

Dietary Advice Following Bariatric Surgery (Gastric Bypass and Sleeve Gastrectomy)

Bariatric Surgery has been shown to be effective in supporting and maintaining weight loss in the long term. Many people find it helps them to make long-term changes to their diet, to lose weight and keep it off. However, it is neither a quick fix nor a certainty that you will lose weight long term. The success of the surgery will also depend on you making good dietary choices and increasing your physical activity with the support of your bariatric team.

This booklet is designed to give you information and advice with eating and drinking after the operation. Alternatively, if you are considering whether gastric surgery is right for you, then it will give you some idea of what to expect after surgery to help you make your decision.

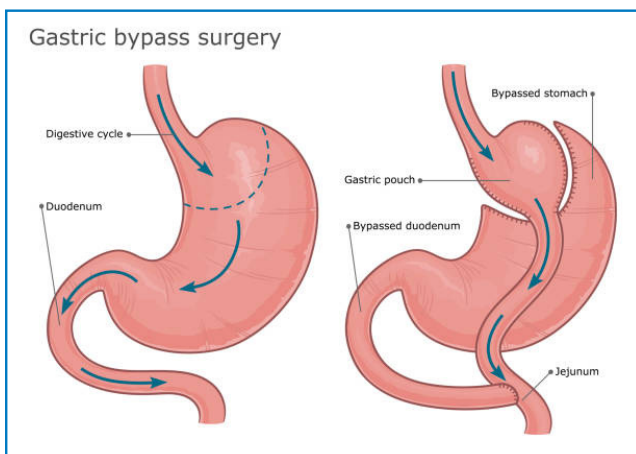
All surgeries come with risks; your bariatric surgeon will discuss these with you. There are alternative ways to lose weight which you can discuss with your dietitian if you feel the surgical route is not for you.

If you currently use food as a support to relieve stress or for comfort; how will you manage this when you can no longer use food? Food and drink can play a large part in your social cultural life; how will you find not being able to eat and drink as you do now? It is a good idea to start thinking about this before you commit to surgery. You may find that being referred to our clinical psychologist would be helpful and this can be discussed with your surgeon, bariatric specialist nurse or dietitian.

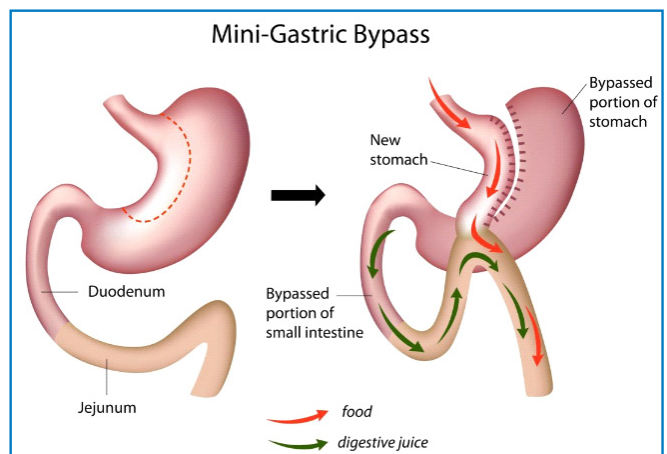
How a gastric bypass works

The gastric bypass is a procedure to create a small pouch to reduce the size of the stomach. This pouch will hold about 15-50mls and about the size of a boiled egg.

- Initially, it will hold only tiny amounts of food or liquid – probably less than an egg cup to start with.
- Part of your gut (small intestine) will also be bypassed. This means that food will no longer enter the first part of your intestines so will not be digested and absorbed in the normal way.
- You will feel fuller for longer, due to the effect the operation has on your gut hormones. As a result of all of these factors you will lose weight.



Roux-en-Y gastric bypass



One anastomosis gastric bypass

How a Sleeve Gastrectomy works

Your stomach is stapled to make it much smaller and you will be left with a sleeve shape stomach (about the size of a small banana).

- If you have a sleeve gastrectomy, about three quarters of your stomach will be removed.
- This will fill up quickly, restricting the amount of food you can eat
- Once food passes out of the small stomach, it is digested in the normal way.



Progression of food textures immediately after surgery

Adhering to our advice on texture progression phases from fluids to solids is important to reduce the risk of unpleasant side effects such as nausea, vomiting, pain and discomfort. The gradual texture progression also helps to avoid damage to your revised stomach, allows your wounds to heal after surgery and allows food to pass easily from the stomach to your small intestine. It is important not to skip any of the stages.

You will need to follow a modified texture diet for 8 weeks, before returning to a more regular textured diet from week 8 onwards. The diet is separated into 4 stages:

Liquids - 1 day (4-6 hours after surgery until the following morning)

Puree - 4 weeks

Soft and crispy - 4 weeks

Normal textures - after 8 weeks

Stage 1 - Liquids - 1 Day

Usually within 6-12 hours after surgery, you will be able to start taking sips of water slowly and then progress onto other fluids such as milk, tea and coffee. This will be slowly increased in volume until you are able to tolerate approximately 100-200mls of fluid each hour.

Once this feels comfortable you can build up the quantity. Be careful not to gulp as this may result in nausea or vomiting. Do not overstretch your stomach by drinking a lot at once.

- Aim to have 2 litres (3.5 pints) each day to prevent dehydration.
- You will always need to avoid fizzy drinks as they may cause stretching of your new stomach and discomfort

You will then progress onto a purée diet, usually 24 hours after surgery. Food should be smooth with no lumps or solid pieces. The consistency should be like smooth, thick yoghurt. You will need a liquidiser or food blender for this food stage.

Stage 2 - Purée diet - Weeks 1 - 4 (4 weeks)

You should follow a strict purée diet for at least 4 weeks after your surgery. This is to allow time for your stomach to heal. This type of diet is easier for your new stomach to manage and helps recovery after your surgery. Do not be tempted to progress onto more solid food textures before this point, as you do not want to damage the healing tissues. People who try and move on too quickly tend to have more problems with tolerating food in the longer term.

Your body is still healing from the surgery and your stomach will still be very small and tight.

- Take very small amounts (2-3 teaspoons) of pureed food per meal for the first few days. Aim to eat 4-6 times per day at this stage and only increase the amounts when you can do so comfortably. Aim to build up the volume of puree each meal for the first 2-3 weeks until you are managing approximately 20 teaspoons of purée at each meal. It can be difficult to puree small amounts so try freezing leftovers in small containers for later use.
- Always use nutritious liquids to add to food for blending such as milk, yoghurt, or cheese based sauces. Instant or powdered soups may seem convenient but they provide very little in the way of nutrients so try not to waste filling up your stomach on these – you need the maximum amount of nutrients from everything you eat.
- It can be difficult to take enough protein which is essential for general health and healing. Include high protein foods and drinks such as meat, chicken, fish, milk, eggs, yoghurt, cheese at every meal. For more information see '*How can I eat more protein?*' in the Frequently Asked Question section at the back of the booklet.
- Stop eating when you feel satisfied. Do not wait until you feel full. Listen to your restriction. You will be surprised how just one extra spoonful, can make you feel discomfort.
- Keep drinks to between meals only and allow at least 30 minutes either side of food before drinking.
- Sip drinks; use a bottle with a sport lid if necessary, and try to have about 2 litres (3.5 pints) each day. It is very important to take some of this as milk – you will need the protein it provides for now. i.e., try to drink 0.5 litre (1 pint) of skimmed/semi skimmed milk each day
- Avoid all food and drink containing greater than 5g of sugar or fat per 100g/100mls or per food portion. Avoid alcohol and fizzy drinks. If a product has less than 5g sugar/fat it will show on a traffic light system food label as green.
- Where possible, all your regular medication will be changed into a liquid/dispersible form during your hospital stay and this is to be continued for the first 4 weeks after surgery. After this time you can request your GP prescribes all of your medication in tablet/caplet form. Take the multivitamin/mineral supplements every day. These can be prescribed by your GP or bought online or from super markets or chemists and must be continued for the rest of your life unless you are advised otherwise. Your bariatric team can advise you on what you need and further information is provided later in this document.
- Add herbs/spices e.g., chilli to add flavour to your food as a puree diet can be very bland.
- Remember to follow the 20:20:20:20 rule

The 20:20:20:20 rule

- Chew every mouthful of food 20 times
- Put cutlery down for 20 seconds between mouthfuls
- Take about 20 minutes to eat a meal, dispose of any remaining food
- Don't take more than 20 pence piece sized mouthfuls

Meal suggestions to build up to on the 4 week puree stage

Breakfast

½ Weetabix with lots of milk
or 5-6 teaspoons instant oat cereal/ready brek
or ½ banana blended with low sugar / high protein yoghurt

Mid-morning

Glass of milk or 2-3 teaspoons of pureed fruit or small pot low sugar / high protein yoghurt
or small bowl of low sugar instant whip made with skimmed / semi skimmed milk

Lunch

2-3 teaspoons fish + 2-3 teaspoons smooth mashed potato
+ vegetables blended with cheese sauce

or 2-3 teaspoons of either minced meat, minced chicken,
casseroled meat or chicken
+ 2-3 teaspoons smooth mash
+ vegetables blended with gravy or sauce

or 2-3 teaspoons cauliflower cheese blended
with 2-3 teaspoons smooth mashed potato

or 2-3 teaspoons dhal blended with 2-3 teaspoons plain yoghurt

or small bowl smooth soup blended with extra vegetables
and lentils, meat, chicken, yoghurt, milk or grated cheese

Mid-afternoon

As mid-morning

Evening meal

As lunch

Supper

Glass of milk
or low sugar yoghurt or cereal as at breakfast

Stage 3: Introducing soft & crispy foods – week 5 - 8 (4 weeks)

Start with soft foods: Your stomach will be healing now but still needs help to manage food. When advised to do so, try foods which are mashable with a fork. You will still need to add nutritious liquids as before so food stays moist. Aim for the texture of shepherd's pie or dhal.

- Remember the 20:20:20:20 rule outlined on page 3.
- Keep portion sizes small and remember to stop before you feel full.
- Try to have no more than a starter size of food or tea plate portion per meal.
- Eat three starter or tea plate sized meals per day with two low fat/low sugar snacks such as fruit, yoghurt or milk.
- Fill ½ the plate with protein as these foods are rich in nutrients and will keep you fuller for longer.
- Build in crispy foods: Once you can comfortably manage soft foods, try adding crispy things such as crispbreads, crackers, breadsticks, very crispy toast. Avoid anything doughy such as bread or chapattis as these are still likely to cause you a problem.
- Continue to drink between meals only and avoid sugary or fizzy drinks as before. Still aim for about 2 litres (3½ pints) each day, wait 30 mins after a meal before drinking.
- As your intake of protein-rich foods is increasing, you can reduce your intake of milk. Remember to replace any milk with other fluids.
- Avoid snacking on foods high in fat or sugar such as crisps, biscuits, sweets, chocolate or savoury snacks.
- Continue taking your daily multivitamin as suggested by your bariatric team.

Meal suggestions for the soft & crispy stage

Breakfast

Porridge
or cereal and milk (avoid nuts and dried fruit)
or low sugar yoghurt with soft fruit

Lunch

Tinned or wafer thin meat + soft salad vegetables such as skinless cucumber, beetroot & roasted peppers with low fat dressing + breadsticks

or baked beans on crispy toast

or low-fat cheese or pate with crispbreads + skinless cucumber

or chunky soup with extra vegetables and lentils, minced meat, minced chicken, yoghurt or grated cheese

Mid-afternoon

Soft fruit or glass milk or low sugar yoghurt/fromage frais

Evening meal

Beef stew (include plenty of vegetables)

or flesh from baked potato mashed with tuna and milk + soft vegetables

or very tender curry or chilli + soft vegetables

or dahl and plain yoghurt

or cheese omelette + peas + breadsticks

or fish in parsley sauce, 2 small new potatoes + soft vegetables

or small portion healthy eating ready meal

Supper

As mid-morning or 1-2 crackers with low fat cheese

or cereal as breakfast

What should I do if I am unable to tolerate certain foods?

If you feel you have any problems eating certain foods, first make sure it is the right texture for your stage post op eg. 'puree' or 'softy and crispy'. Check that you are eating slowly and not eating too much or drinking too closely to your meals. If you are still having problems leave out that food for a few days and then try again. Keep trying foods again as over time you may be able to tolerate them.

You may find you no longer feel hungry and your taste changes after the surgery. Food you used to like may no longer taste as good. Try other foods as you may now like them.

Should I avoid eating any foods?

Avoid all the foods below until stage 4 'normal textures' as they can be difficult to tolerate. Introduce in small amounts initially and chew well.

Caution foods

- Bread
- Rice or pasta
- Chapattis/wraps
- Lettuce
- Pips, seeds, skins, pith off fruit/vegetables
- Dried fruit
- Sweetcorn
- Nuts
- Stringy vegetables e.g., green beans, celery
- Grilled, roast or fried meat and chicken

Stage 4: Introducing 'Normal Texture' - Week 9 onwards

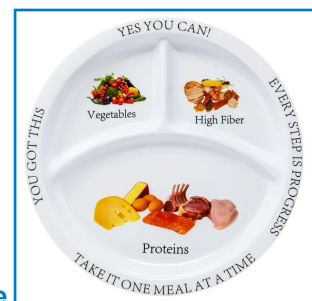
Nine weeks after bariatric surgery, most people find that they can manage more 'normal texture' foods. This will vary from person to person so don't worry if you are not quite there yet.

Tips for introducing normal textures:

- Continue to eat soft foods as before and gradually introduce small amounts of normal texture foods as well.
- Chew food very well and take your time – remember the '20:20:20:20 rule' on page 3
- Continue to leave at least 30 minutes between eating and drinking.
- Remember to stop eating before you feel full to avoid discomfort/vomiting/weight gain.
- Sit at the table to eat. Eat mindfully and try not to eat whilst doing other things such as watching TV or reading. You will be much more aware of how much you are eating if you are not distracted.
- Aim to eat 3 meals a day and work towards a maximum of a small dinner plate per meal. Once you are able to manage this amount you should no longer need snacks. If you are still hungry, add more vegetables or salad to meals and have fruit or yoghurt as a healthy snack.
- You no longer need to eat the "weaning/slider" foods because your stomach has healed. If you continue to eat soft foods, you will find that your weight loss slows down and you may start to gain eventually.
- If you are eating well and managing plenty of high protein foods at each meal then it will no longer be necessary to include extra milky drinks or protein shakes.
- You may now be able to manage some of the 'caution foods' (page 7) listed before but test yourself with very small amounts to start with and continue to avoid them if they cause you discomfort.
- Practice good, permanent eating habits – just because you can get away with eating something now and still lose weight does not mean you will be able to forever.

Healthy Eating Tips for Life

- Aim for 3 main meals and a couple of small snacks if required each day. Don't skip meals or graze through the day. Skipping meals is an easy way to gain weight as your hunger levels may be increased later in the day and you will likely eat more at your next meal.
- Don't drink within 30 minutes either side of a meal, or during a meal (take sips only if needed).
- At meal times fill ½ a small plate with lean protein (such as meat, fish, poultry, eggs, low-fat cheese, pulses and lentils), ¼ with vegetables or salad, and ¼ with starchy carbohydrates (such as basmati rice, pasta, baby new potatoes or couscous). Ideally choose wholemeal varieties as they have more fibre.
- Always eat the protein part of your meal first, then fruit or vegetables and finally the starchy carbohydrates.
- Remember the 20:20:20:20 rule on page 3.
- It is essential that you take your complete multivitamin and mineral, calcium and vitamin D (twice a day) and vitamin B12 injections for life to prevent deficiencies.



An example of a bariatric surgery portion plate

Weight Maintenance Tips for Life

- PLAN your meals a week in advance and only buy food that you want to eat. Use healthy recipe books for inspiration.
- Periodically record what you eat and drink in a journal, app or website such as MyFitnessPal (free), Nutracheck (cost involved) or weightlossresource.co.uk (cost involved) as a reminder of what you are eating during the day.
- Track your activity levels either in a diary or app; aim to increase this weekly or monthly. You should aim to do 150 minutes of moderate intensity activity per week. Spread exercise evenly over 4-5 days per week, or every day. Do strengthening activities that work all the major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms) on at least 2 days per week. Reduce time spent sitting or lying down and break up long periods of not moving with some activity. Make sure your activity and intensity are appropriate for your fitness (NHS.uk 2024).
- Only eat until the point of fullness and not beyond.
- Try to eat at the table or without distraction, so you can 'mindfully' eat your meal.
- Do not let high fat and high sugar foods such as chocolate, biscuits, crisps and sweets creep into your diet. These are just as unhealthy and calorie dense after the operation as they were before. If you have these foods too often you will stop losing weight or regain weight.

What is dumping syndrome?

Dumping syndrome is a set of symptoms that affect people after a gastric surgery. It occurs when the undigested contents of your stomach move rapidly to the small bowel. Common symptoms include feeling nauseous, light-headed, cold sweats, rapid heart rate, cramping and may be followed by diarrhoea. Dumping is usually triggered by sugary foods and drinks, high fat foods or having too much liquid at mealtimes. If you continue to have these symptoms, speak to your surgeon or dietitian for further advice.

Vitamin & Minerals before and after bariatric surgery

Bariatric surgery dramatically decreases the body's ability to absorb vitamins and nutrients and/or restricts the amount of food you can consume. This can result in malnutrition, or vitamin and mineral deficiencies, that can be detrimental to your health.

Vitamins and minerals are needed after surgery so the body can heal properly. They also regulate metabolism and help convert calories into energy. Unlike carbohydrates, protein, and fat, vitamins and minerals are only needed in small doses. The body needs minerals to create bodily fluids, maintain healthy teeth and bones, make healthy blood, and regulate vital functions such as nerve and heart functions.

Before bariatric surgery you should take an over-the counter A-Z multivitamin and mineral supplement

After bariatric surgery you need to take a:







- Multivitamin/mineral supplement (GP may prescribe, or may ask you to purchase)
- Calcium & Vitamin D supplement (GP may prescribe, or may ask you to purchase)
- Iron supplement (GP may prescribe, or may ask you to purchase)
- 1mg Vitamin B12 injection every 3 months (available through your GP)
- Omeprazole or Lansoprazole (available on prescription from your GP)
- Vitamin D supplement 2000 - 4000 IU daily (or also written 50 - 100mcg) (available to buy from the chemist / supermarkets).

For the first 4 weeks after surgery, you will need to take a chewable or soluble multivitamin/mineral i.e. Forceval soluble x1 a day or Centrum Chewable x2 a day before moving onto one of the tablet options in the table below.

Take the multivitamin/mineral with or after a meal.

After surgery the hospital will provide you with a 14-day supply of Forceval soluble x1 a day. If you are unable to tolerate the liquid/soluble form you can purchase Centrum chewable over the counter.

*Please note Centrum chewable is not nutritionally complete and is only suitable for short term use until you are able to tolerate tablets.

				
Forceval x1 a day 45p/day or x1/day	Sanatogen A-Z Complete x2 a day 18p/day	Lloyds Pharmacy, Superdrug or any Supermarket Own-brand A-Z e.g. Tesco, Morrisons, Asda x2 a day 8-12p/day	Holland & Barrett ABC+ x1 a day 7p/day	Centrum Chewable x2 a day 50p/day
				

2) One of the following Calcium & Vitamin D supplements are required to maintain bone health and help prevent osteoporosis

The chewable tablets can be taken straight away following your bariatric surgery.

Other tablet forms can be taken 4-6 weeks following your surgery.

After surgery the hospital will provide you with a 14 day supply of Adcal D3 chewable x2 a day.

					
Adcal-D3 chewable 1 tablet twice a day (morning & night) 22p/day	Calceos (chewable) 1 tablet twice a day (morning & night) 18p/day	Calcichew D3 Forte chewable 1 tablet twice a day (morning & night) 23p/day – may need prescription	Adcal D3 Caplet 2 tablets twice a day (morning & night) 20p/day – may need prescription	Cacit D3 effervescent 1 tablet twice a day – may need prescription	Calcium Citrate with vitamin D3 (Solgar) 1 tablet twice a day 20p/day <i>Calcium citrate may be the preferred option for those with a history of or risk of kidney stones</i>

In addition to calcium supplements it is advisable to take an additional 2000-4000IU (50-100mcg) of Vitamin D each day (5-10p/day)

			
Better You Dlux 3000 Vitamin D Spray 1 spray each day (3000IU)	Holland & Barrett Vitamin D3 100 tablets 25ug (1000IU) 3 tablets each day (3000IU)	Better You Dlux 1000 Vegan Vitamin D Spray 3 spray each day (3000IU)	Solgar Vitamin D3 1000IU 90 tablets 3 tablets each day (3000IU)

3) Iron supplements are recommended particularly for those with iron deficiency anaemia or menstruating women.

It is important to try to take the iron supplement 2 hours apart from the calcium tablet or it reduces the rate of absorption of the supplements. The following table shows suitable examples:

The hospital ward will provide you will a liquid form of iron supplement called Sodium Feredetate, however you can change onto a tablet version at 4 weeks if you prefer.

			
Sodium Feredetate (Sytron) Liquid 20p per 10ml 10ml once a day or 20ml once a day for menstruating women	Ferrous Fumarate* 210mg 1/day 7p/day *often better tolerated	Ferrous Sulphate 200mg 1/day 5p/day	Ferrous Gluconate 300mg 1/day 3p/day (take 1 hour before food)

Take all of your vitamins and mineral every day but do not take them all together. If you spread them evenly across the day, it helps your body to absorb them.

Your GP may prescribe some or all of the supplements you require, however they are not obliged to do so and you must commit to purchasing them yourself should this be required

A day's example of multivitamins / mineral required*

After breakfast – multivitamin/mineral (1-2 x day depending on brand)
+ first calcium & vitamin D tablet

With lunch – iron tablet (2 x day for menstruating women)

Evening meal – second calcium and vitamin D tablet

Frequently asked questions

Why should I stop eating BEFORE I feel full?

It takes around 20 minutes for the brain to recognise 'I'm full' messages from the stomach. You will need to learn this. There is a difference between eating to stop hunger and eating until full. If you eat until you are aware of feeling full you have had too much. This could cause you discomfort and even to vomit. It will also get your new stomach used to stretching too much.

Is it normal to be sick or feel sick a lot?

Although a common side effect, you shouldn't expect to be sick.

If you are sick or feel sick frequently, do you:

- Eat slowly?
- Chew food well?
- Eat the right texture food for your stage post-surgery?
- Stop eating before you feel full?
- Eat & drink separately?

My hair is falling out, what's wrong?

Tips to prevent you from being sick

- Avoid any foods that you know cause you a problem for the time being.
- Eat regularly. If having a cracker helps the nausea it could be that you need to eat more frequently so include a healthy snack such as fruit between meals.
- Remember the 20:20:20:20 rule.

If you experience prolonged vomiting please purchase or contact your GP surgery to consider prescribing Thiamine 300mg daily. B vitamins are not usually stored in the body so levels can become quickly depleted. Symptoms of Thiamine deficiency include; confusion, neuropathy (damage to the nerves), poor coordination (stumbling, falling), slurred speech and a rapid heart rate (tachycardia).

I've got diarrhoea or constipation. What can I do?

Diarrhoea can happen due to dumping syndrome (see overleaf). It can also happen if you eat a lot of food high in fat. Try reducing fatty foods to see if this helps. If it is frequent and concerning you, please contact your GP.

Constipation:

After surgery your bowels are likely to move less often as you will be eating less. However, if you have signs of constipation such as not opening bowels for several days, bloating, and difficulty passing stools; it may be that you are not eating enough fibre or drinking enough fluid.

- Aim for a minimum of eight glasses of fluid a day
- Include more fruit, vegetables, salad, pulses and wholegrain cereals as soon as possible and gradually increase the amounts of these foods. Linseeds and inulin can be added to food and can also work to soften foods. You can find these in most supermarkets.
- Try a stool softener such as lactulose or macrogol (Movicol or Laxido). You can buy these at supermarkets or pharmacies or ask a community pharmacist for advice.
- If constipation continues, please see your GP.

Some people notice their hair thinning a few months after surgery.

The cause of this is not always known. It can be due to rapid weight loss or nutritional deficiencies. Make sure you are eating as healthily as you can and be certain you are taking the recommended vitamin and mineral supplements every day. Your surgeon or doctor may want to do some blood tests, but these often turn out to be normal. Try not to worry. For most people hair loss stops after a few months and then starts to re-grow.

How can I eat more protein?

It is often difficult to get enough protein after weight loss surgery. High protein foods are meat, chicken, fish, eggs, cheese, yoghurt and milk. You can also get protein from beans, pulses, nuts, Skyr yoghurts, tofu or a mycoprotein product such as Quorn. Many people find these high protein foods difficult to manage, especially in the early weeks following surgery. You need to aim for a minimum of 60-80g protein a day. The following each provide 7g protein so have 7-8 items from this list each day. You will get a small amount of additional protein from the other foods you eat to make up the difference.

- 1 tablespoon mince / 2 fish fingers
- 2oz(50g) fish - ½ small fillet or tin / 1 egg
- 1oz(25g) cheese – small matchbox size / 2 tablespoons cottage cheese
- ⅓ pint (200ml) milk / 4 tablespoons baked beans
- 1 small tin (170g) low fat evaporated milk / 2 tablespoons Quorn
- Medium slice tofu (3oz/75g) / 1 small bag nuts (1oz/25g)
- 1 pot (150ml) yoghurt or fromage frais / 8 medium prawns
- 1 small thin slice (2-3 small cubes) meat or chicken
- ½ tin (200ml) low sugar milk pudding or custard

To help you get enough protein try the following: -

- Drink plenty of milk (2 pints a day in the first few weeks) or add 4½ tablespoons of milk powder to 1 pint of milk and have this each day instead.
- If you do not like milk, you could consider trying protein water which contain 10-20g protein per bottle or protein powders which can be added to water or food.
- Try flavouring or disguising milk, if necessary, e.g., milky coffee, sugar free milkshake powders and no added sugar syrups
- Add milk or protein powder, grated cheese, low fat evaporated milk or natural yoghurt to mashed potato, soups and sauces.
- Liquidised meat and chicken can be easier to manage – if you add cheese or a milky sauce you will get even more protein
- If you are beyond the pureed stage tinned or wafer-thin meats are easier to tolerate than roast, grilled or fried meats.
- Always eat the protein part of the meal first.
- If you still cannot manage enough protein then any snacks you have should be based on protein e.g., yoghurt, low fat cheese on crackers.
- Protein powder and protein shakes may be appropriate if you cannot eat sufficient quantities of high protein containing foods. There are many suitable products on the market; choose low fat / low sugar high protein versions.

Pregnancy after bariatric surgery

Pregnancy should not be planned until your weight and nutritional status is stable; this is usually after the first 12-18 months from your bariatric surgery. Before this time there is an extra risk of nutritional related problems for both baby and you, and this time will also allow you to focus on and adapt to life after bariatric surgery. It will give you time to lose weight and reintroduce a varied, well balanced diet to support you and your growing baby. Studies show that pregnancy before this time, when weight loss is rapid results in a higher rate of:

- Nutritional deficiencies such as low folic acid which can cause neural tube defects (problems with development of baby's brain, spine or spinal cord)
- Pregnancy related complications: increased risk of preterm delivery, having a smaller baby resulting in higher rates of admission to the neonatal intensive care.

We advise all women who are planning pregnancy or who are pregnant to contact their GP or bariatric surgery team.

In view of this, ladies are recommended to use contraception during the first 18 months post-surgery. Oral contraception may not provide sufficient protection after bariatric surgery (particularly in malabsorptive procedures such as gastric bypass) as lower absorption rates are suspected. Thus, it is recommended that you use an alternative method of contraception. You will need to discuss this with your GP or gynaecologist.

Can I drink alcohol?

It is not recommended to drink alcohol after bariatric surgery.

If you do decide to drink alcohol, please consider the following:

- Alcohol delays wound healing and could lead to post operative complications.
- If you are an emotional eater you will no longer be able to use food as a coping mechanism after surgery. This can lead to other unhealthy behaviours such as excess alcohol consumption and addiction.
- Alcohol provides a lot of calories so drinking more than occasional small amounts will mean you will lose less weight. In any case, never exceed the maximum safe limit for health, of 14 units of alcohol spread over a week.
- Alcohol can make you feel hungry, so you are more likely to snack especially on high calorie foods.
- Alcohol will be absorbed much more quickly than before your operation so you may feel lightheaded or 'tipsy' on only 1-2 drinks.
- Avoid sugary or fizzy mixers and fizzy alcoholic drinks.

If you would like more information on alcohol or units ask your doctor, nurse or dietitian.

If any of the things about this leaflet concern you or you would like further advice, speak with your dietitian or surgical team.

Useful websites/Resources

NHS-Weight Loss Surgery

Website: [Weight loss surgery - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Weight Loss Surgery Information and Support

Website: www.wlsinfo.org.uk

Bariatric Cookery

Website: [Bariatric Recipes / Bariatric Recipes High Protein \(bariatricmealprep.com\)](http://bariatricmealprep.com)

Return to Slender after Weight Loss Surgery (Cook book) - Carol Bowen Ball

Denise Ratcliffe (2008) Living with Bariatric Surgery: Managing your mind and your weight

Denise Ratcliffe (2025) Understanding and Managing Emotional Eating

For more information about bariatric surgery at CHFT, the bariatric team and resources, please scan the QR code below:



If you have any comments about this leaflet or the service you have received you can contact :

Your Healthcare Professionals:

Bariatric Surgery Specialist Dietitian's and Nurse

Telephone: 01484 355217

Email: Bariatric@cht.nhs.uk

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"