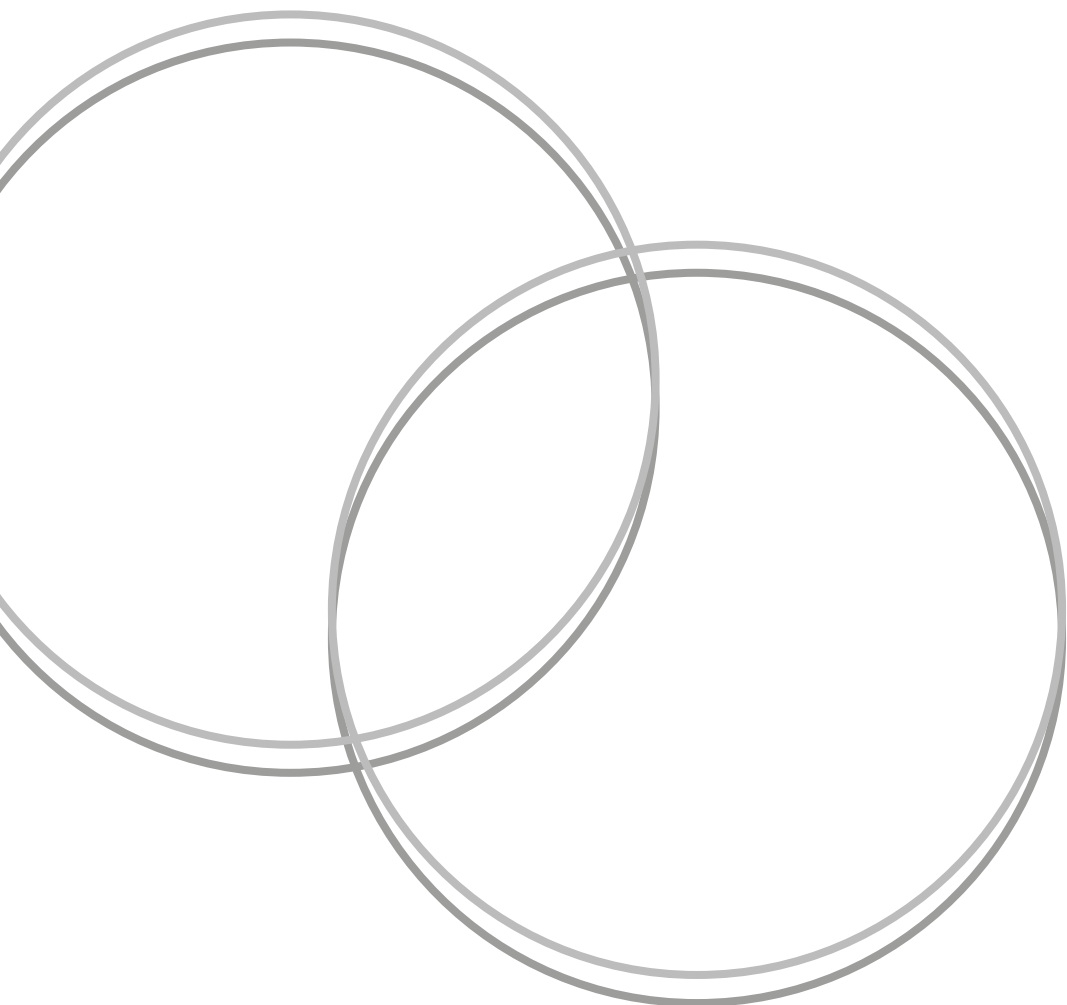




Oxford University Hospitals
NHS Foundation Trust

Pre-Bariatric Surgery Diet

Information for patients



This diet sheet provides guidance to those undergoing bariatric surgery and the diet that is recommended prior to surgery.

Why do I need to follow a pre-operative diet?

Prior to bariatric surgery, it is essential that you follow a strict calorie-controlled diet. This will reduce the size of your liver and help to reduce the risk of complications associated with the surgery.

The liver is a large organ lying over your stomach within the abdomen. If you have a body mass index (BMI) over 35-40, your liver is likely to be particularly large due to additional stores of glycogen (storage form of carbohydrate), water and fatty deposits. An enlarged liver can make bariatric surgery difficult. This strict diet will reduce the amount of glycogen, water and fatty deposits in the liver, thereby reducing the size of the liver. This will allow the liver to be safely moved aside during the operation.

For the diet to be successful, it is important that you stick to it strictly for the full period of time specified by your Dietitian. There may be a temptation to have a special/larger meal prior to surgery. However, if you do this, this will reverse the liver reducing effects of the diet.

This pre-operative diet should only be followed as directed by your bariatric team and is not intended to be used for general weight loss or for long term dieting **as it is a medical diet**.

During the pre-operative diet you will need to:

- Spread food and drinks evenly throughout the day
- Drink a minimum of 2 litres of fluid every day and drink more in hot weather. This includes all fluid, e.g. milk, no added sugar squash, tea, coffee. Remember to count these as part of your total calorie intake every day
- Drink at regular intervals throughout the day
- Avoid alcohol completely
- **Take a daily A-Z multivitamin and mineral tablet, such as Sanatogen A-Z Complete, Tesco A-Z Multivitamin & Mineral, Superdrug A-Z, Lloyd's Pharmacy A-Z, Asda A-Z, or Forceval (the diet is not complete in vitamins and minerals and it is therefore vitally important that you top up with a multivitamin & mineral)**
- Try to keep busy and as active as possible
- Measure foods out using scales or measuring spoons in order to ensure accuracy. Please note that a tablespoon is smaller than a serving spoon. If you are unsure or do not have a measured tablespoon, then please measure using a dessertspoon.

Diabetes Medication:

If you currently control your diabetes with medication, this will need to be adjusted during the pre-operative diet. As you reduce your food intake, you may need to reduce your medication. You will also need to check your blood glucose (sugar) levels more regularly to ensure that you do not experience hypoglycaemic events (<4mmol/l). **Please inform us if you have diabetes and are on medication, or speak with your GP or Practice Nurse about this; they may be able to offer advice on how best to control your diabetes during this time.**

What does the pre-operative diet involve?

The pre-operative diet plan is designed to give you approximately **100g of carbohydrate per day**. It should be low in fat (depending on the foods chosen) and moderate to high in protein. The energy value of the diet is **800-1000 kcal per day**.

Carbohydrate refers to the starchy foods in the diet namely bread, cereal, potato, rice or pasta. **It is also important to remember that dairy foods and fruit contain carbohydrate and need to be portion controlled.**

Crumbed or battered products such as crumbed meat, chicken, fish fingers, or battered fish need to be avoided as these are high in both fat and carbohydrate.

The 2 pre-operative diet options:

1. "Real Food" Meal Plan
2. Combined Meal Replacement Products with "Real Food" Meal Plan

The diet option used for the pre-operative diet will be a decision made by you with your Dietitian.

The diet option chosen and the duration of the diet are very important in ensuring the best results from your surgery and can be tailored individually to every patient.

Option 1:

“Real Food” Meal Plan

Breakfast (with milk from allowance if required)

Choose 1 of the following breakfast options

- 1 medium slice of bread or toast with a scraping of margarine/ low fat spread
- 3 tablespoons of dry porridge oats, cooked or made into ‘overnight oats’
- 5 tablespoons of Branflakes, Fruit and Fibre, Cornflakes, Rice Krispies or All Bran
- 1 Weetabix or Shredded Wheat

Lunch & evening meal

Choose 1 of the following high protein foods:

- 100g lean cooked meat (remove visible fat & skin)
- 55g low fat soft cheese spread
- 100g white fish or tinned tuna (in brine or spring water)
- 100g low fat cottage cheese
- 1 medium/large egg
- 100g Tofu or Quorn
- 4 tablespoons cooked peas, lentils or beans (including baked beans)

And choose 1 of the following high carb foods:

- 1 medium slice of bread or toast with a scraping of margarine
- 1 crumpet
- 2 egg-sized old potatoes or 3 new potatoes with skin
- 2 tablespoons boiled rice (cooked)
- 3 tablespoons boiled pasta (cooked)
- 2 crispbreads/Ryvita
- 2 small oat cakes
- ½ pitta or 1 mini pitta

And choose 2 of the following vegetable portions:

- 3 heaped tablespoons steamed or boiled vegetables (approx. 100g)
- 1 side salad (cereal bowl size)
- 1 tomato or 7 cherry tomatoes
- 1 glass (200mls) tomato or vegetable juice

Include 2 milk portions on a daily basis (these can be as snacks or as part of breakfast or used in drinks):

- 200mls (1/3 pint) skimmed or semi-skimmed milk
- 1 small pot (125g) of plain or fat free yogurt

Include 2 fruit portions on a daily basis:

- 1 medium sized piece of fruit e.g. apple or pear
- 2 small fruits e.g. plums, satsumas
- 150g or a large handful of berries
- 3 tablespoons of stewed or tinned fruit (no added sugar)
- 1 small glass of fruit juice (150mls)
- 1 small handful of grapes

Bananas and dried fruit are NOT included as part of the pre-op diet allowance

Any of the spices/condiments listed below can be used to add flavour:

Salt, pepper, fresh or dried herbs, spices, mustard, garlic, curry powder, lemon/lime juice, vinegar, yeast extract, fish sauce, soy sauce, Worcester sauce, Oxo or other stock cubes, vanilla and other essences.

Salad dressings such as vinaigrette, French dressing, salad cream or mayonnaise should **not** be used as part of the pre-surgery diet.

Try using a small amount of the natural 0% or low fat yoghurt from the milk allowance to make an alternative salad dressing. Add ½-1 teaspoon of Dijon or wholegrain mustard to 1-2 dessertspoons of yoghurt for a tasty low fat dressing. Balsamic and other vinegars and lemon juice can be used freely to add to the above or on their own.

Option 2: Combined Meal Replacement Products with “Real Food” Meal Plan

This option can be useful if you are likely to struggle to follow the real food meal. However, remember that following bariatric surgery, you will be on a liquid, mainly milk-based diet for a minimum of 2 weeks. Please consider this when making your choice of pre-operative diet option.

Replace 2 main meals with two meal replacement products, e.g.

Breakfast: 1 meal replacement shake (max 15g carbs per serving)

Lunch: 1 meal replacement shake (max 15g carbs per serving)

Evening meal: A ‘Real Food’ meal & 2 portions of vegetables and an additional portion of fruit. Also include a milk or yogurt portion.

OR

A ready meal from the ‘healthy range’ that contains **no more than 50g of carbohydrate and 400 calories**

You will need to ensure that each meal replacement shake contains no more than 200 calories and no more than 15g of carbohydrate per serving. They should also contain a range of vitamins and minerals.

Please ask your dietitian for advice.

Constipation

Constipation is a common problem during the pre-surgery diet and following surgery. If constipation is not managed prior to surgery, then it is more likely to lead to problems of constipation following surgery and impact on your recovery from surgery.

It is therefore **extremely important** that you try to avoid becoming constipated and that you treat any constipation **immediately**.

Tips for avoiding constipation:

- **Fluid intake**

Fluids are essential to prevent dehydration which can lead to constipation but also to prevent headaches, poor concentration and help to reduce food cravings during the pre-surgery diet phase. Aim for at least 2L fluid daily (more in warmer weather). If you do not like water or find it difficult to drink you can try no added sugar squashes, sugar free flavoured water or a squeeze of lemon/lime juice in water. Avoid all carbonated drinks as these are contraindicated following surgery.

- **Fibre intake**

Depending on the pre-surgery diet that you choose your fibre intake might increase or decrease. If you are following the “real food meal plan” approach then you should be eating up to 2 portions of vegetables/salad per day and 2 fruit portions per day. You may also be getting fibre from a measured portion of wholegrain breakfast cereal and/or starchy carbohydrate foods at meal times (within your 3 portions/day allowance). This should provide you with enough fibre to prevent constipation if you are drinking enough fluid.

If you are following the combined meal option, then your fibre intake may be reduced considerably. It is therefore important that you consume your 2 vegetable/salad portions with your evening meal and also record your fluid intake to ensure that you consume a minimum of 2L fluid per day. It may also be beneficial to include golden linseeds as a part of the diet as a means to preventing constipation, i.e. start taking them **before** you get constipated.

- **Natural remedies**

Golden Linseeds (also commonly known as flaxseeds) are a natural and gentle remedy to prevent and treat constipation. They can be added to foods such as breakfast cereals, yoghurts, soups and salads.

Start with 1 tablespoon of linseeds per day initially and ensure you drink at least 150ml of fluid with this. If you are still suffering with constipation after 1 week, increase to 2 tablespoons of linseeds per day which can be split between the morning and evening if preferred.

You will need to drink at least 150ml of fluid per tablespoon of linseeds. It may also be beneficial to crush the golden linseeds with a pestle and mortar to allow for optimal digestion, as whole linseeds often pass through the digestive system undigested.

- **Medications for Constipation**

Medications for constipation (known as laxatives) can be prescribed by your GP or purchased over the counter from your pharmacy/chemist/supermarket. It is advisable to try to avoid constipation in the first instance and manage it by following the advice above. However, if your constipation becomes more of a problem then it is advisable to speak with your GP and/or use a product that has worked for you in the past.

Contact details

If you wish to speak with one of the bariatric team, please use the following contact details:

Bariatric Dietitians

Tel: **01865 235 419**

Bariatric Specialist Nurses

Tel: **01865 227 078**

Secretary to Bariatric Consultants

Tel: **01865 235 158**

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Bariatric Dietitians

May 2022

Review: May 2025

Oxford University Hospitals NHS Foundation Trust

www.ouh.nhs.uk/information



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

