

Introduction

The Wilmington Health Bariatric Surgery team is here to help you with your weight-loss journey!

Wilmington Health's Bariatric Surgery
Program is dedicated every step of the way in
your treatment plan, as our ultimate passion
is serving as your support team on your path
to improved health and wellness. Bariatric
surgery has exponential benefits, including
lower blood pressure, increased activity,
maintenance of a healthier weight, normal
blood sugars, and more!



Sometimes obesity cannot be treated by diet and exercise alone. Bariatric surgery could be the best option for patients who are severely obese and are unable to lose weight by traditional means and/or suffer from serious obesity-related health problems. Our Bariatric Surgery team includes expert physicians and clinicians who are ready to provide you excellent care and help you reach your weight-loss goals.

About Jayme B. Stokes, MD

Dr. Jayme Stokes is a board-certified, experienced general surgeon with over 14 years of surgical experience. He received his Bachelor of Science in Biology at East Carolina University in Greenville, North Carolina. He earned his medical degree from East Carolina University-Brody School of Medicine in Greenville, North Carolina.

He completed his general surgery residency and minimally invasive surgery fellowship at the University of Virginia Health System in Charlottesville, Virginia.

Licensures/Certifications:

American Board of Surgery Advanced Trauma Life Support

Professional Associations:

American College of Surgeons
American Society of Metabolic
and Bariatric Surgery
Society of American Gastrointestinal
and Endoscopic Surgeons
American Hernia Society

Jayme B. Stokes, MD

Your Booklet Includes

PREPARING FOR YOUR **BARIATRIC SURGERY**

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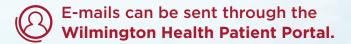
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Contact Information

Wilmington Health **Bariatric Surgery** © 910-763-6289 phone 910-251-1420 fax wilmingtonhealth.com/bariatrics **Chrysalis Center**

© call or text 910-790-9500



Preparing for Bariatric Surgery

PATIENT CHECKLIST

Getting bariatric surgery approved by your insurance takes multiple steps. Please bring this book to any appointment related to your bariatric surgery.

☐ Surgical Consultation Consult weight:

You must not gain weight during the pre-operative evaluation process. Failure to maintain your consult weight or lose weight may result in delay of your surgery or termination of your participation in the program.

☐ Medically supervised weight loss with dietitian and mental health assessment Our office will submit referrals to the Nutritionist and mental health professional. A mental health evaluation is required prior to surgery.

Medically Supervised Weight Loss

Preparing for bariatric surgery requires patients to understand healthy nutrition and to adopt these strategies prior to undergoing surgery. This is best achieved through a program of medically supervised weight loss. During this program, you will need to meet with our dietitian on a monthly basis for the time required by your insurance. A medically supervised weight-loss program includes:

- Maintaining an accurate diet and exercise log.
 You can use an app like MyFitnessPal.com.
- Keeping within the calorie goal your tracking tool specifies, cutting portion sizes, and eating high-quality food.
- Drinking 64 ounces of fluids daily, and start reducing how many caffeinated and carbonated beverages you drink.
- Exercising three times a week for at least 20 minutes, and move up to 45-60 minutes, three to five days a week, when you can. If you can't exercise due to a health condition, you can do physical therapy exercise or water therapy.
- Not gaining weight during the insurance approval process.

☐ EGD, upper endoscopy

Our office will schedule this procedure. Previous EGD records must be submitted to our office if done outside of Wilmington Health.

- ☐ **Mammogram** (women over 40 within the last 12 months)
- □ Sleep apnea screening, if indicated
 Our office will submit a referral to a
 Pulmonologist. Previous sleep study records
 must be submitted to our office if done outside
 of Wilmington Health.
- ☐ Pulmonary clearance, if indicated
 Our office will submit a referral to a
 Pulmonologist if you do not have an existing
 provider.
- ☐ Cardiac clearance, if indicated
 Our office will submit a referral to a
 Cardiologist if you do not have an existing
 provider.
- ☐ **EKG** (within the last 12 months)
- □ PCP pre-op visit, labs, clearance letter
 After all of the steps have been completed, we will send a letter to your PCP to schedule a pre operative clearance appointment. The letter will provide exact details of what labs must be completed. If missing a mammogram or an EKG, they can be ordered by your PCP during this visit.

The PCP must submit a letter stating they support your decision, that you are a good candidate and medically fit for gastric surgery.

If you have any questions, please call 910-763-6289. You are responsible for keeping track of when you complete the necessary steps and letting Wilmington Health know when you have fulfilled all the requirements.

When the pre-op process is complete, we will turn in all documentation to your insurance company for authorization.

You must follow these post-operative guidelines for a successful bariatric surgery.

PROTEIN

- Goal: 60-80g of protein per day.
- High-protein foods include meat, fish, poultry, beans, dairy, eggs, and soy.
- Your dietitian will make specific recommendations regarding protein supplements.

CARBOHYDRATES

- Goal: 100-120g per day.
- Foods to limit: bread, rice, pasta, cereal, sugar, and processed carbohydrates like crackers and chips.

SUGAR AND FAT

- Goal: limit sugar and fat to less than 10g of each per meal and/or snack.
- Goal: 30-40g of fat per day.
- High-sugar, high-fat foods cause dumping syndrome/intolerance and hinder weight loss.

FLUIDS

- Drink 48-64 oz. of fluids daily.
- All drinks must be sugar-free and zero calories.
- Avoid carbonated beverages, excess caffeine, and straws.
- Follow the 30/30 rule—do not drink 30 minutes before, during, or after meals.

EATING HABITS

- Eat three meals and two to three snacks per day.
- Measure portions.
- Three 4 oz. (½ cup) meals will be the new normal portion sizes.
- Eat slowly and chew each bite well take 20-30 minutes to eat.

SUPPLEMENTS

- It is a lifetime commitment to take prescribed vitamins and supplements.
- Chewable vitamins including multivitamin, calcium, B12.
- Your dietitian will make recommendations for quality bariatric vitamins.

PLANNING AND TRACKING

- Plan when you will eat, drink, and exercise!
- Use MyFitnessPal or some type of tracker to assist with food choices and planning.

PHYSICAL ACTIVITY

- Start with 20 minutes of activity three days a week.
- Patients with decreased mobility may do physical therapy exercises.
- Work up to 45 and then 60 minutes, with a goal of at least three to five days a week.
- Exercise must be planned in your schedule and be realistic.



DIET PROGRESSION

The weight-loss surgery diet progression is divided into four stages, outlined below. If you have trouble moving from one level to the next, it is okay to stay at the current level for a few additional days. If still unable to progress, please notify your surgeon that you are having difficulty. After the first month, your new, healthy eating routine needs to be a sustainable lifestyle, not a diet.

Level 1: Sugar-Free, Clear Liquids (days 1-2)

- These are liquids you can see through and have a water consistency.
- Consume sugar-free, clear liquids such as water, broth, Jell-O, and zero-calorie flavored waters.
- Sip slowly and pay attention to your feelings of fullness.
- Aim for 1 oz. every 10-15 minutes or 4 oz. per hour.
- Aim for a minimum of 4-8 oz. per waking hour.
- Goal: 48 oz. of fluids daily.
- Avoid straws and gum.
- You may initially be sensitive to hot or cold fluids.

Level 2: Full Liquids + Protein Shakes (days 3-14)

- Continue sugar-free, clear liquids and add full liquids.
- Continue to avoid caffeine, carbonated drinks, sugary beverages, and alcohol.
- Full liquids include protein shakes; skim milk; and fat-free, sugar-free milk products.
- Start multivitamin, calcium, and B12 after several days of full liquids.
- Goal: 48-64 oz. of fluids.
- · Goal: 60-80g of protein daily.

Level 3: Blended/Pureed Food (days 15-28)

- All foods you eat must be the consistency of smooth, thin applesauce or yogurt.
- Everything you have had until now is still allowed.
- Avoid seeds, skins, and chunks.
- Stay with this level until you are four weeks out from surgery.

- Eat up to ½ cup, 4-6 times a day.
- Each small meal should have 10-15g of protein (keep track).
- Take small bites and eat slowly (20-30 minutes).
- Follow the "30 Rule."
- Your protein shakes can count toward your fluid goal.
- Goal: 48-64 oz. of fluid.
- Goal: 60-80g of protein daily.

Level 4: Soft Foods (start after 4-week post-op visit)

- The general rule is "Can I mash this food with a fork?"
- Eat up to ½ cup (4 oz.) 4-6 times a day.
- · Anchor your meals with protein.
- Eat slowly (20-30 minutes); take small bites, and chew very well.
- Continue to follow the 30/30 rule for fluids between meals.
- Taste and flavors may change after surgery, so be open minded.
- Goal: 48-64 oz. of fluid.
- Goal: 60-80g of protein daily.

Solids - Your new normal!

- Try new foods one at a time!
- Avoid eating dried out foods—moisture is important.
- Eat up to ½ cup (4 oz.) 3-4 times a day.
- Eat slowly (20-30 minutes); take small bites, and chew well.
- Continue to follow the 30/30 rule for fluids between meals.
- Goal: 48-64 oz. of fluid.
- Goal: 60-80g of protein daily.

FOOD	SERVING SIZE	GRAMS OF PROTEIN
Meat and Seafood		
Lean beef	1 oz. cooked	8
Lean pork	1 oz. cooked	8
Lean chicken	1 oz. cooked	8
Fish/shellfish	1 oz. cooked	6
Tuna (canned)	1 oz.	7
Lunch meat	1 oz. (2 thin slices)	4
Dairy		
Egg	1 large	6
Egg whites	1 large	3.5
Skim or 1% milk	1 cup	9
Low-fat, low-sugar Greek yogurt	4-6 oz. 5.3 oz.	15-18 10-12
Light yogurt	6 oz.	5
Reduced-fat, 2% cheese	1 oz.	7
Low-fat, 1% fat cottage cheese	½ cup	13
Sugar-free, fat-free instant pudding	½ cup (made with skim milk) High-protein recipe	4 7
No-Sugar-Added Carnation Breakfast Essentials	One packet (made with 1 cup skim milk) High-protein recipe	12 21
Non-fat dry milk powder	1 Tbsp. ¼ cup (add to low-protein foods)	2 8
Beans and Nuts		
Fat-free refried beans	½ cup	6
All beans (black, kidney, pinto, etc.)	½ cup	7.5 (average)
All nuts	1 oz. (¼ cup)	6.5 (average)
Hummus	1/4 cup	4
Meat Substitutes		
Egg beaters	½ cup	12
Tofu	3 oz.	11
Veggie burger (soy, bean, veggie)*	1 burger	11-16
Veggie sausage patty*	1 patty	12 (average)

^{*}Name brands: Morningstar Farms®, BOCA Burger®, Gardenburger®, Amy's®. Use a food scale and read all food labels for accurate protein content.

TWO COMPLETE MULTIVITAMINS

(one multivitamin two times/day, A.M. and P.M.)

- Your multivitamin should include at least 12 mg of thiamine and 400-800 mcg of folic acid (folate).
- It should also contain 8-22 mg zinc, 2 mg copper, and selenium.
- Avoid gummy vitamins, which are usually not complete vitamins and can lead to serious deficiencies.
- You may switch to a non-chewable multivitamin as tolerated
- Note: If you are taking a regular multivitamin and the dose is one per day, then you would need to double the dose to two per day. If you are taking a "Bariatric Multivitamin," follow the dosage on the label.

B12

• 350-500 mcg sublingual B12 daily

• Nascobal Intranasal B12 nasal spray weekly

CALCIUM WITH VITAMIN D3

• Take calcium citrate with or without food. Take calcium carbonate with meals.

- You may switch to a non-chewable form of the calcium citrate as tolerated (3-6 months post-op).
- 1200-1500 mg/day in divided doses.
- Total vitamin D supplementation should equal about 3000 IU/day (including what is in your multivitamin).

IRON SUPPLEMENT

Start four weeks post-op.

Premenopausal females and those at risk for anemia: Take 45-60 mg of iron total daily.

Men and post-menopausal females: Take 18 mg iron/day.

- The ferrous fumarate form of iron is recommended for best absorption.
- Take iron two hours apart from your calcium supplement.



PRE-OP SHOPPING LIST

Proteins

- · Canned tuna, chicken, and salmon
- Eggs
- Skim or 1% milk
- · Low-fat, low-sugar Greek yogurt
- Low-fat or 2% cheese and cottage cheese
- Fat-free refried beans

Blending Foods

- Low-fat or fat-free, high-protein soups
- Broth or bouillon
- Skim or 1% milk



Other Foods

- Fat-free, sugar-free gelatin and pudding
- Vegetables (frozen, fresh, or canned)—
 cook vegetables well and puree before eating
- Fruit (frozen, fresh, or canned in juice) puree before eating
- · Oatmeal, grits, Cream of Wheat
- Applesauce (no sugar added)
- Sugar-free popsicles

Drinks

- Water
- · Decaf diet iced tea
- Sugar-free drink mix
- Zero-calorie flavored water
- · Decaf hot tea and coffee
- Sugar-free Gatorade (G2), Propel Zero*, PowerAde Zero*
- Skim or 1% milk

Meal Supplies

- 2 oz. and 4 oz. plastic containers
- · Water bottles with ounces marked
- Baby spoons and forks
- Baby bowls and plates

BEVERAGES TO CHOOSE			
WATER	is best!		
Water enhancers	Crystal Light Mio Stur SweetLeaf Sweet Drops Skinnygirl True Lemon Fruit Infusions		
Liquid & flavored sweeteners	Pure Via liquids Sweet Drops by Stevia		
Juices	Minute Maid Light Diet Juices Diet V8 Splash		
Sports drinks	Gatorade G2 Propel Zero Vitamin Water Zero PowerAde Zero		
Soft drinks	Fuze SoBe Lifewater zero Diet Snapple Ocean Spray PACt Cranberry Extract Water		
Coffee & tea	Decaf diet or unsweetened iced tea Diet green tea Decaf hot tea or decaf coffee		

Avoid

- Carbonation
- Straws
- Drinks with sugar, more than
 5 calories/serving, and excess caffeine
 (Be sure to look at the nutrition label to make sure there is no sugar.)

LEVEL 1 SAMPLE MENU

8 A.M...... 4 oz. broth (This may take a full hour to consume.)

9 A.M...... 4 oz. water

10 A.M...... 4 oz. sugar-free, calorie-free gelatin

11 A.M. 4 oz. water

Noon 4 oz. broth

1 P.M..... 4 oz. Crystal Light

2 P.M...... 4 oz. broth

3 P.M...... 4 oz. sugar-free, calorie-free lemonade

4 P.M. 4 oz. sugar-free flavored water

5 P.M..... 4 oz. broth

6 P.M..... 4 oz. sugar-free tea

7 P.M...... 4 oz. broth

8 P.M.....1 sugar-free popsicle or gelating

9 P.M..... 4 oz. water

10 P.M..... 4 oz. Crystal Light

11 P.M. 4 oz. water

Note:

 $\frac{1}{2}$ cup = 4 oz.

This is a minimum for each hour. If you are able to drink more, you may do so.





LEVEL 2 SAMPLE MENU

8 A.M...... 4 oz. high-protein hot cocoa 9 A.M..... 4 oz. Crystal Light **10 A.M.....** ½ protein shake 11 A.M......1 sugar-free, calorie-free popsicle Noon 4 oz. high-protein broth 1 P.M..... 4 oz. light Greek yogurt 2 P.M...... 4 oz. Crystal Light 4 P.M. ½ protein shake 5 P.M...... 4 oz. sugar-free flavored water 6 P.M...... 4 oz. broth 7 P.M...... 4 oz. high-protein pudding 8 P.M.....1 sugar-free, calorie-free popsicle 9 P.M...... 4 oz. water 10 P.M...... 4 oz. Crystal Light 11 P.M...... 4 oz. diet cranberry juice

Note: Each protein drink should provide 20-25 grams protein. To start: ½ readymade protein shake four times first day or two, a day with clear liquids in between.



HIGH-PROTEIN SNACKS

Everything you eat should be high in protein and low in fat and sugar.

- ½ cup low-fat cottage cheese with ½ cup fresh fruit (13g protein)
- 1 mozzarella string cheese with 6 whole-grain crackers (9g protein)
- 5 oz. light yogurt with ¼ cup fresh fruit (8g protein)
- 1 cup light vanilla soymilk (6g protein)
- ½ of a light "Flat Out" wrap with ¼ cup
 2% cheddar cheese, melted (11g protein)
- ½ cup fat-free refried beans with ¼ cup
 2% cheddar cheese, melted (13g protein)
- 1 veggie or black bean burger (Morningstar Farms* or Gardenburger*) (10g+ protein)
- ½ cup cooked edamame (green soybeans)
 (11g protein)
- 5 oz. Greek yogurt (20g protein)
- ½ cup sugar-free, fat-free pudding and
 2 Tbsp. skim milk powder (9g protein)

HIGH-PROTEIN TREATS

- ½ of a protein bar that meets nutrition guidelines (10g+ protein)
- Chobani Bites (8-10g protein; watch sugar content)
- Triple Zero, 80- or 100-calorie Greek yogurt (12-15g protein)
- ½ pack RAP Protein Gummies (10g protein)
- ½ cup fat-free chocolate pudding with 2 Tbsp. of PB2 (9g protein)

HEALTHY FATS

- Use low-fat cooking methods: bake, broil, boil, sauté, and grill foods.
- Avoid fried foods!
- Use healthy oils or cooking spray in small amounts.

FOOD INTOLERANCE

- Some patients experience "dumping syndrome" when eating sweets and high-fat foods.
- Dumping syndrome occurs when food exits the stomach pouch rapidly and "dumps" into the intestine. This causes the gut to pull water from the rest of the body to quickly eliminate the food. This is most common with gastric bypass.
- Symptoms include:

Urgent diarrhea

Nausea

Light headedness

Flushing

Sweating

Bloating

Gas

Stomach cramps

Surgery Information

This page will be completed by the nurse at	your pre-operative appointment.	
Procedure:		
Date://	Estimated Surgery Time:	AM/PM
Location:		
☐ Novant Health New Hanover Regional Med 2131 South 17th Street, Wilmington, NC 28	,	
You will receive a call the evening before you receive a call by 8 pm, please call 1-877-343-call will be returned as soon as possible. Please	7649. If there is no answer, leave a brief mes	
☐ Phone interview or Pre Admission Testing	Appointment:	
NHRMC Medical Mall Assessment Nurse will date to complete a phone interview or schedurgery. Take this packet with you.		
If you do not hear from th	e Medical Mall please call 910-667-7150	
Preparation:		
1. Nothing to eat or drink after midnight. This products or e-cigarettes. Dr. Stokes will proadditional preparation (i.e. clear liquid diet)	ovide instructions for any patients needing t	
2. For Safety: Help prevent Infection and sur	gical complications by:	
 Showering with Chlorhexidine or any ant 	ibacterial soap according to instructions from	m medical mal
 Do not shave near the surgical area for 3 	3 days prior to surgery.	
 Contact your surgeon immediately if yo or other illness within 72 hours before se 	u have any open wounds, infections, tootha urgery.	che, cold, flu,
 Plan ahead to have your home, bed line 	ns and bathroom clean for after discharge.	
 Make sure you have provided us with an if you take blood thinners (even aspirin 	a accurate home medication list and inform por anti-inflammatory medicines).	your surgeon
3. Do bring a current medication list.		
4. Sleep Apnea: If you have sleep apnea and and setting. If you do not know your setting		g your mask
5. Should you have emergent concerns rega 910-763-6289 nights and weekends to rea		our office at
SPECIALIZED PREPARATION/	ADDITIONAL INSTRUCTIONS	:

After Your Surgery

BARIATRIC SURGERY DISCHARGE INSTRUCTIONS

Important phone numbers

Always remember, you can call us with any questions or concerns.

Wilmington Health Bariatric Surgery № 910-763-6289

Appointments, nights, weekends and emergencies

Call immediately if you have the following:

- Constant nausea and/or vomiting (if you can't keep clear liquids down)
- Abdominal pain that prescribed medication isn't helping
- Redness, swelling, drainage, or foul odor by your incision
- Fever higher than 101.5 degrees
- Opening or pulling apart at the incision site
- Anything that is not normal to you
- If you are having difficulty having a bowel movement following surgery (no bowel movement for the first five days), you can take a cap of Miralax daily for three days until your bowels begin to move.

Activity and lifestyle restrictions

- Try to walk around a little bit every day, and rest when you need to.
- The medicine used to make you sleep during surgery might make you feel like you have a hangover. If you can't sleep at night, walk around or watch TV.
- Difficulty concentrating and crying for no reason are not abnormal after surgery and usually stop after two weeks.
- Do not lift anything that weighs more than 10 pounds for at least two weeks after surgery (10 pounds weighs about as much as a gallon of milk).
- You can start doing light housework one week after surgery, but do not vacuum or do any heavy lifting.
- Walk every day and slowly work your way up to two miles per day. If you want to try a different form of exercise, please call our office.
- If your surgeon clears you, you can start driving two weeks after surgery (if you are done with narcotic medications and you aren't restricted from moving).
- You can return to work when your surgeon clears you.
- Do not smoke.
- Some patients require less blood pressure and glucose medicine after surgery. Call Wilmington Health Bariatric Surgery if you think you might need less of your medication.

After Your Surgery

BATHING OR SHOWERING

- You may begin to shower daily as you did prior to surgery.
- If you have a drain, it can get wet but should not be put under water in the tub or a pool. You can safely wash over your incisions with soap and water.
- AVOID tub baths until your doctor says you can start taking them again.

SEXUAL RELATIONS AND PREGNANCY

- You can resume sexual relations around two weeks after surgery, as long as it is comfortable for you.
- Use an effective form of birth control, because you should avoid getting pregnant in the first 18 months after surgery.
- Talk to your surgeon and obstetrician or primary care provider before you decide to stop using contraception.

TAKING MEDICATIONS

- Talk to your pharmacist or physician before your surgery about the medications you take and how they should be taken after surgery.
- We will give you a prescription for liquid pain medication when you are discharged. After a week, liquid Tylenol should meet your pain control needs.
- Do not take non-steroidal, anti-inflammatory medications (NSAIDS) or any other medication unless your surgeon has approved their use. NSAIDS are fairly safe medications, but side effects can include stomach ulcers and bleeding. Before you return home, talk to your doctor about all medications that you regularly take at home.
- You may begin taking your multivitamins 1 week after surgery.

PRESCRIPTION AND NON-PRESCRIPTION NSAIDS

GENERIC NAME	COMMON BRAND NAME
 Aspirin (salicylate) Salicylate derivatives Diclofenac Etodolac Ibuprofen Indomethacin Ketoprofen Ketorolac tromethamine Nabumetone Naproxen Oxaprozin Piroxicam Sulindac 	 Bayer, Ecotrin, Ascriptin Trilisate, Disalcid Voltaren Lodine Advil, Nuprin, Motrin Indocin Orudis Toradol Relafen Aleve Daypro Feldene Clinoril

FOLLOW-UP APPOINTMENTS

We need to closely monitor you after surgery, so it's important to keep your appointments. We understand that you may need to reschedule an appointment, and that is okay! If you miss an appointment or don't reschedule, we will try to get in touch. We want you to lose weight safely and successfully!

Brandy Rhodes, FNP, is a nurse practitioner with our bariatric team and will be involved in your care after surgery. Your surgeon will see you for the first visit after surgery, and either Dr. Stokes or Brandy will see you for all other visits.

You will need to see your bariatric surgical team:

- Two weeks after surgery
- Five weeks after surgery
- Three months after surgery
- Six months after surgery
- One year after surgery
- Yearly

We highly recommend monthly follow ups with your bariatric dietitian for ongoing support and accountability to maximize your success on this journey.

RESOURCE LIST

Online resources

- www.obesityaction.com
- www.obesityhelp.com
- www.wlslifestyles.com
- www.bariatriceating.com
- www.bariatriccookery.com
- Wilmington Virtual Bariatric Support Facebook Group

Online support groups & forums

- Bariatric Pal: www.bariatricpal.com
- Banded Living: www.bandedliving.com
- Bariatric Foodie: bariatricfoodie.blogspot.com

Apps to support change

- Baritastic
- · My Fitness Pal
- Eat Slower (free), Chew Well (free), Mindful Bite (\$0.99)
- Bariatric Pal
- BariMate



After Your Surgery

WEIGHT LOG

Bring this book with you to each visit to record your weight change and BMI to track your progress.

Pre-op:	BMI:	
2 weeks post-op:	BMI:	Total weight change:
5 weeks post-op:	BMI:	Total weight change:
3 months post-op:	BMI:	Total weight change:
6 months post-op:	BMI:	Total weight change:
1 year post-op:	BMI:	Total weight change:
NOTES		



Medical Center Drive

1202 Medical Center Drive Wilmington

910-763-6289

wilmingtonhealth.com/bariatrics

