

Visit # 6 - Ask how changing diet habits are going, next habits they want to change

Complete	Topics to discuss	Education materials / Resources
	Discuss concerns	
	Review food diary	
	check supp. Clear/full liquids	Have pt explain and how they will use
	check vitamin and supplements	Have pt explain and how they will use
		<b>Education materials / Resources</b>
	<b>PATIENT IS THE TEACHER</b>	
	Review- pt to be able to explain general guidelines	Binder Materials; OVERVIEW SECTION, pg 2
	Review-pt to read label and detail a healthy choice	
	Discuss post op diet- clear liquid inpatient	Visit #6 folder- Refrigerator sheet
	<b>Patient Homework</b>	<b>Education materials / Resources</b>
	Food diary	Bring to Dr. Andrew's appointment

## Bariatric Clear Liquid Diet

**Sugar free liquids include:** water, sugar-free Jello®, broth or bouillon, sugar-free popsicle, decaffeinated coffee or tea, low calorie or no sugar added juices (apple, grape, cranberry)- **limit ½ cup per day**, whey protein supplements (Isopure®, Syntrax-Nectar® or Unjury®) -mix with water or crystal light.

Consume 4 ounces every hour and add protein through the day in order to meet your daily protein goal.

+Clear Liquid Diet Sample Menu		
	Food items	Protein (grams)
	2 Tbsp. broth	0
	4 Tbsp. no sugar added juice	0
	2 Tbsp. sugar-free Jello®	1
	1 cup clear liquid protein supplement (Ex: Isopure®, Syntrax-Nectar®, Unjury®) mixed with water or Crystal Light®	~21-25
	1 cup other sugar-free clear liquids	0
	4 Tbsp. broth	0
	2 Tbsp. no sugar added juice	0
	2 Tbsp. sugar-free Jello®	1
	1 cup clear liquid protein supplement (Ex: Isopure®, Syntrax-Nectar®, Unjury®) mixed with water or Crystal Light®	~21-25
	1 cup other sugar-free clear liquids	0
	2 Tbsp. broth	0
	2 Tbsp. No sugar added juice	0
	4 Tbsp. sugar-free Jello®	1
	1 cup clear liquid protein supplement (Ex: Isopure®, Syntrax-Nectar®, Unjury®) mixed with water or Crystal Light®	~21-25
	1 cup other sugar-free clear liquids	0
	Total Protein	62-75

# Postoperative Suggested Checklist

## Equipment

- ☐ Blender or food processor
- ☐ Blender bottle
- ☐ Measuring cups
- ☐ Measuring utensils
- ☐ Food scale
- ☐ Baby spoon and fork or hors d'oeuvre spoon or fork (Remember you will be taking little bites of food)
- ☐ 1 ounce cups (to help you track fluid intake)
- ☐ Notebook (remember to keep a food journal)

## Groceries

- ☐ Sugar free, non-carbonated, non-calorie beverages.  
Examples: flavored water-Crystal Light®, fruit H2O, Mio® (or other generic brands that are comparable to crystal light or Mio®), Powerade® Zero, decaffeinated coffee or unsweetened decaffeinated tea.
- ☐ Apple juice (100% juice)
- ☐ Low calorie cranberry juice
- ☐ Grape juice (100% juice)
- ☐ V-8 juice or tomato juice
- ☐ Skim milk (or choose Lactaid® or lactose free option if you do not tolerate milk)
- ☐ Cream of wheat or Cream of Rice
- ☐ Pudding (no added sugar)- preferably dry mix (instant is fine)
- ☐ Smooth yogurt (no added sugar, "lite", low carbohydrate)
- ☐ Sugar free popsicles
- ☐ Jell-O® (no added sugar, no pre-made)
- ☐ Low-fat cream soup (such as Healthy Request)
- ☐ Broth, Bouillon, Consomme
- ☐ Clear liquid supplement-Nectar®, Matrix®, Unjury® (see protein supplement handout)
- ☐ Non-fat instant dry powdered milk

## Supplements/Vitamins

- ☐ Multivitamin
- ☐ B12 vitamin
- ☐ Clear liquid supplement
- ☐ Full liquid supplement
- ☐ Protein foods