest of your life**. The type of multi-vitamin depends on which surgery you have, and the guidance of your surgeon:

- Duodenal Switch patients must take 8 BariLife tablets daily:
 - Take: 3 tablets morning, 3 tablets afternoon and 2 tablets evening.
- All Bypass and Sleeve patients must take one of the following recommended products:
 - BNMulti* purchase online: www.bnmulti.co.nz
 - NutriChew* purchase online: www.bandbuddies.co.nz or Waitematā Specialist Centre, Shea
 Terrace
 - BariLife "Just One"* purchase online: <u>www.barilife.co.nz</u>
 - Clinicians Multivitamin & Mineral Boost purchase from a pharmacy
 - Centrum 50+ Women's purchase from a pharmacy or supermarket
 - * marks Bariatric specific multivitamins.
- All **Mr Booth and Mr Robertson's Bypass and Sleeve** patients must take **two tablets** per day (except BariLife "Just One" as this is once daily).
- Mr Hammodat Sleeve patients must take one tablet per day (including BariLife "Just One" once daily)

Reminders

- If you are feeling 'hungry' between meals, always review the amount of protein included at each meal and ensure you are drinking sufficient fluids between meals, this should help prevent snacking.
- Portion sizes are restricted to work with the restriction the surgery has created, promoting weight loss.

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- Reading your written advice at the start of every month will help you to remain focused on the dietary requirements needed for success.
- Using a tracking app for your intake and weight will help you keep on track.
- Your meals should be based on the portions listed in the Portion Size Guide above.
- Meals should be mostly protein with a small amount of vegetable or salad included in the total serve.
- It may take a few weeks to comfortably finish the portion once you increase your serving size.
- You should focus on slowing the speed you eat so that meals take 20-30 minutes, if you still have food left after 30 minutes stop eating and don't go back for more.
- Carbohydrates are **not** included until your 9 month review with the dietitian.

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Protein Foods

All meals should be based around protein foods, for life. Selecting high protein options will help with a feeling of fullness, help retain lean muscle mass, and reduce snacking between meals.

It is important to cook your protein source so that it is easy to eat. Cooking techniques are crucial after bariatric surgery, as cooking techniques like grilling, tend to dry out high protein foods, making them more difficult to tolerate and eat.

If you aren't able to eat the protein portion of your meal this will lead to feelings of hunger between meals. This often leads to snacking and grazing behaviours and will affect your long-term weight loss.

Food	Preferred Choices	Caution
Eggs	ScrambledSoft poachedSoft boiled	FriedHard boiled yolks
Fish and seafood	 Fresh fish Seafood: crayfish / prawns / crab Shellfish: pāua / Kina / scallops / oysters / mussels Raw fish, seafood and shellfish Poach, steam, or microwave until just cooked Tinned fish in a sauce 	 Fried (oil/dry/air) Crumbed / battered / breaded Overcooked Cooked with butter / oil Tinned fish in oil
Chicken	 Mince Tinned in a sauce Skinless thigh Slow cooked / crock pot Casserole 	 Breast (tends to be too dry) Nibbles (high fat/low protein) Fried (oil/dry/air) Crumbed, battered, or breaded Grilled or baked Overcooked With skin
Beef, Lamb and Pork	 Lean mince Pork fillet Thinly sliced, lean deli meat Rare, very thinly sliced Slow cooked / crock pot Casserole 	 Gristly meat Overcooked Fried (oil/dry/air) Grilled/Baked/BBQ High fat meat such as salami, pepperoni and all processed meats and sausages
Vegetarian	 Tofu Tempeh Legumes Meat alternative proteins (aim for the highest protein and lowest fat content you can find) 	 Undercooked Limit meals of vegetarian protein to 1-2 per week as they are much lower in protein if not vegetarian (discuss with the dietitian)

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Dairy

Dairy foods are a good source of protein and are a great way to add extra protein to meals without significantly increasing the overall volume of a meal. Milk and yoghurts should be selected based on their protein content. Look for around 6g protein per 100mls for milk and over 8g protein per 100g for yoghurt. Cheese can be added to a meal but should be avoided as the only source of protein at meals.

When having breakfast cereals the protein comes from the high protein milk or yoghurt and therefore the dairy food should be the biggest part of the meal. If you are dairy-free, you should consider a dairy free protein powder smoothie (homemade) to maximise your protein intake at this meal.

Food	Preferred Choices	Caution
Milk	High protein milk (6g protein per 100mls)	Low protein milks
	High protein soy milk (use only if dairy free)	(almond/oat/rice/hemp)
		Sweetened dairy free milks
		Milk and thick shakes
		Flavoured milk
Yoghurt	High protein yoghurt (>8g protein per	 Diet yoghurt (low protein)
	100g) – avoid varieties with added fruit as	 Coconut yoghurt (very low protein)
	it will increase the total sugar content	Frozen yoghurt
Cheese	Cottage cheese	Camembert/brie/blue
	Cream cheese	
	Hard cheese	
Other		Ice cream or Gelato
		 Smoothies (shop bought)
		Thick shakes

Vegetables

Vegetables are an important part of your diet after surgery, but the protein part of your meal should always be the largest part of your meal.

Food	Preferred Choices	Caution
Vegetables	 Use the allowed list of vegetables from Stage 1 Optifast diet Overcook vegetables for the first few weeks and then gradually increase the consistency as tolerated All salad vegetables (best tolerated chopped into small pieces) Finely shredded iceberg or cos lettuce Soup (thin vegetable soup can be included as part of your fluids) 	 Stalks of broccoli and cauliflower (initially) Raw vegetables (initially) Mesclun salad and rocket lettuce (initially) Potato and kūmera are carbs (avoid until 9 months) Vegetable soup cannot be included as a meal option due to low protein content

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Fruit

Fruit is a healthy snack and can be included between meals once you are consistently meeting your fluid and protein requirements. Fruit should only be included when you want it and not out of habit or routine. You should control the portion size of your fruit to prevent overeating.

Food	Preferred Choices	Caution
Fruit	Initially small amounts of the following fruit can be added into breakfast (adding 1-2 tbsp): • Berries (fresh/frozen) • Grated apple or pear • Bobby sized bananas All other fruit can be included at 3 months post-surgery as a snack between meals: • One small cupped hand serving size • Maximum of 1 serves per day	 Skin on fruit (initially) Large banana's (bigger than bobby sized) Large portions of fruit Tinned fruit in syrup Fruit juice Dried fruit (more than 1 tbsp) Avoid eating fruit out a habit (e.g. having fruit every morning tea time regardless of appetite)

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6 Weeks to 6 Months Post-Surgery

Introduction

In this initial stage of following a soft diet you should continue to establish a regular meal pattern and practice positive eating behaviours. Your portion sizes and variety of food will slowly increase and you are encouraged to follow recommendations in our written advice to help maximise your weight loss during the year ahead.

The first few months after surgery will be when you experience rapid weight loss. During this time, it is important to consume high amounts of high protein foods and fluids. This will help to reduce (not prevent) symptoms of rapid weight loss such as hair loss. It will also help to promote weight loss from fat mass rather than lean muscle tissue. When lean muscle tissue is lost, it can cause increased tiredness, loss of strength and an increased risk of weight regain in the future.

Your diet for the first 3 months should consist of 3 high protein meals plus 60g protein from fluids between meals. Protein should exceed the requirements shown on page 2. Note: duodenal switch patients will have these high protein fluids for a longer time period.

Portion Size Guide

You should use measuring cups to prevent overeating and should only start the next portion size once you reach the time post-surgery. For example, once you reach 3 months post-surgery, your serve will be $^{1}/_{3}$ cup and this is your serving size until you reach 6 months post-surgery.

Time post surgery	Serving size (maximum volume per meal)
6 weeks	¼ cup
3 months	¹/₃ cup
6 months	½ cup
9 months	¾ cups
12 months onwards	1 cup (majority of your meals)

Reminders

- Meals should be mostly protein with a small amount of vegetable or salad included in the total serve.
- As your portion sizes increase you should add extra protein and a small amount of extra vegetables.
- For example, for ¼ serve this should be mostly protein with 1-2 tsp vegetables included in this portion. For a 1/3 cup serve this should be mostly protein with 1 tbsp vegetables included in this portion.
- After your 3 month review patients who have had a gastric bypass or gastric sleeve can stop taking protein shakes.

Carbohydrates

Carbohydrates are an important part of a normal diet, but with the small size of your new stomach it's important to limit portion sizes and frequency of carbohydrate rich foods to prioritize protein. The only carbohydrates included at this stage are breakfast cereals or the occasional cracker as part of a high protein meal.

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The following carbohydrates are appropriate choices for the first 9 months in your post-surgery journey.

Food	Preferred Choices	Caution
Cereal	First 3 months: Porridge / rolled oats Weetbix All-Bran / Bran Flakes (plain) Special K From 3 months onwards All of the above Untoasted and low sugar muesli	 Flavoured instant oats / sachets Cereal with dried fruit High sugar cereals
Crackers	First 3 months: Water crackers (x2 maximum serve) Rice crackers (x3 maximum serve) Cruskit (x1 maximum serve) From 3 months onwards All of the above Ryvita (x1 maximum serve) Vitawheat (x1 maximum serve)	 Cream crackers Meal Mates Crackers with more than 10g fat per 100g Rice thins (too large for a portion post-surgery)

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	Day 1 Breakfast	Day 2 Breakfast	Day 3 Breakfast	Day 4 Breakfast	Day 5 Breakfast	Day 6 Breakfast	Day 7 Breakfast
Write in your	All Bran/plain Bran	½ Weetbix with +	1 Poached egg	¼ cup porridge	½ Weetbix with +	¼ cup high	Scrambled egg (1
own times	flakes – start with	¼ cup high protein	<i>and</i> smoked	made with ½ cup	¼ cup high protein	protein yoghurt	egg) + lean
	¼ cup high protein	milk	salmon or lean	high protein milk	milk		shredded protein:
Breakfast:	milk with 2 tbsp		ham or shredded	and ¼ cup served			salmon/chicken/
ыеикјизт.	flakes		chicken	for your meal			ham/mince)
		Fluids ONLY	between meals: 3		fast until 30 minutes b	efore Lunch	
Gap				Aim: 800mls min			
_, , ,				rotein shake + other fl			
Fluids	Day 1 Lunch	Day 2 Lunch	Day 3 Lunch	Day 4 Lunch	Day 5 Lunch	Day 6 Lunch	Day 7 Lunch
Gap	1/4 - 1/3 cup	1/4 - 1/3 cup	1 very soft runny	$\frac{1}{4} - \frac{1}{3}$ cup salmon	$\frac{1}{4}$ - $\frac{1}{3}$ cup leftover	$\frac{1}{4}$ - $\frac{1}{3}$ cup tuna	$\frac{1}{4}$ - $\frac{1}{3}$ cup leftover
σαρ	shredded chicken	homemade	poached egg and	and extra low fat	savoury mince and	and cottage	seafood chowder
Lunch:	with cottage	protein-rich soup	¼ - ¹/₃ cup	cream cheese with	soft vegetables	cheese with	
	cheese + (from 8		shredded	2-3 small rice		shredded salad	
	weeks) shredded		chicken or lean	crackers		vegetables	
	salad		sliced ham				
Gap		Eluide ONI	V hotwoon moals:	20 minutes after Lung	 ch until 30 minutes bef	ore Dinner	
Fluids		Fidius Oivi	.r between meals.	Aim: 800mls min	ii uiitii 50 iiiiiutes bei	ore Diffile	
riuius			Di	rotein shake + other fl	uids		
Gap	Day 1 Dinner	Day 2 Dinner	Day 3 Dinner	Day 4 Dinner	Day 5 Dinner	Day 6 Dinner	Day 7 Dinner
	$\frac{1}{4}$ - $\frac{1}{3}$ cup chicken	$\frac{1}{4}$ - $\frac{1}{3}$ cup flaked	$\frac{1}{4} - \frac{1}{3}$ cup beef	$\frac{1}{4} - \frac{1}{3}$ cup lean	$\frac{1}{4}$ - $\frac{1}{3}$ cup of low fat	$\frac{1}{4} - \frac{1}{3} cup$	$\frac{1}{4} - \frac{1}{3} cup$
Dinner:	with gravy	soft fish and white	and lentil	savoury mince	seafood chowder	Chicken	bolognaise mince
		sauce	casserole	,		casserole	
Gap	Fluids ONLY after Dinner: 30 minutes after Dinner until bedtime						
			Aim:	400mls to meet 2 litr	es total		
Fluids			Include p	rotein shake if not yet	at 60g total		
	. , ,						

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6 to 9 Months Post-Surgery

Introduction

Once you have reached 6 months post-surgery you might find life is starting to return to "normal", which can lead to moving away from certain dietary recommendations. Continuing to base all meals around high protein foods will help keep you fuller for longer, and help you to avoid snacking and grazing between meals.

Your meals should still be mostly protein with some vegetables or salad. The only carbohydrates included at this stage are breakfast cereals or the occasional cracker as part of a high protein meal. We recommend that you review your intake regularly to ensure you are still on track.

Protein powders are no longer required on a daily basis unless advised by your dietitian. These are only needed on days where you are unwell and unable to eat enough protein, or if you have an unplanned disruption to your day and are unable to eat as usual.

Portion Size Guide

You should use measuring cups to prevent overeating and should only start the next portion size once you reach the time post-surgery. For example, now you are 6 months post-surgery, your serve is ½ cup and this is your serving size until 9 months post-surgery.

Time post surgery	Serving size (maximum volume per meal)
6 weeks	¼ cup
3 months	¹ / ₃ cup
6 months	½ cup
9 months	³ / ₄ cups
12 months onwards	1 cup (majority of your meals)

Reminders

- Protein must continue to be the main part of your meals and should be eaten first.
- Duodenal Switch patients can now stop protein shakes if meeting 100g protein with food and fluids.
- Continue to avoid carbohydrates (other than the allowed exceptions) until 9 months.
- At this stage your ½ cup serving should be mostly protein but with 2 tbsp vegetables or salad included within your total serve.

Carbohydrates

Carbohydrates are an important part of a normal diet, but with the small size of your new stomach it's important to limit portion sizes and frequency of carbohydrate rich foods to prioritize protein. The only carbohydrates included at this stage are breakfast cereals or the occasional cracker as part of a high protein meal.

The following carbohydrates are appropriate choices for the first 9 months in your post-surgery journey.

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Food	Preferred Choices	Caution
Cereal	 Porridge / rolled oats Weetbix All-Bran / Bran Flakes (plain) Special K Untoasted and low sugar muesli 	 Flavoured instant oats / sachets Cereal with dried fruit High sugar cereals
Crackers	 Water crackers (x2 maximum serve) Rice crackers (x3 maximum serve) Cruskit (x1 maximum serve) Ryvita (x1 maximum serve) Vitawheat (x1 maximum serve) 	 Cream crackers Meal Mates Crackers with more than 10g fat per 100g Rice thins (too large for a portion post-surgery)

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	Day 1 Breakfast	Day 2 Breakfast	Day 3 Breakfast	Day 4 Breakfast	Day 5 Breakfast	Day 6 Breakfast	Day 7 Breakfast
Write in your own	½ cup serve of	1 Weetbix with +	1 Poached egg	½ cup porridge	1 Weetbix with +	½ cup high	½ cup serve of
times	high protein milk	½ cup high protein	and smoked	made with high	½ cup high protein	protein yoghurt	scrambled eggs (1-
	and All Bran or	milk + ¼ bobby	salmon or lean	protein milk	milk + 2 tsp fruit + 1	+ 2 tbsp low-	2 eggs) + lean
Dungleforet	plain Bran flakes	banana	ham or shredded		tsp hemp seeds	sugar muesli	shredded protein:
Breakfast:			chicken to make				salmon/chicken/
			½ cup				ham/mince
Gap		Fluids ONLY	between meals: 30	0 minutes after Break	fast until 30 minutes k	efore Lunch	
E				Aim: 800mls min			
Fluids	Day 1 Lunch	Day 2 Lunch	Day 3 Lunch	Day 4 Lunch	Day 5 Lunch	Day 6 Lunch	Day 7 Lunch
Gap	½ cup shredded	½ cup homemade	1 very soft runny	½ cup salmon and	½ cup leftover	½ cup tuna and	½ cup serve hot
Gup	chicken with	protein-rich soup	poached egg and	extra low fat	savoury mince and	cottage cheese	smoked salmon
Lunch:	cottage cheese +		½ cup shredded	cream cheese with	soft vegetables	with shredded	and low-fat
	shredded salad		chicken or lean	salad and 1 Ryvita		salad vegetables	coleslaw
			sliced ham	cracker			
_							
Gap		Fluids ONL	Y between meals:	30 minutes after Lunc	ch until 30 minutes bef	ore Dinner	
Fluids				Aim: 800mls min			
Transassiniii i	Day 1 Dinner	Day 2 Dinner	Day 3 Dinner	Day 4 Dinner	Day 5 Dinner	Day 6 Dinner	Day 7 Dinner
Gap	½ cup chicken	½ cup flaked soft	½ cup beef and	½ cup lean nachos	½ cup of low fat	½ cup chicken	½ cup steak (rare
	with gravy and	fish in a white	lentil casserole	mince	seafood chowder	and vegetable	to medium)
Dinner:	vegetables	sauce				curry	
	Fluids ONLY after Dinner: 30 minutes after Dinner until bedtime						
Gap	Aim: 400mls to meet 2 litres total						
7							
Fluids							

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9 to 12 Months Post-Surgery

Introduction

Once you have reached 9 months post-surgery your weight loss is likely to slow down, although this does depend on the type of surgery you have had. It's important to continue to follow our recommendations for diet and lifestyle to maximise your weight loss from surgery. Weight loss plateaus can be prolonged if snacking and grazing behaviours have crept in which can also be linked to lower than recommended protein intake. Reviewing what you are eating, how much you are eating and your eating habits is a useful way to identify what needs to be addressed.

Protein continues to be the most important part of your diet and your meals should continue to be based around foods high in protein. Your serving size of ¾ cup should be mostly protein, with less than half the serve being vegetables or salad and a very small serve of carbohydrates. We recommend that the carbohydrates are high fibre to increase satiety and help limit snacking and grazing. Higher fibre diets are linked with healthy gut microbiome and improved weight maintenance after weight loss.

Portion Size Guide

You should use measuring cups to prevent overeating and should only start the next portion size once you reach the time post-surgery. For example, you are now 9 months post-surgery, your serve is ¾ cup and this is your serving size until 12 months post-surgery.

Time post surgery	Serving size (maximum volume per meal)
6 weeks	¼ cup
3 months	¹ / ₃ cup
6 months	½ cup
9 months	¾ cups
12 months onwards	1 cup (majority of your meals)

Reminders

- Small amounts of carbohydrates can now be included in your diet after your 9 month review, although it is still important to always eat the protein component of your meal first.
- At this stage your ¾ cup serving should be half protein, almost half vegetables/salad, and 2 tbsp carbohydrates.

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Carbohydrates

High fibre carbohydrates provide your gut bacteria with something healthy to feed on. Having happy, healthy gut bacteria can lead to better weight maintenance after weight loss. Carbohydrates are an important part of a normal diet, but with the small size of your new stomach it's important to limit portion sizes and frequency of carbohydrate rich foods to prioritize protein. Aim to reintroduce carbohydrates gradually from 9 months onwards to help keep control over sizes/variety.

Food	Preferred Choices	Caution
Cereal (Limit serve of cereal to maximise the protein portion)	 Porridge / rolled oats Weetbix All-Bran / Bran Flakes (plain) Special K Untoasted and low sugar muesli 	 Flavoured instant oats / sachets Cereal with dried fruit High sugar cereals
Crackers (As per maximum serves stated)	 Water crackers (x2 maximum serve) Rice crackers (x3 maximum serve) Cruskit (x1 maximum serve) Ryvita (x1 maximum serve) Vitawheat (x1 maximum serve) 	 Cream crackers Meal Mates Crackers with more than 10g fat per 100g Rice thins (too large for a portion post-surgery)
Complex Carbohydrates (Roughly 2 tablespoons)	 Potatoes and Kūmara skins on, boiled Quinoa and buckwheat Wholegrain (brown) or wild rice Legume (black bean/edamame) noodles Wholegrain bread (extra thin, toasted ½ slice), wholegrain wraps (½ wrap), wholegrain pitta bread (½ pitta) 	 Peeled or mashed with butter Couscous White rice All white noodles Fresh bread / white bread More than ½ slice

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	Day 1 Breakfast	Day 2 Breakfast	Day 3 Breakfast	Day 4 Breakfast	Day 5 Breakfast	Day 6 Breakfast	Day 7 Breakfast
Write in your own	¾ cup yoghurt,	¾ cup high	1-2 Poached eggs	¾ cup porridge	¾ cup high protein	¾ cup serve of	¾ cup total serve
times	Bran flakes and	protein milk + 2	and smoked	made with high	milk + 2 Weetbix	high protein	scrambled eggs
	fruit (limit fruit to	Weetbix	salmon or lean	protein milk		yoghurt, low-	and lean shredded
Dunalifant	no more than ¼		ham or shredded			sugar muesli and	protein:
Breakfast:	cup with the total		chicken to make ¾			fruit (maximum	salmon/chicken/
	serve)		cup			¼ cup fruit)	ham/mince
		=1.11.00			·		
Gap		Fluids ON	LY between meals: 3		fast until 30 minutes k	efore Lunch	
·				Aim: 800mls min			
Fluids	Day 1 Lunch	Day 2 Lunch	Day 3 Lunch	Day 4 Lunch	Day 5 Lunch	Day 6 Lunch	Day 7 Lunch
	¾ cup serve of	¾ cup	¾ cup serve of hot	¾ cup serve of	¾ cup serve of	¾ cup serve of	¾ cup serve of
Gap	shredded chicken	homemade	smoked salmon	salmon and extra	savoury mince and	tuna and cottage	tofu, salad and 2
	with cottage	protein-rich	frittata and salad	low fat cream	vegetables with	cheese with	tbsp legume
Lunch:	cheese + shredded	soup + ½ slice		cheese with salad	poached egg	shredded salad	noodles
	salad	extra thin toast		and 1 Ryvita		vegetables	
		for croutons		cracker			
Gap		Fluids O	NLY between meals:	30 minutes after Lunc	h until 30 minutes bef	ore Dinner	
Fluids				Aim: 800mls min			
1 10103	Day 1 Dinner	Day 2 Dinner	Day 3 Dinner	Day 4 Dinner	Day 5 Dinner	Day 6 Dinner	Day 7 Dinner
Gap	¾ cup serve of	¾ cup serve fish	¾ cup serve of	¾ cup serve of	¾ cup serve of hot	½ cup serve of	¾ cup serve of
	chicken with gravy	and white sauce	tempeh,	nacho mince, 1 tbsp	smoked salmon,	chicken and vege	steak (rare to
Dinner:	and vegetables + 1	and vegetables	vegetables + 2 tbsp	sour cream + 4 corn	low-fat coleslaw +	curry + 1-2 tbsp	medium) and
	small boiled		legume noodles	chips	2tbsp legume	brown rice	vegetables
	potato				noodles		
Gap							
О Ф			Fluids ONLY after Di	nner: 30 minutes afte	er Dinner until bedtim	e	
Fluids			Aim:	400mls to meet 2 litre	es total		

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1 year+ Post-Surgery

Introduction

You are now 12 months post-surgery. It is usually from this point where the surgery is no longer driving your weight loss. Maintenance can be harder than the initial weight loss stage because patients are often not receiving physical feedback (losing weight rapidly) or verbal feedback (from friends and whānau). This is the point where your choices are going to become solely responsible for your weight. If you pick-up bad habits now they might not have an immediate effect but will lead to weight regain over time. It is important to focus on your lifestyle and dietary routine to maintain the weight loss you have achieved. Weight loss duration will vary depending on the type of surgery you have had. If you are unsure about what to expect from your surgery, please speak with the team.

Protein foods continue to be the most important part of your diet and all meals should be based on them. Your serving size now increases to 1 cup and this should be the size of your serve for most meals, lifelong.

Portion Size Guide

You should use measuring cups to prevent overeating and should only start the next portion size once you reach the time post-surgery. For example, once you reach 12 months post-surgery, your serve is 1 cup and this is your serving size for the majority of your meals, lifelong.

Time post surgery	Serving size (maximum volume per meal)
6 weeks	¼ cup
3 months	¹ / ₃ cup
6 months	½ cup
9 months	¾ cups
12 months onwards	1 cup (majority of your meals)

Reminders

- At this stage your 1 cup serving should be half protein, almost half vegetables/salad, and 2 tbsp carbohydrates.
- Portion sizes are limited to 1 cup to work with the restriction the surgery has created. Avoid overeating
 as this will lead to eating bigger and bigger serves and ultimately will contribute to increased weight
 regain.
- Reading your written advice at the start of every month will help you to remain focused on the dietary
 requirements needed for success and using a tracking app for your intake and weight will help you keep
 on track.
- We have advised you to avoid alcohol for the past 12 months. It can now be reintroduced but all alcohol is high in energy and can stimulate appetite, leading to extra energy intake. There are no safe drink driving limits for all post-surgery patients and there is a higher prevalence of post-surgery patients developing an alcohol dependency on relatively low volumes (compared to pre-surgery intake), therefore it is recommended alcohol does not become a regular part of your intake

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Carbohydrates

High fibre carbohydrates provide your gut bacteria with something healthy to feed on. Having happy, healthy gut bacteria can lead to better weight maintenance after weight loss. Carbohydrates are an important part of a normal diet, but with the small size of your new stomach it's important to limit portion sizes and frequency of carbohydrate rich foods to prioritize protein. Carbs can be part of your regular diet at this stage, but aim for higher fibre complex carbs for the majority of your meals.

Food	Preferred Choices	Caution
Cereal (Limit serve of cereal to maximise the protein portion)	 Porridge / rolled oats Weetbix All-Bran / Bran Flakes (plain) Special K Untoasted and low sugar muesli 	 Flavoured instant oats / sachets Cereal with dried fruit High sugar cereals
Crackers (As per maximum serves stated)	 Water crackers (x2 maximum serve) Rice crackers (x3 maximum serve) Cruskit (x1 maximum serve) Ryvita (x1 maximum serve) Vitawheat (x1 maximum serve) 	 Cream crackers Meal Mates Crackers with more than 10g fat per 100g Rice thins (too large for a portion post-surgery)
Complex Carbohydrates (Roughly 2 tablespoons)	 Potatoes / Kūmara skins on, boiled Quinoa and buckwheat Wholegrain (brown) or wild rice Legume (black bean/edamame) noodles Wholegrain bread (extra thin, toasted ½ slice), wholegrain wraps (½ wrap), wholegrain pitta bread (½ pitta) 	 Peeled or mashed with butter Couscous White rice All white noodles Fresh bread / white bread More than ½ slice

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	Day 1 Breakfast	Day 2 Breakfast	Day 3 Breakfast	Day 4 Breakfast	Day 5 Breakfast	Day 6 Breakfast	Day 7 Breakfast
Write in your own	1 cup yoghurt,	¾-1 cup high	1-2 Poached eggs	¾ -1 cup porridge	¾-1 cup high	¾-1 cup serve of	34-1 cup total serve
times	Branflakes and	protein milk + 2	and smoked	made with high	protein milk + 2	high protein	scrambled eggs
	fruit (limit fruit to	Weetbix	salmon or lean	protein milk	Weetbix	yoghurt, low-	and lean shredded
Dunalifant	no more than ¼		ham or shredded			sugar muesli and	protein:
Breakfast:	cup with the total		chicken to make 1			fruit (maximum	salmon/chicken/
	serve)		cup			¼ cup fruit)	ham/mince
		51 14 ON	17/1-1		Control 1100 of the Lord		
Gap		Fluids ON	Ly between meals: 3		fast until 30 minutes k	Defore Lunch	
				Aim: 800mls min			
Fluids	Day 1 Lunch	Day 2 Lunch	Day 3 Lunch	Day 4 Lunch	Day 5 Lunch	Day 6 Lunch	Day 7 Lunch
	1 cup serve of	1 cup	1 cup serve of hot	1 cup serve of	1 cup serve of	1 cup serve of	1 cup serve of tofu,
Gap	shredded chicken	homemade	smoked salmon	salmon and extra	savoury mince and	tuna and cottage	salad and 2 tbsp
Lunah	with cottage	protein-rich	frittata and salad	low fat cream	vegetables with	cheese with	legume noodles
Lunch:	cheese + shredded	soup + ½ slice		cheese with salad	poached egg	shredded salad	
	salad	extra thin toast		and 1 Ryvita		vegetables	
		for croutons		cracker			
Gap		Fluids O	NLY between meals:	30 minutes after Lunc	h until 30 minutes bef	fore Dinner	
Fluids				Aim: 800mls min			
1 14143	Day 1 Dinner	Day 2 Dinner	Day 3 Dinner	Day 4 Dinner	Day 5 Dinner	Day 6 Dinner	Day 7 Dinner
Gap	1 cup serve of	1 cup serve fish	1 cup serve of	1 cup serve of	1 cup serve of hot	1 cup serve of	1 cup serve of
	chicken with gravy	and white sauce	tempeh,	nacho mince, 1 tbsp	smoked salmon,	chicken and vege	steak (rare to
Dinner:	and vegetables + 1	and vegetables	vegetables + 2 tbsp	sour cream + 4 corn	low-fat coleslaw +	curry + 1-2 tbsp	medium) and
	small boiled		legume noodles	chips	2tbsp legume	brown rice	vegetables
	potato				noodles		
Gap							
					er Dinner until bedtim	е	
Fluids			Aim:	400mls to meet 2 litre	es total		

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