



Outpatient Nutritional Counseling for a Roux en Y Gastric Bypass Patient

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Roux en Y Gastric Bypass (RYGB)

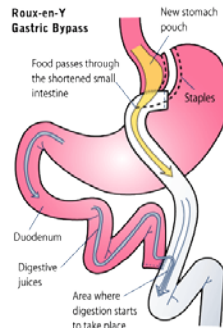
- The most commonly performed weight loss surgery in the world
- The “gold standard” in terms of weight loss surgery
- > 220,000 weight loss surgeries were performed in the U.S. alone in 2008.
- RYGB typically results in significant weight loss (> 50% excess body weight) and it usually resolves obesity-related comorbidities

RYGB Population

- *Recommended for:* people who have failed to lose weight through diet and exercise and have:
 - A BMI \geq 40 kg/m² OR
 - A BMI \geq 35 kg/m² with obesity-related comorbidities (ex. diabetes, sleep apnea, heart disease, etc.)
- *Not recommended for:* people with psychological issues or people who are not ready to undertake the drastic lifestyle changes needed post-surgery

Post-Surgery Habits:

- Adaptation of these habits prior to surgery have been associated with better surgical outcomes, improved health, and greater weight loss prior to surgery.
- Eat small amounts of food slowly (20-30 minutes/meal)
 - Drink liquids >15 minutes before or >60-90 minutes after eating a meal
 - Eat protein first → vegetables → starches
 - Avoid distractions while eating – no TV, books, cell phones, computers, etc.
 - Track calories/weight with a cell phone app or computer program
 - Avoid carbonation & high sugar/fat foods
 - Establish a consistent exercise routine
 - Take a chewable or liquid MV



Mr. D's Assessment

- 67 year old male
- BMI: 45.8 kg/m²
- PMH: Type 2 diabetes, obstructive sleep apnea, HTN, degenerative joint disease, CKD stage II
- Has had difficulty with his weight since high school
- Diabetes is not well controlled (A1c 9.2)

Nutrition Intervention Pre-Surgery

- Shop around for a protein powder that is palatable to you
- Pick out a cell phone app & start tracking caloric intake/weight
- Incorporate as many post-surgery habits as possible

Nutrition Diagnosis Pre-Surgery

Limited adherence to nutrition-related recommendations r/t poor understanding of the benefits of early adaptation of post-surgical habits AEB continued consumption of carbonated beverage, no separation of foods/liquids, not eating protein first in the meal, not tracking calories.

Nutrition Intervention Post-Surgery

- Swap daily morning latte with a protein-rich food
- Take 20-30 minutes to eat meals, even if you know you are able to tolerate the foods at that meal
- Increase daily walk from ½ mile to 1 mile

Nutrition Diagnosis Post-Surgery

Limited adherence to nutrition-related recommendations r/t limiting food intake to foods he know are tolerable and "safe" AEB less than ideal intake of protein and frequent consumption of non-protein rich foods (ex. daily latte).

Monitoring/Evaluation

- Attend RD appointments every 1-2 months post-surgery
- Check vitamin labs annually
- Check weight at least every week
- Analyze protein, calorie, and liquid intake

Mr. D has lost 44 pounds in 4 weeks!

RYGB Diet Progression

8 weeks before surgery:

600 kcal/day diet consisting of 2 protein shakes (Premier Protein) + one small, balanced, low-fat meal (based off MyPlate) in the evening



1-2 weeks post-surgery:

- Full liquids + pureed foods
- 3 small meals per day (1-2 ounces/meal)
- Ex: Greek yogurt, milk, baby foods, pureed ground meats, tofu, or cottage cheese



3 weeks post-surgery:

- Thick pureed diet
- Big emphasis on high protein foods
- Ex: scrambled eggs, chicken/tuna salad, oatmeal, split pea soup



4 weeks post-surgery:

Progress from soft solids (eggs, cottage cheese) to 2nd stage solids (fruit, stewed meat), to 3rd stage solids (raw vegetables/fruit, legumes, tender meats)

