Outpatient Nutritional Counseling for a Roux en Y Gastric Bypass Patient
Laura Tobias, Group Health Cooperative Dietetic Intern, Nutritional Sciences Department
Preceptors: Jodi Augustine & Eileen Paul

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

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 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 Population
• Recommended for: people who have failed to lose weight through diet and exercise and have:
  - A BMI ≥ 40 kg/m² OR
  - A BMI ≥ 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

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)

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 Diagnosis Pre-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).