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http://www.ucsfhealth.org/treatments/bariatric_surgery/

For further information, and for forms and program materials,
Please visit our program website at: <http://bariatric.surgery.ucsf.edu/>
UCSF Health also has related information, which can be found at:

http://www.ucsfhealth.org/treatments/bariatric_surgery/

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UCSF Bariatric Surgery New Patient Orientation

The UCSF Bariatric Surgery New Patient Orientation is offered through our Center for pre-operative and post-operative patients, as well as for family members and other interested persons.

The group meets at 8am every Wednesday morning on the 2nd Floor Surgical Faculty Practice Conference Room at 400 Parnassus Avenue for scheduled new patients.

Additional Open Forum Orientation video is available online at:

<https://bariatric.surgery.ucsf.edu/>

or Vimeo at: <https://vimeo.com/311557577>

We additionally offer once per month open forum orientations every third

Wednesday from 5-6pm. For updated room location, please email:

BariatricSpptGroup@UCSFmedctr.org

UCSF Bariatric Surgery Support Group

The UCSF Bariatric Surgery Support Group is offered through our Center for pre-operative and post-operative patients, as well as for family members and other interested persons.

The group meets from 6pm to 7pm on the 3rd Wednesday of every month in 513 Parnassus Avenue, San Francisco, CA. For room location and updated topic announcements please subscribe to our mailing list at:

BariatricSpptGroup@UCSFmedctr.org

Registration is not necessary to attend the support group – All are welcome so please bring friends & family.

Acknowledgements

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Bariatric Surgical Procedures

The following are surgical procedures offered at UCSF for Bariatric Surgery.

Roux-en-Y Gastric Bypass

A small stomach pouch is created using a surgical stapler.

This pouch restricts food intake so that you can eat only small amounts of food at one time. The small intestine is divided and one end is raised and attached to the stomach pouch. The other end of the small intestine that is still connected to the stomach remnant is reconnected to another portion of the small intestinal.

Gastric bypass



Sleeve Gastrectomy

A small sleeve, or narrow pouch, of the left side of the stomach is created using a surgical stapler. Once the sleeve is complete, the rest of the stomach is removed. The intestine is not involved in this procedure.

Gastric sleeve



Revisions of Adjustable Gastric Banding

UCSF Bariatric Surgery is no longer offering the Adjustable Gastric Band as an initial procedure. However we do routinely convert Gastric Bands to Roux-en-Y Gastric Bypass or Sleeve Gastrectomy.

Preparation Before Your Weight Loss Surgery

Required Clearance

The following must be complete in order to schedule your surgery. Be sure to check with your insurance carrier about their exact requirements for approval of coverage:

1. Weight loss as per your surgeon's and insurance's recommendations. Please be sure to check with your insurance to ensure that they cover bariatric surgery and that you are aware of any specific additional requirements example: 4-6 months of consecutive non-surgical weight loss attempts documented by a medical provider.

See our web page for updated insurance requirements

- bariatric.surgery.ucsf.edu

2. Satisfactory completion of all necessary pre-operative tests and consults.

See our web page or end of this booklet for commonly required pre op tests

3. You have made plans for postoperative care at home and for the care of others in the home (during your hospital stay and for 1–2 weeks afterwards), transportation to and from the hospital, and any other situations that may pose a difficulty for you.

4. Once you have completed and faxed (415-353-2505) or mailed us copies of all of your assigned tests and consultations, contact us to flag the pre-op (Packet Ready) review process and to schedule a second and likely final evaluation with your surgeon. If no further diagnostics or interventions are necessary, the process will begin for scheduling your operation after the Packet Ready (PRP) visit.

The Pre Op Liquid diet

14 days before your surgery date, mark your calendar and begin your pre op liquid diet.

Your surgeon recommends that you go on a "strictly liquids" diet 14 days before your weight loss surgery. Weight loss just before surgery will shrink the size of your liver. This reduces the chances of injury to your liver, stomach, spleen or intestines.

****All patients are required to start a Liquid Diet 2 weeks before surgery****

During this time you will live on 2 + protein shakes daily as your only source of calories. No solid food.

The goal is 60-80 grams of protein per day and around 500-700 calories per day. You may also add a general multivitamin and calcium supplement to ensure proper nutrition leading up to surgery. We recommend **Bariatric ProCare multivitamin with 45mg iron** once per day. This is the multivitamin you will be taking after your operation for life. It is available online only, without a prescription, at **procarenow.com** or by calling **(877-822-5808)**. Remember you will need to crush, chew, or take liquid medications for 3 months after bariatric surgery so it is best to buy chewable supplements (gel caps or capsules can be swallowed whole).

Popular Proteins Shakes for Nutrition:

- ✓ Ensure Max – 30g protein, 150 cal, 1g of sugar, available on Amazon.com
- ✓ Premier Protein – 30g protein, 160 cal, 1g of sugar (available at Costco)
- ✓ Muscle Milk Light – 20g protein, 100 cal, 0g of sugar (available at Costco)
- ✓ Ok to use powders or create your own, the goal is of 20-30g of protein and under 160 calories per shake.
- ✓ Orgain Protein Plant Based Powder (lactose-free)

Note: Glucerna – 10g protein, 190 cal, 6g sugar

(Recommended for diabetic patients to help stabilize blood sugars)

Ideally, a shake should have low calories (below 160) and high in protein 20-30 grams per shake. All the above are nutritionally balanced to provide adequate protein, essential vitamins, and minerals. The brand and flavor choice is up to you.

In addition to the protein shakes each day, you should have as 64 oz of 0-calorie liquids to stay hydrated. The list below provides recommendations:

Acceptable Liquid Options for Hydration:

- ✓ Water
- ✓ Vitamin Water Zero, Crystal Light, any zero calorie beverage

- ✓ Zero Calorie flavored waters
- ✓ Unsweetened Tea

Acceptable snacks but should only be consumed in small amounts:

- ✓ Sugar Free Jello
- ✓ Sugar Free Popsicles
- ✓ Coffee – black only, no milk, creamer, or sugar added
- ✓ Any sugar substitutes and sugar-free flavor packets are allowed
- ✓ Broths: Vegetable, Chicken and Beef (minimize due to excess sodium)

Are there side effects?

You may experience some of these side effects with a liquid-only diet. None of these will hurt you.

- Looser bowel movements: This is not a cause for concern. It is simply a result of not eating solid foods.
- Constipation: Possibly due to change in diet or lack of fiber (ok to use fiber supplement like Metamucil Fiber to keep fiber intake up during liquid diet).
- Bad breath: This means you are using stored fat as fuel. Just brush and floss your teeth more often.
- Dehydration: Drink plenty of fluids (as listed above), at least 8 glasses or 64 oz. per day.

The “Prepare Clinic” Visit

During the Prepare Clinical Anesthesia visit you may have blood drawn for testing, give a urine sample, and be sent for a chest x-ray or EKG. Many of our patients now have a phone interview from the Prepare team in lieu of an in person visit. The Prepare providers will provide you with any needed medication change instructions the week before surgery to help you prepare for your operation.

Prepare Clinic: 505 Parnassus Avenue, room L-170 Phone (415) 353-1099

General Instructions

The following items are extremely important for anyone planning to undergo a weight loss operation:

Educational Videos – UCSF “Emmi Videos”

You will be given access to UCSF’s “Emmi” educational videos prior to surgery. These are intended as an additional educational resource to the information provided to you at the new patient orientation (or new patient orientation video) and in writing at each of your clinic visits as well as in

this educational booklet.

Stop taking any nonsteroidal anti-inflammatory drugs (NSAIDs) one week (7 days) before your scheduled operation date. Plan to **never take these medicines again** because you will now be at an increased risk for bleeding from the digestive tract as well as gastric or marginal ulcers.

Some examples of nonsteroidal anti-inflammatory drugs (NSAIDs) are:

| | |
|-----------|--------------|
| Naprosyn | Aspirin |
| Ibuprofen | Celebrex |
| Nuprin | Advil/Motrin |
| Aleve | Viox |

Check with your Primary Care Provider or Pharmacist before starting any **new** medications, including over-the-counter medications to ensure they are not NSAIDs.

You should continue taking most of your usual medicines, unless specifically told otherwise. Be sure to check with your primary care provider and with the bariatric surgery providers concerning blood thinners or anticoagulants such as Coumadin, Warfarin, Plavix, Heparin, Xarelto Aspirin or other such drugs.

Note: You will meet with our pharmacist at your “packet ready” (pre op) clinic visit. They will thoroughly review your medications and provide a plan moving forward in conjunction with your surgical team.

Smoking Cessation: You must be 100% nicotine free for 3 months prior to and 3 months after your bariatric surgery operation. It would be best for your health to stop smoking or using any nicotine products for life. Nicotine prevents wound healing, which could cause life-threatening complications if used after bariatric surgery.

Medications Changes: Medications that will be stopped during your hospital stay and must be avoided for the post op course while you are taking narcotic pain medications include: All sleeping medications: Benzodiazepines (Valium, Xanax, Ativan, etc.), Ambien, Benadryl, or any other sedatives. Sedatives should be stopped

7 days before surgery and not restarted until your surgeon has cleared you to restart them.

Day before your operation: You should have *nothing to eat or drink after 10 pm.*

Bowel Prep: Please take over the counter Magnesium Citrate bowel prep at 4pm the night before your operation. Follow the instructions on this over-the-counter medication to decompress your colon and make surgery easier and therefore safer. Check with your local pharmacist for the correct type used for bowel preps and how to take it.

Pre Surgery Bathing: The morning of surgery or the night before you should wash your whole body with “Dial” Liquid Soap focusing on your abdominal region. This can help decrease the risk of surgical site infections after surgery.

The Day of Surgery: If you use a CPAP or BiPAP machine for obstructive sleep apnea, please bring your machine and mask with you to the hospital and write down your settings.

Possible Risks and Complications

As with any surgery, bariatric surgery has certain risks. These can include:

- Infection
- Leaks or blockage at a site where tissue is sewn or stapled together (anastomosis), requiring further procedures to repair
- Stricture formation: When scar tissues closes down the space food and water normally pass through. This may require an upper endoscopy procedure or additional imaging to evaluate and treat
- Breathing problems, such as pneumonia, which may require ventilation or a tracheotomy
- Bleeding at an incision site
- Blood clot in the legs, lungs or other organs
- Need for spleen removal

- Recurrent vomiting that requires a procedure to stop the problem
- Incisional hernia
- Marginal Ulcers
- Problems from anesthesia
- Death

Pre-operative Mental Health Considerations

Prior to bariatric surgery, you will meet with a Psychiatrist or Psychologist for an evaluation. The purpose of this evaluation is to see if there are issues that could negatively influence your ability to make the lifestyle changes needed with bariatric surgery or that would interfere with your ability to undergo bariatric surgery. This is also a chance to discuss strategies to help make the needed lifestyle changes. A few issues to consider with bariatric surgery are described below.

Have goals for yourself and the bariatric surgery.

When you state a goal (write it down, say it to yourselves, or tell others) it can help you focus on that goal and ways to achieve it. This can help you succeed because you are clear on what you are trying to accomplish. Goals might include improving a medical condition (diabetes, high blood pressure, high cholesterol, etc.), improving mobility, or achieving a healthy goal weight. Goals that are too general can be hard work toward. For example, getting healthy is a good idea but it might help to spell out what being healthy would mean (a healthy weight, exercising at a certain frequency, having a normal blood pressure) in order to provide focus and specific milestones to work toward.

Plan for lifestyle changes before surgery.

For bariatric surgery to be successful you have to make lifelong changes in lifestyle (for example changing diet and exercise habits). It can be easy to focus on the tasks of getting the required tests done and appointments made before bariatric surgery. Before surgery is a good time to look at what changes you need to make to give yourself the best chance at a good outcome. For instance, what foods should I stop buying because they are not going to be part of my diet after surgery or what type of exercise can I commit to doing?

Begin to make the changes before surgery.

Once you have identified goals and have come up with plans for the lifestyle changes you will have to make, you can start making the lifestyle changes. Starting to make the changes before surgery allows you to try out your plans for making lifestyle changes. That way you can see what works and what does not and what needs adjustment. Also, it allows you to make the changes gradually

rather than in a rush.

Develop a support network to help you with lifestyle changes.

Having a support group can be helpful in achieving your goals. This could include friends, family members, partners, spouses, co-workers, doctors, nurses, dietitians, other health care providers, or anyone else you feel would be a good resource. These people may provide guidance on achieving goals (for example proper diet and exercise), remind you of the lifestyle changes needed and your goals, encourage you to stay with the lifestyle changes, or make lifestyle changes along with you. We also have our bariatric surgery support group every third Wednesday of the month from 6-7pm. Please email BariatricSpttGroup@UCSFmedctr.org for updated room location and topics.

Your Stay in the Hospital

General Information

What to bring:

Please bring a photo I.D. with you to the hospital and a form of payment (debit or credit card) for the “Meds to Beds” Program to purchase your prescriptions, please do not bring cash. We recommend that you leave all valuables at home or with a responsible adult. If you have sleep apnea and use a CPAP machine at night, you should bring your machine with you. You may wish to bring a light robe and slippers, a toothbrush and any other toiletries that will make you more comfortable.

Morning of the operation:

Be sure not to eat or drink anything after 10pm the night before. You will report at the designated time to the “Surgery Waiting Area” on the main entry floor of Moffitt Hospital, 505 Parnassus Avenue. You should check in with the receptionist and then be seated.

When told by the operating room staff, a UCSF employee will escort you to the 4th Floor to a bed in the pre-op area.

One person may accompany you to this area. You will then get into a hospital gown and begin the preparations for the operation.

After the operation:

You will spend one or two hours in the post-anesthesia care unit, and then be transferred to a room on the surgical recovery floor. If you have sleep apnea or

asthma, or any lung condition, you might need to spend one or two nights in the Intensive Care Unit. We have private and shared rooms available in the hospital. Private rooms are sometimes available upon request but only as available. If you would prefer a private room please don't hesitate to ask one of your nurses in the Post Anesthesia Recovery area or when being transferred to the hospital floor to see if one is available. **Please note there is no way to reserve private rooms.**

You will need to crush all solid tablet medications for 3 months. Gel capsules or capsules are safe to swallow whole. Please check in with your PCP or specialist before restarting any medications, which have been held during your hospital course.

Laparoscopic and or Robotic Assisted Gastric Bypass and Sleeve Gastrectomy, expected hospital course

Post operation day #1

After evaluation by the surgical team, most patients are allowed to drink a sugar free clear liquid diet post op and sugar free clears and protein shakes post op day 1.

You should be out of bed and walking at least three times on this day including at least once the same day as your operation.

You will continue to wear support stockings and sequential compression devices on your legs while in the hospital.

You may have a drain from your abdomen.

You will be started on oral pain medication.

If you have a urinary catheter, it will be removed early morning POD#1.

Post operation day #2

Continue clear zero calorie sugar free liquids and protein shakes with a goal of 60-80 grams of protein per day (note: most patients are not able to reach this goal within the first week but you should try.) Water goals being 1-2 L per day. (Again, most patients do not reach this goal within the first week but water should be your #1 priority to avoid dehydration.)

An inpatient Dietitian will see you before you leave the hospital.

You will be given the medications needed on discharge to start your post-

operative care through the “Meds to Beds” Program (co-pay required same as if you were picking up medications from your pharmacy). Prescriptions may also be given at the same time to bring to your local pharmacy.

Rarely, patients need an open incision in order to safely complete the gastric bypass/sleeve gastrectomy. In this case the hospital stay is usually an additional 2–3 days.

You will be discharged home when your surgeon feels that you are ready. Usually if you have a drainage tube it will be removed prior to discharge.

Post Operation Instructions for Your Care at Home

General

It is very common to experience nausea, loose stools or constipation during the first month. These symptoms will go away with time.

The 24-hour contact number for the Surgery Faculty Practice is (415) 353-2161.

Please call this number with any questions you might have. Call this number as soon as possible, if any of the following symptoms occur:

- Worsening abdominal pain from when you left the hospital.
- Signs of infection around your incisions: redness, pain, presence of pus. (Small amount of blood tinged fluid or mild redness are common and expected).
- Shortness of breath, or any sudden difficulty in breathing.
- Persistent vomiting, constipation, diarrhea, bright red or black stool.
- You feel you are getting sicker instead of well.

Medications & Pain Control

When you leave the hospital you will be given several medications (if you sign up for the Meds to Beds Program) or prescriptions (if you choose to opt out of the Meds to Beds program), some of which you will only take for a

few months and others will be lifelong.

These medications must be taken as prescribed and should be started within one to two days of arriving home. Please discuss the medications with your pharmacist before your operation to confirm that these are covered by your insurance, or be prepared to pay for them yourself. Resume your usual medicines for chronic medical conditions being sure to crush any solid pills (gel caps and rapid dissolve tablets are ok). You should take a multivitamin (Bariatric Procure with 45mg iron) and 1200-1500mg of calcium citrate daily for the rest of your life. Be sure to check with your surgeon and your primary care physician before resuming blood thinners and anti-platelet medications following surgery. If you do not know what to do, ask your nurse, your surgeon and your primary care physician.

You will be prescribed a medicine to help with pain control. Over time you will need less and less of the medicine, and you should gradually reduce the amount you take in the days after surgery. **Do not take any form of non-steroidal anti-inflammatory drugs (NSAIDS)** such as the ones mentioned above! You may take plain Tylenol (acetaminophen) at a dose of 500mg every 6 hours for pain control. Liquid children's Tylenol or gel capsules are recommended rather than pills.

Immediately following surgery and for at least the following 6 months, you will be prescribed a medicine that decreases acid production by your stomach (both the pouch and the remnant stomach) in order to decrease the risk of peptic ulcers or gastrointestinal ulcers. This medication is usually a "Proton Pump Inhibitor" (PPI) such as omeprazole (Prilosec), pantoprazole (Protonix), or esomeprazole (Nexium), etc.

We recommend that you continue using an acid reduction medication for the rest of your life after bariatric surgery, and this should be directed by your primary care provider.

If you still have a gallbladder, you will be prescribed a medicine called Ursodiol (Actigall) to help prevent the formation of gallstones that can occur with rapid weight loss. This should be taken for 6 months after surgery.

Activity

It is common to feel a little more tired than usual in the first couple of weeks after surgery. This is to be expected, and you should listen to your body to

determine the appropriate level of activity.

You may return to full activity, including work, when you feel ready. After a laparoscopic operation, this usually occurs within two weeks. If you have a longer abdominal incision, this will probably take several weeks.

If you have had a procedure with a long abdominal incision, you should avoid lifting anything over 10 pounds and doing any strenuous activity for 6 weeks. You must wear your abdominal binder whenever you are out of bed for 4 weeks.

If you have laparoscopic incisions you may lift as much as you wish and return to more vigorous activities, such as sports, as soon as you feel up to it. It is advised that you slowly increase activity and pay close attention to your body as often patients can cause increased pain with increased exercise due to deep fascial sutures pulling on your muscle layers. This is normal but you can minimize it by taking movements slow and gradually increasing activities for the first few months.

You may perform normal activities, such as walking up and down stairs, walking outside the house, doing chores about the house and riding in a car when you feel up to it.

Please remember that increased physical activity; while healthy for you to work towards, can sometimes cause you increased pain in the first few months following laparoscopic surgery. If that is the case, decrease your physical activity and slowly increase again as tolerated. Make sure to always keep a minimal amount of movement to decrease the risk of blood clot (Deep Vein Thrombosis) formation. This should include walking around your house 8-10 times per day minimum and avoiding sedentary behavior.

You may drive after one week as long as you are not taking any narcotic pain medication.

Bowel Movements

Your bowel movements may be irregular for several weeks, but they will gradually return to normal. If you go for more than a couple of days without having a bowel movement, try drinking Metamucil soluble fiber or slowly eating Metamucil fiber thins and / or stool softeners, or using an over-the-counter suppository or enema. If these methods do not lead to a bowel movement within 2-3 days, call the Surgery Faculty Practice at (415) 353-2161.

Benefiber or Metamucil can be safely taken daily to improve regularity and help prevent constipation but should be taking with plenty of water. Sugar-free flavored or plain Metamucil or equivalent may be taken at a dose of one

tablespoon in 4 ounces of cold water twice per day.

- Note: Metamucil fiber is also available in gummy or wafer forms, which may be easier to tolerate after bariatric surgery.

Constipation: Although Bariatric Surgeries do not cause constipation the change in your diet and the narcotic pain medications can. If you develop constipation we advise the following stepwise treatment approach.

Please note these are all available over the counter.

- 1st Add soluble sugar free Metamucil fiber to your water 1-2 times per day
- 2nd Start stool softeners such as Colace (docusate sodium) 1-2 times per day
- 3rd If 2-3 days on the above have not produced a bowel movement add a mild laxative like MiraLAX 1-2 times per day
- 4th If after all the above have not produced a bowel movement after 2-3 additional days add Milk of Magnesia

This is a very effective and safe regiment. Please make sure to stay well hydrated as this can help prevent constipation as well as help reduce dehydration if you begin to have diarrhea. For most patient your daily hydration goal should be 64 oz of water per day or 1-2 liters minimum.

Wound Care

You may take showers after your operation. Let the soap and water run over your incisions. If you have staples in, leave them exposed to air and wear cotton clothing under the abdominal binder. Paper tapes should be removed seven days after they were applied. Do not swim, use hot tubs, or go into public waters until the skin edges have healed completely this usually occurs in 4-6 weeks.

Follow-up Contacts

You should return to the UCSF Bariatric Surgery Center for a follow-up appointment in approximately 2 weeks.

You may either call the Surgery Faculty Practice, (415) 353-2161 or go to the practice website (www.surgery.ucsf.edu), choose bariatric surgery, click to request an appointment and click “Returning Patient”.

It is recommended that you meet regularly with a dietitian and join a support

group in your community to assist in your lifestyle adjustments. Seek out services at UCSF or where you live.

The Bariatric Support Group at UCSF meets from 6pm to 7pm on the 3rd Wednesday of every month in 513 Parnassus Avenue, Room locations vary, please email BariatricSpptGroup@UCSFmedctr.org to be added to our email list. You should plan on making this a regular part of your monthly schedule. Remember others have gone through Bariatric Surgery and their observations and suggestions can make the entire process for you more understandable.

If you wish to see our Bariatric Dietitian at UCSF, call the Surgery Faculty Practice and let them know that you would like to see the Bariatric Dietitian. You can also schedule an appointment through the UCSF Nutrition Counseling Clinic. You will need to ask for a written referral from your primary care physician and then call for an appointment at (415) 353-4174.

For further information, you may visit our website:
www.ucsfhealth.org/bariatric

Post-Operative Follow-up Appointments

At the UCSF Bariatric Surgery Clinic

Gastric Bypass and Sleeve Gastrectomy

- 2 weeks after discharge
- 3 months post-op
- 6 months post-op
- Optional 9 months post-op
- 12 months post-op
- Every year thereafter for life

(Additional visits may be needed if advised by your surgeon)

All patients should remain available for periodic phone interviews, and respond readily to mailed questionnaires.

Lab Tests

Monitoring lab values is important to avoid complications of malnutrition. Labs should be checked every 3 months for the first year and then yearly for life. Arrangements should be made with your Primary Care Provider to have the following labs checked on a regular basis for the rest of your life:

- Complete blood count
- Serum iron, iron binding capacity, percent iron saturation, ferritin
- Serum folate or RBC folate
- Serum calcium and Vitamin D, Vitamin B12
- Liver Panel:
- AST, ALT, bilirubin, alkaline phosphatase, albumin
- Electrolytes: sodium, potassium, chloride, bicarbonate
- Lipidpanel: Total Cholesterol, LDL, HDL, Triglycerides
- Fasting blood sugar & Hemoglobin A1C
- Serum Copper
- Thiamine Pyrophosphate (Vit B1)

Post-Operative Plastic Surgery Considerations

If you are interested in plastic surgery to remove excess skin after bariatric surgery we would be happy to refer you to one of our excellent UCSF plastic surgeons.

To be considered for plastic surgery after bariatric surgery you may be required to reach a stable goal weight and maintain that weight for at least 4-6 months. Most patient will reach their goal weight approximately 12 months after surgery.

To obtain insurance approval for plastic surgery after bariatric surgery you must have sufficient documentation of any rashes, excess skin impeding your daily quality of life. The insurance companies require that the procedures be determined of “medical necessity”. This can be difficult to prove and you may opt to pay for plastic surgery out of pocket if you wish.

Post-Operative Mental Health Considerations

Remind yourself of your goals. Remember why you chose to have the surgery and what you wanted to accomplish by having it.

Keep track of your goals by writing them down. Use a notebook, phone application or computer program to monitor intake, exercise, even stress and emotions. This can also help you see the positive changes you are making.

Continue to make plans for and work towards the necessary lifestyle changes.

Bariatric surgery requires ongoing, lifestyle changes so as time goes on and circumstances change it may be necessary to adjust plans and how you work towards your goals.

Stay engaged with your support network. These are the people who can help with providing knowledge and encouragement as you work towards your goals. Getting that type of support is especially important with the ongoing lifestyle changes needed for achieving successful outcomes from bariatric surgery.

Attending bariatric surgery support group meetings or pursuing therapy may be ways to deal with the challenges associated with making long-lasting significant lifestyle changes.

Additional mental health support resources:

Mental Health Support

- **For Private insurances:** contact the insurance about covered mental health and substance use treatment services.
- Medi-Cal the number for the 24-Hour Access Helpline is (415) 255-3737 or (888) 246-3333
- **Other SF Resources:** Psychiatric Emergency Services: (415) 206-8125; at SFGH. The person would have to be brought there.
- The family can always call 911 for a welfare check to be done by police.
- Alternatively, they can call the Mobile Crisis Team: (415) 970-4000. The police are faster but obviously not clinicians while the mobile crisis team is clinicians but they often take a while to get there.
- A drop-in clinic that can help stabilize and get the person into the system is: Westside Community Crisis: (415) 355-0311.
- S.F. Suicide Prevention: (415) 781-0500.
- The family can bring the person to the UCSF ER and ask for a psychiatric evaluation—there is a clinician on call 24/7.

- Treatment Access Program (TAP) for substance use: If you have any additional questions regarding these services and the eligibility status of you or a friend or, family member seeking services, please call us at **1.800.750.2727, 415.255.3737** or **1.888.246.3333** or, email us at the email address below. We will do our best to respond to you within three working days of receiving the email.
tapsf@sfdph.org
- Dore Urgent Care Center
52 Dore Street,
between Folsom & Howard, and between 9th and 10th.
Phone 415-553-3100
- Ohloff Recovery Programs
601 Steiner St
San Francisco, CA 94117
United States
T: +1 877 677 4543
E: aprince@ohlhoff.org
- Delancey Street
San Francisco
600 Embarcadero San Francisco, CA 94107
415-512-5104 (Tel)
415-512-5141 (Fax)
- Salvation Army
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Approach to Diet After Your Operation

The diet guidelines are designed to limit calories while providing a balanced meal plan to help prevent nutrient deficiencies and preserve muscle tissue. Adequate protein and fluid is essential while limiting carbohydrates, sugars and fats. Tolerance and progression will vary greatly from patient to patient.

General Guidelines

For the first two weeks your calorie intake should be between 300–600 kcal/day, with the focus on thin (water or zero calorie beverages) and thicker liquids (protein shakes).

Eat and drink slowly; chew small bites of food thoroughly. Remember your new stomach is about the size of a hardboiled egg or 2-2.5 oz. Small amounts of food or water will make you feel full quickly and any more may cause nausea or even vomiting.

Avoid use of straws, carbonated beverages and chewing ice because they can introduce too much air into your pouch / sleeve and cause discomfort.

Avoid sugar, sugar-containing foods and beverages, concentrated sweets, and fruit juices.

Avoid rice, bread, pasta, potatoes, and other starchy foods.

Avoid raw vegetables and fresh fruits in early weeks to months. Soft and well-cooked are better tolerated.

Avoid meats that are not easily chewed such as pork and steak. Ground meats are usually better tolerated.

Concentrate on following a diet that is high in protein, low in calories, fats and sweets.

Once at your goal weight daily caloric intake should not exceed 1,000 calories for life.

Fluids

Drink extra water and low calorie or calorie-free fluids between meals to

avoid dehydration. All liquids should be caffeine and sugar free.

Sip about 1-2 oz. of fluid often between each small meal, at least 6 to 8 times or more a day. At least 1-2 liters (64 ounces or 8 cups) of fluid a day is recommended unless otherwise instructed by a specialist.

We strongly warn against the use of any alcoholic beverages.

Alcohol will get absorbed into your system much more quickly than preoperatively and the sedative and mood altering affects are more difficult to predict and control. Alcohol also is full of empty calories meaning no nutritional value. There have been associated risks of developing alcohol use disorders after bariatric surgery so if you feel you're in need of additional support please reach out to your mental health provider and bariatric surgery team.

Protein

Preserve muscle tissue by eating foods rich in protein.

High protein foods are eggs, lean meats, fish, seafood, salmon, poultry, soy, protein enriched milk, tofu, nonfat cottage cheese, Greek yogurt, and other low fat milk products.

Your goal should be a minimum of 60-80 grams of protein per day while keeping overall calories low 500-700 or less per day to lose weight.

Do not worry if you cannot reach this goal in the first couple of weeks after your operation. Focus on water intake as your 1st priority.

A protein drink or added protein powder may be needed in early weeks. Progression to solid protein is the goal but this may take several weeks.

Always eat lean, low fat protein foods first to help you meet your needs.

Vitamins and Minerals are Required Daily

We now recommend the Bariatric Procure multivitamin with 45mg of iron once per day (available online only without a prescription at Procarenow.com) and Calcium citrate 1200-1500mg per day for life.

Alternatively, you can take the following:

High potency chewable *multivitamin and mineral supplement*, complete formula with at least 18 mg iron, 400 mcg folic acid, selenium, copper, and

zinc (Centrum adult chewable). Take two daily until at least 3 months after your operation, and then one daily for life, unless your surgeon or primary care provider instructs you otherwise.

Additional **follic acid** and **iron** may be needed, especially if you are a female that is still menstruating. Your surgeon will discuss these extra needs when required. Note: Often not needed in addition to the Bariatric Procure multivitamin with 45mg of iron.

Calcium supplement. Take 1200–1500 mg daily to prevent calcium deficiency and bone disease. This is required in addition to the Bariatric Procure multivitamin. In order to enhance absorption, take your calcium 2-3 times a day to reach the required 1200 - 1500 mg dose. Calcium citrate is the preferred form for best absorption. Note: Chewable calcium citrate supplements through the brand **Bariatric Celebrate Soft Chews** are now recommended for our patients.

Vitamin D. – Often not needed in addition to the Bariatric Procure multivitamin. If needed take 3000 International Units (IUs) each day, 1000 International Units (IUs) three times per day with your calcium supplement. You can purchase the combination calcium-vitamin D supplement (as long as it contains the proper dosages) to avoid taking additional pills.

Vitamin B12 – Often not needed in addition to the Bariatric Procure multivitamin. If needed your primary care provider should monitor blood levels of vitamin B12. If needed, this may be prescribed as an injection or a sublingual supplement. Note: it is common when taking the Bariatric Procure multivitamin to have elevated B12 levels, do not be alarmed as this is a water soluble vitamin.

Fiber supplement. A sugar free fiber supplement is recommended immediately post-surgery to aid bowel movements. It may also be used any time to help with regularity. It is important to drink more water or sugar free fluids for fiber supplement to work best.

Diet Progression After Bariatric Surgery

You will begin with a clear liquid diet while in the hospital. You may gradually start adding thicker liquids (protein shakes) POD1 to progress to blended/ puréed foods after 2 weeks and as described for your surgical procedure. You may use a high-protein, low calorie (> 20 gm protein, < 200

calories, <5 gm sugar) liquid drink or protein powder to meet your protein requirements during this period.

Take only two to three sips or bites at a time of any new food and then wait 10 minutes before taking more. This will help you to learn your limits and tolerance. This is important because your stomach is very small (less than a 1/4 cup or 2 ounces—about the size of an egg) and the opening that allows passage of food out of your stomach is very narrow. Liquids will empty faster from your stomach than soft solids. If you overeat or eat too quickly you may experience nausea, pain or vomiting. You should avoid rich creamy liquids such as gravies, sauces, ice creams.

In the hospital

You will receive clear liquids such as sugar free juices; sugar free Jell-O and broth as your first meal following surgery. Gradually increase the amount you drink at each meal as tolerated. Only drink beverages and use products low in sugar or calorie - free after hospital discharge. Protein shakes and water should be your main source of energy for the first 2 weeks.

For the first two weeks

Begin adding thicker liquids that are high in protein, low in fat and sugar (See examples below). You may use a high protein, low calorie drink or powder to meet your protein requirements during this period. The goal is to consume small portions that will empty easily from your pouch or sleeve. Begin with portion sizes of only 1 tablespoon and increase to 2 tablespoons as tolerated. Begin drinking 1/4 cup of liquids at a time and increase to a 1/2 cup as tolerated. Daily caloric intake should not be more than 500-600 calories per day.

Thicker Liquids:

Optional high protein drink should be less than 200 calories, more than 20 grams of protein, and less than 5 grams of carbohydrate in an 8 to 11 ounce serving.

Nonfat or 1% milk (if you can tolerate milk)

Lactose free or soy based low calorie drinks zero calorie.

To increase protein, add 2 tablespoons nonfat dry milk powder, or protein powder to each half cup serving to make “super milk”.

Sugar-free or plain nonfat Greek yogurt

Low or nonfat cottage cheese

Blended low fat broth or vegetable based soups. No cream soups as too high in fat.

Sugar-free pudding and popsicles

Powdered milk or protein powder can be added to water or non-fat milk or plain soymilk to make your own protein drink. You cannot add any fruit or fruit juice as this is adding sugar.

Remember: Sip to drink 1 cup of water or other non-caloric fluids between meals. Multivitamin/mineral and calcium/vitamin D supplements every day.

For the next two to four weeks

Begin adding very small portions of pureed and soft foods as tolerated. Take very small bites and chew everything very well. Do not take more than two bites every 20 minutes when adding a new food. Protein foods are best to help meet your needs

Recommended pureed and soft foods:

Nonfat, no sugar added plain Greek or regular yogurt (Less than 10 grams sugar per serving), low or nonfat cottage cheese, well-cooked pureed vegetables, scrambled eggs, egg whites or egg substitute. You may try salmon, flake-fish, lean ground meats, poultry or tofu. Keep fruit intake to a minimum, as fruits are high in sugar.

Avoid all bread, rice or other starchy foods and meats that are not easily chewed.

Recommended Meal Plan for weeks 2 through 8 (up to 2 months)

At this time, intake usually is no more than 500-600 calories taken in 6 to 8 small meals a day. Recommended portion sizes are a 1/4 cup for solids and a 1/2 cup for liquids.

Sample menu: (Try a variety of foods. You should adjust to fit your likes and tolerance.)

- Breakfast
 - 1/2 cup plain Greek yogurt or hardboiled egg (moisten with seasoned plain yogurt)
- Mid-Morning

- 1/2 cup nonfat no added sugar or plain Greek yogurt or low fat cottage cheese
- Late Morning
 - 1/2 cup protein drink
- Lunch
 - 1-2 egg white added to 1/2 cup low fat chicken or vegetable broth for “egg drop” soup
- Mid-Afternoon
 - 1/4 cup low fat cottage cheese + ¼ cup tomato juice
- Late Afternoon
 - ½ cup protein drink
- Dinner
 - 2 ounces ground lean meat like ground chicken moistened with broth
 - 1/4 cup pureed or well cooked vegetables
- Bedtime Snack
 - 1/4 cup plain or Greek yogurt mixed with ¼ cup soft fruit like berries or unsweetened apple sauce

Remember: Sip 1 cup of water or other non-caloric fluids between meals. Take a multivitamin and mineral supplement plus additional iron (if required) plus calcium and vitamin D supplements 2-3 times per day every day.

Recommended Meal Plan for 2 to 6 months after surgery

500–700 calories and at least 60 to 80 grams of protein a day

Your daily servings for balanced nutrient intake should include:

3 milk/dairy or soy servings (nonfat or low fat, no sugar added or plain)

3 meat/meat alternate servings (lean and low fat)

2+ vegetable servings (cooked, soft raw)

Minimal of no fruits (these are high in sugar)

Minimal or no carbs (breads, rice, pasta, potatoes which are high in

carbohydrates)

Recommended portion sizes are 1/4 cup for solids and 1/2 cup for liquids.

Discontinue taking high protein drinks if possible. We would prefer that you meet your protein needs with foods like low fat dairy, egg, fish, seafood, lean meats, poultry or soy.

Sample menu: (Ideas for taking a variety of foods. You should adjust to fit your likes and tolerance.)

- Breakfast
 - 1 egg or 1/4 cup egg substitute cooked with oil spray or steamed
 - 1/2 cup boiled or steamed vegetable cooked well
 - Sugar free Metamucil – one tablespoon in 4 oz. water or Metamucil fiber thins
- Mid-Morning
 - 1/2 cup nonfat milk or plain soy milk
- Late Morning
 - 1/2 low fat cheese stick, 1/2 cup tomato juice
- Lunch
 - 1/2 cup low fat chicken or tuna in salad using nonfat yogurt dressing
- Mid-Afternoon
 - 1/4 cup low fat cottage cheese
 - 1/4 cup unsweetened apple sauce
- Late Afternoon
 - 1/2 cup sugar free nonfat Greek yogurt
- Dinner
 - 2 ounces lean meat or fish
 - 1/4 cup well cooked vegetables
 - Sugar free Metamucil – one tablespoon in 4 oz. water or Metamucil fiber thins
- Bedtime Snack

- 1/2 cup nonfat milk or plain soy milk or plain yogurt

The sample menu offers 8 small meals a day. You may wish to eat more or less often than shown on the sample menu. Be sure to work toward your protein, water, and calorie goals but keep in mind every patient is different so there is no perfect guide to meet everyone's needs.

Remember: Drink 1 cup of water or other non-caloric fluid between meals. Take a multivitamin and mineral supplement and extra iron (if required) plus calcium and vitamin D, 2–3×/day every day. Hydration goal is 64 oz minimum per day.

Recommended meal plan for after 6 months

Continue the goal of 500 to 700 calories a day until you reach your weight loss goal. Then increase to 1000 calories a day +/- 100-200 calories depending on your weight and exercise goals.

Please remember to keep track of your food and liquid intake to monitor calories and fluids. Tracking your exercise is also helpful. Once you reach your weight loss goal, then adjust up or down to maintain your goal weight. This record can also be shared with health care team if needed.

Decrease intake to 3 meals and only 1 to 2 healthy lean protein or vegetable snacks each day. Snacks may not be needed if adequate protein, vegetables and fluids are consumed.

Goal is 2-3 ounces of lean, low fat protein, 3x/day. As a reference, 3 ounces is equal to the size of a deck of playing cards. Snacks to be 1 ounce portions if needed. Reference for 1 ounce is equal to one egg or 1 low fat cheese stick.

Remember to drink at least 64 oz of water or zero calorie liquids each day. Satisfying your thirst can help you learn to not confuse being thirsty with feeling hungry.

Discontinue taking high protein drinks if possible. These drinks only add extra calories when regular meals protein-rich meals are now being eaten. Liquid protein drinks are also not as satisfying as solid protein foods.

Increase variety of low fat, low sugar and low calorie foods, as tolerated. Try more cooked and soft vegetables like salads, then try raw vegetables and small pieces of fresh fruits.

Always eat protein foods first, then vegetables. Usually you will be full at

this point. Limit starches, sugars and fats to help meet your high protein and low calorie goals.

Once you reach your weight goal, to avoid weight regain, continue to keep low calorie goals and always remember to eat lean/low fat protein first, then vegetables. Small amounts of other healthy foods like whole grains, beans/legume and whole fruits can be added within your calorie goals. Limit processed, sugary and fatty foods as well as added fats and sugars.

Long-term

Over time, you will be able to increase the variety and consistency of foods in your diet. Some foods may continue to be poorly tolerated like red meats, breads, rice, dried fruits, nuts, popcorn. Focus on high protein, low fat, low sugar and low calorie foods and continue to count your calories every day for life. Eat plenty of vegetables and choose only healthy whole grains and whole fruit, lean protein, low or nonfat dairy, limited added fats and sugars. Try to meet serving goals for all food groups based on 1000 +/- 100-200 kcal diet plan above. Search for other bariatric meal plans and recipes if you use the internet. ASMBS.ORG has a bariatric cookbook you may wish to purchase for additional ideas.

<https://asmbsfoundation.org/cookbook/>

You will need to take at least 1-2 liters of water or non-caloric fluids daily unless otherwise contradicted by a medical condition. This fluid goal will aid hydration and fullness. You will need to take multivitamin and mineral supplements plus calcium with vitamin D every day. Iron and vitamin B-12 supplement may be needed at your surgeon's recommendation.

Exercise is essential to maintain healthy weight and for emotional well-being. Your goal is 30-60 minute or more each day – walking, swimming, dancing or something you enjoy for lifelong exercise. Keeping track of this can help to meet fitness goals.

Remember the importance of support – friends, family, and groups. Ask for assistance from the bariatric team, your doctor, a dietitian or therapist if weight loss is slowed, you begin to regain, or you need a refresher on living a successful post-bariatric surgery life.

Plastic Surgery after Major Weight loss

Surgical Body Contouring following major Weight loss removes excess fat and skin while improving the shape of the underlying support tissue. The result is a more normal appearance with smoother contours.

Dramatic weight loss has many benefits. But after weight reduction surgery, or any substantial amount of weight loss, the skin and tissues often lack the elasticity to conform to the reduced body size.

Body contouring procedures may include:

- Tummy tuck: apron of excess skin hanging over the abdomen
- Lower body lifts: sagging of the abdomen, buttocks, groin and outer thighs
- Medial thigh lift: sagging of the inner, outer and mid thigh
- Brachioplasty (arm lift): sagging of the upper arms
- Breast lift: sagging, flattened breasts
- Facelift: sagging of the mid-face, jowls, and neck

Body contouring candidates

In general, good body contouring candidates are:

- Adults who are at their goal weight based on Body Mass Index
- Adults whose weight loss has stabilized
- Healthy individuals without medical conditions that impair healing or increase risk of surgery
- Non-smokers
- Individuals with a positive outlook and realistic goals
- Individuals that are committed to leading a healthy lifestyle with proper nutrition and fitness

Please ask your PCP or Bariatric Surgeon for a referral once you have reached your weight loss goal and have maintained that goal for at least 6 months. Most patients reach their goal by 1 year so a good time to ask for a referral to plastic surgery if desired is about 1.5 – 2 years after your bariatric surgery.

It is important to gather documentation together if you develop any rashes under skin folds so that the plastic surgery team can use those files to help get your insurance company to cover part of or the whole plastic surgery procedure.

Body contouring procedures

All body contouring procedures require large incisions to remove excess skin. In many cases, these incisions may be extensive.

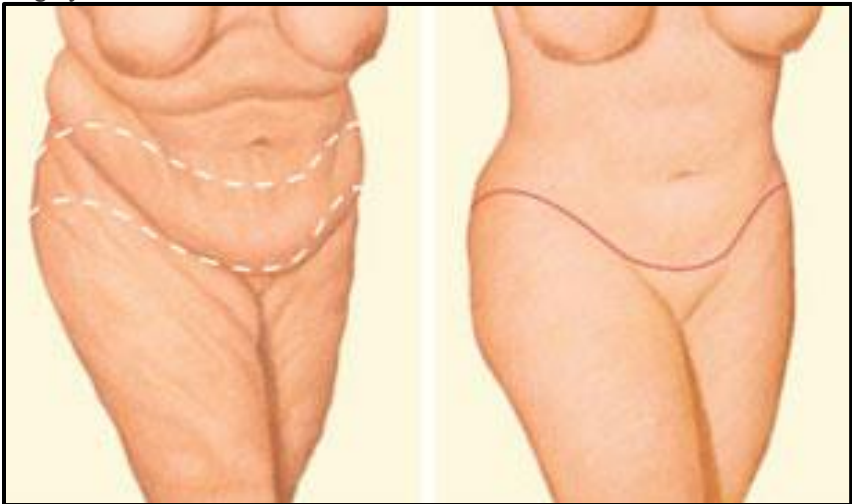
Incision length and pattern depend on the amount and location of excess skin to be removed, as well as personal preference and the plastic surgeon's judgment. Advanced techniques usually allow incisions to be placed in strategic locations where they can be hidden by most types of clothing, but this is not always the case.

Body contouring is usually performed in stages. Each person’s particular condition and goals, as well as the plastic surgeon’s best judgment, will all influence how your doctor defines a surgical plan.

While it may have taken two years or more to lose all the excess weight, it may take equally as long for the results of body contouring to be complete.

Abdominoplasty (also called Tummy Tuck or Body Lift)

The abdominal wall on the front of the body is treated in one procedure. Incision patterns vary but generally include a long horizontal incision across the entire abdomen to remove a hanging “belt” or “flap” of excess skin and tissue. A vertical incision is used if there is excess in the area above the belly-button. The surgery takes several hours and is done under general anesthesia; drains and special elastic garments are routinely used during the healing period after the surgery.



Chest or Breast Lift

Excess overhanging skin on the front and sides of the chest wall can be treated in both men and women. In women, sagging or drooping of the breasts can be improved by lifting and adjusting the position of the breast tissue. The incision patterns for lifting a woman’s sagging breasts will be determined based on the amount of excess skin to be removed. These may include one or a combination of incisions in a circular pattern around the areola, in a line extending from the areola to the breast crease, and horizontally along the breast crease. A breast implant also may be recommended to enhance breast shape and size.

Arm Lift

Sagging skin in the upper arms is treated with an incision from the underarm area extending along the inside or back of the upper arm. Additional incisions on

the arms may be necessary anywhere excess skin has formed sagging pockets. The smoother, tighter contours that result from upper arm contouring are apparent almost immediately, although initially obscured by swelling and bruising. However, the ultimate scar will be obvious when the arms are raised unless covered with clothing.



Thigh Lift

Reshaping of the thighs is achieved through incisions in the groin that can extend downward to the knee along the inner portion of the thigh.

Improving contours of the outer thigh may require an incision extending from the groin around the hip. Through these incisions your plastic surgeon will tighten tissues for a smoother thigh.



Body contouring risks and safety information

The decision to have plastic surgery is extremely personal, and each person has to decide if the benefits will achieve his or her goals and if the **risks and potential complications of body contouring surgery** are acceptable. The risks listed below and others are discussed as part of the informed consent process,

and the plastic surgeon will review them based on the health of the person considering the surgery.

Body contouring risks include:

- Bleeding Infection
- Fluid accumulation
- Poor wound healing
- Skin loss
- Blood clots, deep vein thrombosis (DVT) and pulmonary embolism
- Excessive or widened scars
- Numbness or other changes in skin sensation
- Anesthesia risks
- Unfavorable scarring
- Residual skin laxity or contour irregularity

Body contouring costs

Health insurance plans may not cover body contouring surgery or its complications. Some medical health insurance plans will consider a request for coverage; this requires submission of the request for coverage with supporting documentation of medical necessity for the treatment. This is done on a case-by-case basis and the process varies among different insurers. The procedures can also be done as Cosmetic Surgery which means that the patient pays the surgeon and the facility for the costs of surgery.

For more information

The American Society of Plastic Surgeons website has more information and photographs of body contouring surgeries. These can be accessed at www.PlasticSurgery.org.

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Ryan P. Wilson, Senior Physician Assistant

Elliazar Enriquez, Senior LVN

Bariatric Support Group

If you would like to join the bariatric support please send an email request to:

BariatricSpptGroup@ucsfmedctr.org

Bariatric New Patient Video Orientation

Please watch out orientation video as an educational resource

<https://bariatric.surgery.ucsf.edu/>

or

<https://vimeo.com/311557577>

Appendix

- A. BMI Chart
- B. Sample PCP Letter of Recommendation
- C. UCSF Specialty Department Directory
- D. UCSF Bariatric Surgery Pre-Op Work Up
- E. UCSF Mental Health Pre-Op Req. Guide
- F. Pathways to Weight Loss Surgery Clinic Sample Document

Appendix A

| | Body Mass Index Quick Reference | | | | | | | | | | | | | | | | | | | | | | |
|-----|---------------------------------|------|-------|-------|------|------|------|------|------|------|------|------|------|------|-------|-------|------|------|------|------|------|------|------|
| | Height (Feet) | | | | | | | | | | | | | | | | | | | | | | |
| | 4'8" | 4'9" | 4'10" | 4'11" | 5'0" | 5'1" | 5'2" | 5'3" | 5'4" | 5'5" | 5'6" | 5'7" | 5'8" | 5'9" | 5'10" | 5'11" | 6'0" | 6'1" | 6'2" | 6'3" | 6'4" | 6'5" | 6'6" |
| 200 | 45 | 43 | 42 | 41 | 39 | 38 | 37 | 36 | 34 | 33 | 32 | 31 | 30 | 30 | 29 | 28 | 27 | 26 | 26 | 25 | 24 | 24 | 23 |
| 205 | 46 | 44 | 43 | 42 | 40 | 39 | 38 | 36 | 35 | 34 | 33 | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 26 | 25 | 24 | 24 | 24 |
| 210 | 47 | 46 | 44 | 43 | 41 | 40 | 39 | 37 | 36 | 35 | 34 | 33 | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 26 | 25 | 24 | 24 |
| 215 | 48 | 47 | 45 | 44 | 42 | 41 | 39 | 38 | 37 | 36 | 35 | 34 | 33 | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 26 | 25 | 25 |
| 220 | 49 | 48 | 46 | 45 | 43 | 42 | 40 | 39 | 38 | 37 | 36 | 35 | 34 | 33 | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 26 | 25 |
| 225 | 51 | 49 | 47 | 46 | 44 | 43 | 41 | 40 | 39 | 38 | 37 | 36 | 35 | 34 | 33 | 32 | 31 | 31 | 30 | 29 | 28 | 27 | 26 |
| 230 | 52 | 50 | 48 | 47 | 45 | 44 | 42 | 41 | 40 | 38 | 37 | 36 | 35 | 34 | 33 | 32 | 31 | 30 | 29 | 28 | 27 | 27 | 26 |
| 235 | 53 | 51 | 49 | 48 | 46 | 45 | 43 | 42 | 40 | 39 | 38 | 37 | 36 | 35 | 34 | 33 | 32 | 31 | 30 | 29 | 28 | 27 | 26 |
| 240 | 54 | 52 | 50 | 49 | 47 | 45 | 44 | 43 | 41 | 40 | 39 | 38 | 37 | 36 | 35 | 34 | 33 | 32 | 31 | 30 | 29 | 28 | 28 |
| 245 | 55 | 53 | 51 | 50 | 48 | 46 | 45 | 44 | 42 | 41 | 40 | 38 | 37 | 36 | 35 | 34 | 33 | 32 | 32 | 31 | 30 | 29 | 28 |
| 250 | 56 | 54 | 52 | 51 | 49 | 47 | 46 | 44 | 43 | 42 | 40 | 39 | 38 | 37 | 36 | 35 | 34 | 33 | 32 | 31 | 31 | 30 | 29 |
| 255 | 57 | 55 | 53 | 52 | 50 | 48 | 47 | 45 | 44 | 43 | 41 | 40 | 39 | 38 | 37 | 36 | 35 | 34 | 33 | 32 | 31 | 30 | 30 |
| 260 | 58 | 56 | 54 | 53 | 50 | 49 | 48 | 46 | 45 | 43 | 42 | 41 | 40 | 39 | 37 | 36 | 35 | 34 | 33 | 32 | 31 | 30 | 30 |
| 265 | 60 | 58 | 56 | 54 | 52 | 50 | 49 | 47 | 46 | 44 | 43 | 42 | 40 | 39 | 38 | 37 | 36 | 35 | 34 | 33 | 32 | 32 | 31 |
| 270 | 61 | 59 | 57 | 55 | 53 | 51 | 50 | 48 | 46 | 45 | 44 | 42 | 41 | 40 | 39 | 38 | 37 | 36 | 35 | 34 | 33 | 32 | 31 |
| 275 | 62 | 60 | 58 | 56 | 54 | 52 | 50 | 49 | 47 | 46 | 45 | 43 | 42 | 41 | 40 | 38 | 37 | 36 | 35 | 34 | 33 | 32 | 31 |
| 280 | 63 | 61 | 59 | 57 | 55 | 53 | 51 | 50 | 48 | 47 | 45 | 44 | 43 | 41 | 40 | 39 | 38 | 37 | 36 | 35 | 34 | 33 | 32 |
| 285 | 64 | 62 | 60 | 58 | 56 | 54 | 52 | 51 | 49 | 48 | 46 | 45 | 43 | 42 | 41 | 40 | 39 | 38 | 37 | 36 | 35 | 34 | 33 |
| 290 | 65 | 63 | 61 | 59 | 57 | 55 | 53 | 52 | 50 | 48 | 47 | 46 | 44 | 43 | 42 | 41 | 39 | 38 | 37 | 36 | 35 | 34 | 34 |
| 295 | 66 | 64 | 62 | 60 | 58 | 56 | 54 | 52 | 51 | 49 | 48 | 46 | 45 | 44 | 42 | 41 | 40 | 39 | 38 | 37 | 36 | 35 | 34 |
| 300 | 67 | 65 | 63 | 61 | 59 | 57 | 55 | 53 | 52 | 50 | 49 | 47 | 46 | 44 | 43 | 42 | 41 | 40 | 39 | 38 | 37 | 36 | 35 |
| 305 | 69 | 66 | 64 | 62 | 60 | 58 | 56 | 54 | 52 | 51 | 49 | 48 | 47 | 45 | 44 | 43 | 41 | 40 | 39 | 38 | 37 | 36 | 35 |
| 310 | 70 | 67 | 65 | 63 | 61 | 59 | 57 | 55 | 53 | 52 | 50 | 49 | 47 | 46 | 45 | 43 | 42 | 41 | 40 | 39 | 38 | 37 | 36 |
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| 320 | 72 | 69 | 67 | 65 | 63 | 61 | 59 | 57 | 55 | 53 | 52 | 50 | 49 | 47 | 46 | 45 | 44 | 42 | 41 | 40 | 39 | 38 | 37 |
| 325 | 73 | 71 | 68 | 66 | 64 | 62 | 60 | 58 | 56 | 54 | 53 | 51 | 50 | 48 | 47 | 45 | 44 | 43 | 42 | 41 | 40 | 39 | 38 |
| 330 | 74 | 72 | 69 | 67 | 65 | 63 | 61 | 59 | 57 | 55 | 53 | 52 | 50 | 49 | 47 | 46 | 45 | 44 | 42 | 41 | 40 | 39 | 38 |
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| 345 | 78 | 75 | 72 | 70 | 68 | 65 | 63 | 61 | 59 | 58 | 56 | 54 | 53 | 51 | 50 | 48 | 47 | 46 | 44 | 43 | 42 | 41 | 40 |
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| 355 | 80 | 77 | 74 | 72 | 70 | 67 | 65 | 63 | 61 | 59 | 57 | 56 | 54 | 53 | 51 | 50 | 48 | 47 | 46 | 44 | 43 | 42 | 41 |
| 360 | 81 | 78 | 75 | 73 | 71 | 68 | 66 | 64 | 62 | 60 | 58 | 57 | 55 | 53 | 52 | 50 | 49 | 48 | 46 | 45 | 44 | 43 | 42 |
| 365 | 82 | 79 | 76 | 74 | 71 | 69 | 67 | 65 | 63 | 61 | 59 | 57 | 56 | 54 | 53 | 51 | 50 | 48 | 47 | 46 | 45 | 44 | 43 |
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| 380 | 85 | 82 | 80 | 77 | 74 | 72 | 70 | 67 | 65 | 63 | 62 | 60 | 58 | 56 | 55 | 53 | 52 | 50 | 49 | 48 | 46 | 45 | 44 |
| 385 | 87 | 84 | 81 | 78 | 75 | 73 | 71 | 68 | 66 | 64 | 62 | 60 | 59 | 57 | 55 | 54 | 52 | 51 | 50 | 49 | 47 | 46 | 45 |
| 390 | 88 | 85 | 82 | 79 | 76 | 74 | 72 | 69 | 67 | 65 | 63 | 61 | 59 | 58 | 56 | 55 | 53 | 52 | 50 | 49 | 48 | 46 | 45 |
| 395 | 89 | 86 | 83 | 80 | 77 | 75 | 72 | 70 | 68 | 66 | 64 | 62 | 60 | 58 | 57 | 55 | 54 | 52 | 51 | 50 | 48 | 47 | 46 |
| 400 | 90 | 87 | 84 | 81 | 78 | 76 | 73 | 71 | 69 | 67 | 65 | 63 | 61 | 59 | 58 | 56 | 54 | 53 | 51 | 50 | 49 | 48 | 46 |
| 405 | 91 | 88 | 85 | 82 | 79 | 77 | 74 | 72 | 70 | 68 | 66 | 64 | 62 | 60 | 58 | 57 | 55 | 54 | 52 | 51 | 49 | 48 | 47 |
| 410 | 92 | 89 | 86 | 83 | 80 | 78 | 75 | 73 | 71 | 68 | 66 | 64 | 63 | 61 | 59 | 57 | 56 | 54 | 53 | 51 | 50 | 49 | 48 |
| 415 | 93 | 90 | 87 | 84 | 81 | 79 | 76 | 74 | 71 | 69 | 67 | 65 | 63 | 61 | 60 | 58 | 56 | 55 | 53 | 52 | 51 | 49 | 48 |
| 420 | 94 | 91 | 88 | 85 | 82 | 80 | 77 | 75 | 72 | 70 | 68 | 66 | 64 | 62 | 60 | 59 | 57 | 56 | 54 | 53 | 51 | 50 | 49 |
| 425 | 96 | 92 | 89 | 86 | 83 | 81 | 78 | 75 | 73 | 71 | 69 | 67 | 65 | 63 | 61 | 59 | 58 | 56 | 55 | 53 | 52 | 51 | 50 |
| 430 | 97 | 93 | 90 | 87 | 84 | 81 | 79 | 76 | 74 | 72 | 70 | 68 | 66 | 64 | 62 | 60 | 58 | 57 | 55 | 54 | 53 | 52 | 51 |
| 435 | 98 | 94 | 91 | 88 | 85 | 82 | 80 | 77 | 75 | 73 | 70 | 68 | 66 | 64 | 63 | 61 | 59 | 58 | 56 | 55 | 53 | 52 | 51 |
| 440 | 99 | 95 | 92 | 89 | 86 | 83 | 81 | 78 | 76 | 73 | 71 | 69 | 67 | 65 | 63 | 62 | 60 | 58 | 57 | 55 | 54 | 52 | 51 |
| 445 | 100 | 97 | 93 | 90 | 87 | 84 | 82 | 79 | 77 | 74 | 72 | 70 | 68 | 66 | 64 | 62 | 61 | 59 | 57 | 56 | 54 | 53 | 52 |
| 450 | 101 | 98 | 94 | 91 | 88 | 85 | 83 | 80 | 77 | 75 | 73 | 71 | 69 | 67 | 65 | 63 | 61 | 60 | 58 | 56 | 55 | 54 | 52 |
| 455 | 102 | 99 | 95 | 92 | 89 | 86 | 83 | 81 | 78 | 76 | 74 | 71 | 69 | 67 | 65 | 64 | 62 | 60 | 59 | 57 | 56 | 54 | 53 |
| 460 | 103 | 100 | 96 | 93 | 90 | 87 | 84 | 82 | 79 | 77 | 74 | 72 | 70 | 68 | 66 | 64 | 63 | 61 | 59 | 58 | 56 | 55 | 54 |
| 465 | 105 | 101 | 97 | 94 | 91 | 88 | 85 | 83 | 80 | 78 | 75 | 73 | 71 | 69 | 67 | 65 | 63 | 62 | 60 | 58 | 57 | 55 | 54 |
| 470 | 106 | 102 | 98 | 95 | 92 | 89 | 86 | 83 | 81 | 78 | 76 | 74 | 72 | 70 | 68 | 66 | 64 | 62 | 61 | 59 | 57 | 56 | 55 |
| 475 | 107 | 103 | 100 | 96 | 93 | 90 | 87 | 84 | 82 | 79 | 77 | 75 | 72 | 70 | 68 | 66 | 65 | 63 | 61 | 60 | 58 | 56 | 55 |
| 480 | 108 | 104 | 101 | 97 | 94 | 91 | 88 | 85 | 83 | 80 | 78 | 75 | 73 | 71 | 69 | 67 | 65 | 64 | 62 | 60 | 59 | 57 | 56 |
| 485 | 109 | 105 | 102 | 98 | 95 | 92 | 89 | 86 | 83 | 81 | 78 | 76 | 74 | 72 | 70 | 68 | 66 | 64 | 62 | 61 | 59 | 58 | 56 |
| 490 | 110 | 106 | 103 | 99 | 96 | 93 | 90 | 87 | 84 | 82 | 79 | 77 | 75 | 73 | 71 | 69 | 67 | 65 | 63 | 61 | 60 | 58 | 57 |

Body Mass Index (BMI) is calculated by dividing your weight in kilograms by height in meters squared. In the diagram above, you can calculate your BMI by finding the number where your height and weight cross over each other.

We encourage patients to set a weight loss goal to optimize their health more so than focusing on reaching a “normal weight”.

Additional resource for easily calculating your BMI:

https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm

Sample Primary Care Provider Bariatric Surgery Recommendation letter

Dear Referring Provider,

Thank you for referring your patient to UCSF Bariatric Surgery. We ask that primary care providers document the patient's previous attempts to lose weight and the need for surgery to treat morbid obesity. This information, including copies of clinic progress notes, will be submitted to the patient's insurance company to help substantiate the need for bariatric surgery for possible insurance coverage. Once all the referral requirements are received, we will contact the patient to schedule their consult and mandatory New Patient Bariatric Surgery Orientation.

Example PCP Bariatric Surgery Recommendation Letter:

The recommendation letter does not have to match this exactly but insurance companies require a **positive recommendation for bariatric surgery in addition to the referral letter**. The PCP can summarize why their patient would benefit, how long they have been the patients PCP, and most importantly state that they “recommend / clear their patient for surgery from a primary care perspective/ or think their patient would benefit from bariatric surgery”. In addition including dates and summary of weight loss attempts can increase the odds of insurance companies approving a claim. Any obesity related comorbidities can also be added.

Example letter:

To whom it may concern:

My patient __ (name) __ has been a patient of mine for ____ years, s/he has morbid obesity and has struggled with his/her weight for ____ years. Despite multiple attempts to lose weight with diet and exercise s/he has not been able to sustain acceptable long term results. I believe s/he would benefit greatly from bariatric surgery (or is cleared for bariatric surgery from a PCP perspective).

Sincerely,

Dr. _____

Date _____

UCSF Specialty Department Directory

Please give the departments 1-2 weeks to call you before you call to ask for an appointment.

Please refer to your personalized pre op checklist requirements located in your after visit summary documents (Packet Ready Patient – PRP) for your individualized checklist. Please check with your insurance to ensure coverage at UCSF specialty clinics

Walk In – No Appointment Needed:

UCSF ECG (also known as EKG): 400 Parnassus Ave, 5th floor

UCSF Chest XR: 400 Parnassus Ave 3rd floor

UCSF Labs: These can be done at any UCSF lab including 400 Parnassus Ave. Please remember to fast at least 10 hours prior to having your blood work done.

Schedule 1st due to common delay:

Referral to UCSF Gastroenterology (GI) for Colonoscopy &/or Upper Endoscopy: Please call 415-502-4444 for an appointment

UCSF Sleep Study: Please call 415-885-7886 for an appointment

If Needed:

UCSF Cardiology Evaluation: Please call 415-353-2873 for an appointment

UCSF Pulmonology Evaluation: Please call 415-353-2961 for an appointment

UCSF Hematology Evaluation: Please call 415-353-2051 for an appointment

UCSF Gynecology Evaluation: Please call 415-353-2566 for an appointment

UCSF Urology Evaluation: Please call 415-353-2200 for an appointment

UCSF Hepatology Evaluation: Please call 415-353-2318 for an appointment

Appointment Needed:

UCSF Echocardiogram: Please call 415-353-1262 for an appointment

UCSF Treadmill Cardiac Stress Test: Please call 415-353-1262 for an appointment

UCSF Chemical Cardiac Stress Test (P. Thal): Please call 415-353-2573 for an appointment

UCSF Abdominal Ultra Sound: Please call 415-353-2573 for an appointment

UCSF Pelvic Ultra Sound: Please call 415-353-2573 for an appointment

UCSF Mammogram: Please call 415-353-2573 for an appointment

PAP smear: Please consult with your PCP or OB/GYN specialist

Prostate exam: Please consult with your PCP or a GI specialist

UCSF Nutrition Evaluation: Please call 415-353-4174 for an appointment

UCSF Mental Health Evaluation: Please call 415-353-2161, opt 5 to be scheduled in our clinic with Dr. Chamberlain

UCSF Pulmonary Function Tests: Please call 415-476-2995 for an appointment

PCP recommendation letter: Please refer to our PCP recommendation letter template. Please also note that the referral letter you were given to be seen as a new patient is not sufficient and a separate letter as per our template must be obtained to meet insurance company requirements.

Insurance criteria: Most insurance companies require **4-6 months on consecutive** non-surgical weight loss attempts documented by your PCP or a nutritionist. These progress notes (Progress note is the note the doctor writes at each visit when they see you in their office) must be faxed to our clinic for review for each weight check and dietary progress note.

Fax 415-353-2505. Please have your provider document your monthly dietary and exercise attempts in as much detail as possible to document that you have been trying to lose weight through non-surgical attempts. Please also note these process notes must be within 1 years' time of surgery.

UCSF Weight Management: Please call 415-353-2105 for an appointment

UCSF Plastic Surgery: Please call 415-353-4201 for an appointment

UCSF Bariatric Surgery Pre - Op Work Up

NOTE: These pre-op surgery checklist items are commonly given as a minimum standard requirement for patients considering bariatric surgery but **NOT REQUIRED** to be seen for consult. To help expedite the pre-op surgery review process, kindly submit completed items:

Standard work up (MUST BE WITHIN 2 YEARS)

___ **ECG or Electrocardiogram (also known as EKG):**

___ **Echocardiogram:**

___ **Chest X-ray:**

___ **Abdominal Ultra Sound:**

___ **Pelvic Ultra Sound:** (Female Only)

___ **Mammogram:** (Female Only)

___ **PAP smear:** (Female Only)

___ **Prostate exam and PSA Level:** (Male Only)

___ **Referral to Gastroenterology (GI) for Colonoscopy &/or Upper**

Endoscopy with testing for H. pylori: (note: Colonoscopy only if age 50+)

___ **Labs:** CBC, electrolytes, BUN, creatinine, glucose, INR, PT/PTT, AST, ALT, alk phos, albumin, total bilirubin, triglycerides, and cholesterol panel, hemoglobin A1c, H. pylori IgG (stool antigen or breath test acceptable), TSH, calcium, PTH, vitamin D 25OH

___ **Nutrition Evaluation:** (Note: mandated by insurance to be within 12 months of surgery)

___ **Mental Health Evaluation:** (Note: mandated by insurance to be within 12 months of surgery)

___ **PCP recommendation letter:** (Note: mandated by insurance to be within 12 months of surgery)

-Please refer to our PCP recommendation letter template **SEE ATTACHED SAMPLE** (this is to ensure the letter meets insurance requirements).

___ **Insurance criteria:** Most insurance companies require **4-6 months on consecutive** non-surgical weight loss attempts documented by your PCP or a nutritionist. These progress notes (Progress note is the note the doctor writes at each visit when they see you in their office) must be faxed to our clinic for review for each weight check and dietary progress note. **SEE ATTACHED SPECIFIC GUIDELINE**

Please note that additional pre-op workup may be required by the surgeon after the initial visit which may or may not be done at UCSF depending on the patient's insurance.

UCSF Bariatric Surgery Pre-Op Mental Health Evaluation Requirement Guide

The purpose of this evaluation is to rule out any eating disorders or any other psychiatric or psychological issues that might adversely affect the likelihood of a successful outcome. Additionally, the evaluation should assess whether the patient is mentally and emotionally prepared for the surgery, understands that the surgery is not reversible, and also understands the risks and alternatives for the operation because there may be complications and the remote possibility of any surgery is death.

It should specifically address the following five issues:

1. The presence of any psychiatric conditions that are relevant to the Gastric Bypass or Sleeve Gastrectomy, such as whether or not the patient is psychotic, clinically depressed, has obsessive-compulsive disorder, among others.
2. Whether the patient is competent in making the decision to proceed with Gastric Bypass.
3. Whether the patient fully comprehends the seriousness of the procedure and the lifestyle and behavioral changes that must take place once it is done.
4. Whether the patient has unrealistic expectations about the outcome of surgery.
5. The patient's ability to handle the stress of the period following surgery.
6. Any history of substance or alcohol abuse.

** Please note that evaluations must contain wording that clears the patient for surgery from a mental health perspective.**

UCSF Health

**Bariatric Surgery: Pathways to Weight Loss Clinic
Non-Surgical Weight Loss Attempt Documentation Template**

Name: _____ Weight: _____
 DOB: _____ UCSF MRN: _____
 Date: _____ BMI: _____

Nutrition & Diet Information

Eating more green vegetables?

Which ones: _____

Eating more fruit?

Which ones: _____

Drinking more water?

Drinking Less Juices?

Drinking Zero Calorie and / or sugar free drinks?

Drinking Less Soda?

Drinking Less Alcohol?

Drinking less of all sweet drinks? (Snapple, Ice Tea, etc)

Drinking more low or nonfat milk and dairy in place of full fat / whole milk?

Counting calories?

Daily calorie goal _____

What method to count calories is used?

Note Book/Diary/Journal

Phone application

Internet program

Eating Less Daily Calories?

Less high fat meats & dairy Less Fast Food

Smaller portion Sizes Smaller Meals

Less Snacking Less liquid Sugar

Substituting vegetables for high calorie snacks

Substituting vegetables for high calorie snacks

Substituting fruit instead of sweets or crunchy / salty snacks

Less Sweets (candy, chocolate, ice cream, cookies, etc)

Which ones: _____

Less Starchy Foods (potatoes, rice, bread, pasta, fries, chips, tortilla, crackers, etc.)

Which ones: _____

Less Fats (butter, salad dressing, fried food, mayonnaise, sour cream etc.)?

Which ones: _____

More vegetables in place of starchy foods?

Which ones: _____

Eat more lean protein?

Which ones: _____

Using Protein drinks or bars to supplement meals?

Using commercial Diets?

Which ones: _____

Working with a health care professional?

Which ones: _____

Working with a nutritionist or registered dietitian?

Working with a physical therapist

Working with psychotherapist or behaviorist

Using a weight loss program or group?

Which One: _____

Other Support Group?

Which One: _____

Eating Behavior Changes

Are you Self-Monitoring?

- Intake Calories Fluids Steps
- Eating Behavior Planning Meals
- Preparing meals Improving food choices
- Less eating out
- Less mindless eating (Eating unplanned or unknowingly)
- Less night eating (After dinner / before bedtime)
- Less emotional eating Drinking more water
- Limiting snacking or eating when not hungry
- Stop eating when full Eating only when hungry

Exercise & Movement: Goal 30-60 minutes most days

Have you started moving more or an exercise program?

- Yes No

How long and how many days a week do you do any of the following?

- Walking Swimming or Pool exercise
- Bike Riding Running / jogging
- Stair Climbing instead of using elevators
- Parking car further from stores
- Weight Training Chair exercise (Like "Sit and Be Fit")
- Getting off bus sooner to walk Chair walking
- Exercise video? (Which one?)
- Other movement or exercise:

What keeps you from being able to exercise effectively?

24 - Hour Diet Recall - All meals, snacks, beverages:

Additional Notes:

Assessment / Plan:

Physician, Dietitian or Advanced Health Provider

Signature _____

Date: _____

Program or Affiliate Health Care Practice
