Endoscopic Sleeve Gastroplasty for Weight Loss

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Read this material completely. If you have questions after you read this information, call the endoscopic sleeve gastroplasty (ESG) program coordinator. See the list of your health care team members on the last page of this material.
What You Need to Know First

Endoscopic sleeve gastroplasty (ESG) is an endoscopic procedure done to reduce the size of the stomach.

Having this procedure can help you eat less, better manage your weight and reduce the risks that come from being overweight. Note: this procedure does not remove fat from the body. It is one of many tools you can use to help you manage your weight. In order for this procedure to help you succeed, you need to eat healthy and exercise.

What does “endoscopic sleeve gastroplasty” mean?

• **Endoscopic** refers to the fact that this procedure is done by passing the surgical tools through your mouth and into your stomach. Your surgeon does not make any incisions.
• **Sleeve** refers to the shape of the stomach after the procedure.
• **Gastro** refers to the stomach.
• **Plasty** refers to fact that the stomach shape is changed. It is stitched from the inside. No part of the stomach is removed.

An endoscopic sleeve gastroplasty reduces the amount of food and liquid your stomach can hold at onetime. Over time, eating and drinking less helps the typical person lose weight.

This procedure is done “endoscopically.” To get the tools into the stomach, a small lighted tube, called an *endoscope*, is put into your mouth. The endoscope has a tiny camera on it. It is gently guided down your esophagus and into your stomach. (More information about the procedure is shared later in this material.)

The benefits of endoscopic sleeve gastroplasty

When endoscopic sleeve gastroplasty is used along with lifestyle changes, it can help you lose weight. Weight loss can help prevent or improve health problems that are linked to extra weight. Examples include:

• Type 2 diabetes.
• High blood pressure, called hypertension.
• Pauses in breathing during sleep, called obstructive sleep apnea.
• Heart disease.
• Asthma.
• Joint problems.
• High cholesterol.

There are risks related to having an ESG. See “Side Effects, Risks and Complications.”
You may be a candidate for ESG if you:

- Have a Body Mass Index (BMI) between 30 and 40. Your BMI is based on your height and weight. (See “Learning About Your BMI.”)
- Are willing to do a lot of work to help you reach your weight-loss goal. This:
  - **Includes medical and mental health appointments before surgery.** These are directly related to the procedure.
  - **Includes making changes to your diet, physical activity and other health habits before and after the procedure.** These steps will prepare you to keep off the weight you lose.
  - **May include taking care of other medical or mental health issues** that could affect your surgery or your long-term results. Examples include treating high blood pressure or depression.

**In addition, you must:**

- **Be willing to continue your efforts at lifestyle changes after the procedure.** This includes following the prescribed diet for weeks after the procedure and lifelong efforts at establishing and maintaining healthy eating and activity habits. Failure to follow the recommended guidelines will directly affect your success at weight loss.

Some people who have a BMI between 30 and 40 are not emotionally or medically ready for the ESG procedure. You will have many conversations with your health care team before a decision is made about whether this procedure is right for you.

**How long does it take to get an ESG?**

Every person is different. The process depends on your overall health, your needs and how well you follow the instructions given to you.

**An endoscopic sleeve gastroplasty is not a quick fix**

It took time to gain the weight. It will take time to lose the weight. Every person has different results. But, in general, most people lose 10 to 15 percent of their initial weight in the first year.

If you are ready to commit to this process, an endoscopic sleeve gastroplasty could help you prevent or improve certain health problems.
Learning About Your BMI

To be a candidate for the endoscopic sleeve gastroplasty, you must have a **body mass index** (BMI) between 30 and 40. BMI is based on your height and weight.

**An example using the BMI chart below:**
- Height: 5’5” (65 inches)
- Weight: 198 pounds
- BMI: 33

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<th>Body Mass Index (BMI)</th>
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<td>205 219 226 233 240 248 255 263 271 279 287 295 303 312 320 329 337</td>
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Could an ESG work for you?

The ESG team looks at many things to decide whether this is likely to be a good weight-loss method for you. The team looks at your:

- Overall health history.
- Current health problems or risk for problems related to your weight.
- Past efforts to lose weight.
- Willingness and ability to make long-term changes to your diet, physical activity and other habits.
- Ability to cope with the effects of weight loss.
- Support from family and friends, who can help you reach your goals.
- Understanding of the risks and complications of the procedure.

If you are not a candidate for the endoscopic sleeve gastroplasty or you choose not to have it, talk to a member of your care team. Your health care team can help you identify other ways to lose weight and improve your health.

Notes
Are You Ready to Commit to an ESG?

As with any weight loss treatment, some patients gain weight back. There are many reasons people regain weight. Two of the common reasons are not following the recommended diet and not following the recommended activity guidelines after the procedure.

To help you be successful, think about this as though you plan to build a house. You’d need a lot of tools and a lot of help from people who want to see you succeed. The same is true for rebuilding your health.

Endoscopic sleeve gastroplasty is only one of the many tools you’ll use to improve your health. You need to begin to use some of the tools shown below now — long before you have your procedure.

If you choose not to have the procedure, you can still use the non-surgical tools shown here to help you manage your weight!
OVERVIEW

This section explains the steps that need to happen during that time.
Steps in the ESG Process

1. **Meet with members of the ESG care team.** Your team may include a physician, nurse practitioner (NP), physician assistant (PA), registered dietitian (RD), psychologist or psychiatrist, and a program coordinator. You will have separate appointments with gastroenterology, endocrinology, psychology, and dietetics.
   - **Gastroenterology (GI)/Endoscopy:** the physician who performs the ESG is a specialist in gastrointestinal endoscopy.
   - **Endocrinology:** The doctor, nurse practitioner or physician’s assistant who manages your care before and after the procedure.

Remember, you are an important member of the team! The overall success of your weight-loss procedure depends on your active participation in the process.

If you and the team agree that the ESG may be a good choice for you, you continue with the process.

2. **Meet with other health care providers as needed based on your health.** For example, if you don’t sleep well, you may meet with a sleep specialist.

3. **Complete all of the “assignments” your care team gives you to do before the procedure.** For example, you may be told to look into other weight loss options, change poor eating habits and get regular physical activity. You will be told to complete a behavior-modification program. (See “Step 4.”)

4. **Meet with your care team when you finish your assignments.** If your care team decides you may have the ESG, you will continue with the ESG process. Your team will tell you how to get ready for the procedure. This will include nutrition and physical activity guidelines for you to follow before and after the procedure.

5. **Schedule the procedure.** Meet with your gastroenterology or endoscopy care provider to talk about the procedure, learn how to care for yourself after the procedure and schedule it. Be sure to ask any questions you have.

If any of these steps is skipped, it may affect the decision about your ESG.

6. **Do what you need to do to take care of yourself after the procedure.** (See also “Follow-Up Appointments.”)
Your weight management care team

Your care team may include:

• **Endocrinology health care providers who are trained in nutrition.** This group may include physicians, nurse practitioners (“NPs”) and physician assistants (“PAs”). Endocrinology is a specialty that works with diseases that affect the body’s glands. These specialists evaluate you before the procedure and help with your follow-up care.

• **Program coordinator.** This person guides you through the process, sets up appointments and answers your questions.

• **Dietitian.** He or she tells you what changes to make in your diet before and after the procedure. This specialist also shares ideas about how to make these changes part of your daily life.

• **Psychologist or psychiatrist.** This specialist helps you identify and manage mental health issues and behaviors that may keep you from losing weight or keeping it off. This person also helps you cope with the emotional and relationship issues that can happen as you lose weight.

• **Gastroenterologist or endoscopic care provider.** This person performs your endoscopic procedure.

• **Other medical specialists.** You may see a health care provider who specializes in sleep disorders. Or you may see a cardiologist if you have heart disease.
Steps 2 & 3: The Evaluations

The evaluation steps help you and your health care team learn as much as possible about your overall health and wellbeing, both physically and mentally. You meet with many health care providers during steps 2 and 3. And you may have a number of tests to learn more about your health.

Your care team members:

• Talk to you about issues that are important for weight control.
• Point out any issues that you need to work on before the procedure.
• Check for health conditions that could increase your risk for complications during or after ESG. Some health conditions could stop or slow your effort to lose weight or to keep it off.

You are expected to get care for and resolve any health issues that could increase your risks during or after this procedure. See “Step 4.”

Before you have the procedure, it is important to understand what is involved and to think about how the procedure may affect your life. The evaluation period gives you time to do this.

Notes
Step 4: Your Assignments

If you and your health care team decide the endoscopic sleeve gastroplasty may be a good choice for you, your team will give you a list of things to do to help you get ready.

☐ Talk to your health care team about any health issues you have. Common examples are: blood disorders, including blood clots, high blood pressure and the need to take blood-thinning medication; sleep apnea; and problems related to anesthesia. Also tell your care team about any medications, vitamins and supplements you take. This includes prescription and over-the-counter materials.

Talk to your care team about any concerns you have about limiting your intake of alcohol after the procedure. After the procedure, you are restricted from drinking alcohol for one year.

☐ Address any other health problems you have.

☐ Register with Mayo Clinic’s Patient Online Services. This gives you and your care team electronic access to each other. You can send health updates to your team in a secure way. And the team can send you medical information as it is available. You can also schedule appointments through Patient Online Services. At the time this material was initially published, the website address for Patient Online Services was: http://mayoclinichealthsystem.org/online-services.

☐ Do not smoke or use products that contain tobacco for 3 months before the procedure and 6 months after the procedure.

☐ Consider whether you need to reduce your intake of caffeine. If you take caffeine tablets or drink 3 cups or more of caffeinated beverages per day, begin to lower your intake in the weeks before the procedure. Caffeinated beverages include coffee, tea, most cola sodas, and sodas like Mountain Dew™ and Jolt™. Talk to your health care team about your use of caffeine.

☐ Change any behaviors that make you less likely to lose weight and keep it off. Examples include unhealthy eating patterns, lack of physical activity and poor sleep habits.

☐ Finish the behavior modification program. This program helps you change behaviors that can keep you from losing weight. It also helps you learn and use skills to create and maintain weight loss. (See next page.)

☐ Take part in counseling for any mental health conditions, such as anxiety or depression. (See next page.)
Behavior modification program

Everyone who wants to have a weight-management procedure must take part in a behavior modification program.

This group-based program is designed to help you:

• Choose a healthy, balanced diet.
• Work physical activity into your daily life.
• Deal with issues that keep you from making healthy choices.
• Manage stress.
• Maintain healthy habits over your lifetime.

It's hard to change habits. This program helps you practice the skills you learn. **Practicing healthy behaviors is a key to making your procedure a success.** At the end of the program, you return to the clinic for an evaluation of your progress.

Counseling

For many people, eating, extra weight, and health issues are related to emotional conditions (also called mental health conditions). If you are dealing with a mental health issue, it should be treated before you have an ESG. For example, if you have depression or anxiety that is not well managed, it may take you longer to recover from the procedure. Or you may be more likely to return to your old eating habits.

During the evaluation, you meet with a psychologist for diagnosis and therapy. You may also meet with a psychiatrist. (In addition to diagnosis and therapy, a psychiatrist can prescribe medication if needed.) You fill out some surveys about your health and your usual thoughts and activities. The psychologist or psychiatrist will share your survey results with you and your care team.

Your care team will tell you if they believe you need counseling. Your procedure may be delayed while you address mental health issues.

You are more likely to keep off weight if you have professional guidance and support from your family and friends.
Step 5: The Final Evaluation
Step 6: Scheduling the Procedure

To decide whether you are ready for the procedure, your team checks to see whether you have:

- Kept your scheduled appointments.
- Made changes to your diet and physical activity.
- Not gained weight.
- Finished a behavior modification program.
- Stopped smoking or using tobacco products.
- Followed treatment plans for any health conditions you have.
- Finished any other items needed to help you get ready for the procedure.
- Agreed to all of the follow-up steps needed to be successful. This includes attending each of the health care appointments and following the diet progression as directed.

If the care team members believe ESG could be a good option for you, you meet with your gastroenterology care provider. Then the program coordinator helps you schedule your procedure (Step 6).

You need to continue to practice healthy habits. If, for example, you gain weight or start smoking again, your procedure will almost certainly be delayed or cancelled.
ENDOSCOPIC SLEEVE GASTROPLASTY

THE PROCEDURE
Your Digestive System

Knowing how your digestive system works can help you understand what happens during the endoscopic sleeve gastroplasty. The image below shows the normal digestive system.

When you eat and drink:

- Food and fluids move from your mouth through a tube, the esophagus, into your stomach.
- The stomach makes “digestive juices” that help break down food. The stomach itself does not absorb nutrients from food.
- When food is partially broken down by the stomach, it passes into your small intestine. The pyloric valve controls the flow of food from the stomach to the intestine.
- The small intestine absorbs nutrients as food moves through it. Your body gets calories from those nutrients.
- Food then enters the large intestine, also called the colon. The large intestine absorbs water from any food that has not been broken down.
- The rest of the food leaves your body as waste, through your rectum.
Getting Ready for the Procedure

There are many steps you need to take to get ready for the procedure. In addition to those listed here, ask your program coordinator if you have other instructions to follow.

It is very important that you do what you are told to do. If you do not, your procedure may be rescheduled or cancelled.

☐ Give your ESG care team a list of all the medicines, vitamins, minerals, and herbal or dietary supplements you take. Some of these substances may affect your condition during the procedure and your healing after the procedure.

☐ Tell your health care team if you have a family or personal history of blood disorders. If you have ever had a blood clot, tell your health care provider.

☐ Talk to your care team about your use of caffeine, alcohol, tobacco, and any other drugs. Using any of these products before or after your procedure may affect you during the procedure and while you heal.

Tobacco use increases the risk of procedure complications, including death. You will be asked to stop smoking or using other tobacco products before your procedure. If you are getting care in Rochester, Minnesota, the Mayo Clinic Nicotine Dependence Center can help you stop. You may contact the Center at (507) 266-1930 or (800) 344-5984.

☐ Set up and go to your preoperative exam.

☐ Read and follow the directions on your Patient Appointment Guide. They tell you what you need to do in the days right before surgery. This includes direction about what you eat and drink.

☐ If you take blood-thinning medications: you can not be accepted into the pilot (exception may be made for aspirin).

☐ If you have diabetes and are on insulin: you can not be accepted into the pilot.

See also “For more information.”
About the Procedure

An endoscopic sleeve gastroplasty changes the shape (or “structure”) of your stomach. It makes your stomach smaller. A smaller stomach means you can’t eat or drink as much as you used to at one time. You will lose weight by taking in fewer calories than your body uses in a day.

Before the procedure

Before you go in to the procedure room, you change into a hospital gown. Several doctors and nurses ask you a number of questions. In the procedure room, you are given anesthesia. Anesthesia is medicine that keeps you asleep and comfortable during the procedure.

During the procedure

Your gastroenterologist gently guides the endoscope, or “scope,” through your mouth and esophagus. The endoscope has a tiny attachment on it that makes stitches (also called *sutures*). When the endoscope is in your stomach, the surgeon uses stitches to close off part of your stomach. About two-thirds of your stomach is “stitched off.” See Figure 1.

![Figure 1. Suture device in stomach](image)
After the procedure, food passes through the innermost side of the stomach — the “left side” as you look at the “after stomach” shown in Figure 2.

The procedure usually lasts between 1 and 2-½ hours. The length of time it takes depends on your overall health and the size and shape of your stomach. Most people leave the clinic the same day as the procedure. Some people stay in the hospital one night.
After the procedure

After you wake in the recovery area:

- You likely will get ice chips and a little water to drink. The day after the procedure, you get to drink more, in the form of clear liquids. Any sweetened juice you drink should be diluted in half with water first.
- You are expected to walk with help as soon as you feel able. **During the first 24 hours after the procedure, do not walk without help** from one of your health care providers or a friend or family member. You will have anesthesia in your body. The risk of falling and injury is very high while you have anesthesia in your system.
- You will start to take medications by mouth. This may be in pill or liquid form.

Before you leave the clinic

This is typically an **outpatient procedure**. That means that you do not stay overnight in the hospital. Some people may stay overnight for observation, though this is not common.

Before you leave the clinic, talk to your health care provider(s) about what to do at home and what to do if you have problems. See also “Side Effects, Risks and Complications.”

Activity limits related to your general anesthesia

You are given general anesthesia for this procedure. This medicine keeps you asleep and comfortable during the procedure. After you have had anesthesia and when you take strong pain medication, it is common to have lapses of memory, slowed reaction time and impaired judgment. Therefore, for at least 24 hours after your surgery:

- Rest.
- Do not drive or operate motorized vehicles or equipment.
- Do not return to work or school.
- Do not take on responsibility for children or anyone who depends on your care.
- Do not use exercise equipment or take part in rough play or sports.
- Do not drink alcoholic beverages.
Side Effects, Risks and Complications

Every person is different and reacts to surgery differently. This may not be a complete list of the side effects, risks and possible complications for this surgery. For information about your risks and possible problems (complications) talk to your surgeon and anesthesiologist before the day of surgery.

Side effects

- **Pain or discomfort.** You may have some pain or discomfort after the procedure. It is important for you to manage your pain. Talk with your care team about other ways to control pain if needed.
- **Issues related to anesthesia.** Common side effects of anesthesia include nausea, vomiting, a dry mouth, a scratchy throat, shivering, and sleepiness. These may last for a while after the anesthesia wears off. Serious complications are rare. For more information, ask to talk to your anesthesiologist before surgery day.
- **Issues related to rapid weight loss.** As your body reacts to rapid weight loss in the first 6 months, you may have side effects and other changes. They may include:
  - Nausea and vomiting.
  - Body aches.
  - Feeling tired.
  - Feeling cold.
  - Dry skin.
  - Hair thinning and hair loss.
  - Mood changes.
  - Concerns about self-esteem or personal relationships.

These changes should get better over time.

Risks and complications

Every procedure has risks and possible complications. Your risks are higher if you:

- Are obese. Obesity increases your risk for developing a blood clot or pneumonia during or after the procedure. Your risk of complications goes up the more you weigh.
- Smoke.
- Are not physically active.
- Have had a blood clot in the past.
- Have sleep apnea that is not being treated.
Risks of the endoscopic sleeve gastroplasty include:

- **Bleeding.** You could have excessive bleeding if the suture device injures a blood vessel in or near the stomach. To resolve this, you may need a blood transfusion. It’s also possible that you may need another surgical procedure to treat the source of the bleeding.

- **Infection (including an abscess).** An abscess is a confined pocket of infected pus and other debris. You could develop an abscess, or get an infection without an abscess, if bacteria leaks from the stomach into the abdominal cavity. An infection is usually treated with antibiotic medication. You may need another procedure or surgery to drain and treat the infection.

- **Reactions to anesthesia.** (See also “Side effects” list.) Serious complications related to anesthesia (such as a drug reaction, breathing problems, blood pressure problems, and death) are rare. To help avoid this, on the day of the procedure, tell your anesthesiologist about any problems you (or a family member) has had with sedation or anesthesia in the past. Also, tell the anesthesiologist about all medications you take, including over-the-counter medications and herbal supplements.

- **Perforation of the stomach.** A perforation is an unplanned hole, or puncture, in the stomach. If a puncture is discovered during the procedure, it is usually fixed during the procedure. If a puncture is discovered at a later point and it causes you problems (such as an infection), a separate procedure or surgery may be needed to treat it. A perforation rarely happens after this procedure.

- **Death.** The risk of death due to this procedure is very low.

Short-term complications may include:

- **Blood clot, deep vein thrombosis (DVT) and/or pulmonary embolism (PE).** The medical name for a blood clot is a thrombus.

  A deep vein thrombosis (DVT) happens when a blood clot forms in one or more of the deep veins in your body (usually in a leg). Blood clots that form in a leg and travel to the lungs are called pulmonary emboli. Blood clots are one of the most common causes of death related to a weight-loss procedure.

  To promote blood flow and avoid blood clots during the procedure, you may be given medicine, or you may be asked to wear a compression device on your lower legs. Some patients do both. After the procedure you will walk often and move your legs and feet when you sit or lie down.

  If a clot happens, medication may be used to thin your blood and/or to help break up the clot. Other treatments or procedures may be used as well, if needed.

- **Pneumonia.** Pneumonia is a lung infection. To help prevent pneumonia, you may be taught breathing exercises to do before and after the procedure. You will be asked to begin walking as soon as possible after your procedure. (Be sure to have someone help you and stay near you. Your risk of falling is high while you have anesthesia in your body.) Sitting in a chair or standing, instead of laying down most of the time, may also help you avoid pneumonia.

  If you get pneumonia, antibiotic medication is typically used to treat the infection. Other treatments, such as draining the infection, may be used if needed.
• **Blockage of the opening of the stomach.** Even when a person follows the dietary guidelines carefully, it is possible to get a blockage at the opening of the stomach. This is a rare complication. When it happens, usually it is the temporary result of swelling in the stomach wall. If it continues, or you develop a narrowing of the sleeve, you may need another endoscopy to widen the opening or place a stent. Common symptoms are nausea that doesn’t go away, vomiting and abdominal pain. If you closely follow the diet guidelines and the symptoms continue, contact your health care provider right away.

**Long-term complications may include:**

• **Gallstones.** Losing weight fast increases your risk of forming gallstones. Your gastroenterologist may have you take medicine to help prevent gallstones.

• **Gastroesophageal acid reflux (GERD).** This procedure may cause or worsen heart-burn or reflux of acid from the stomach into your esophagus. For this reason, your physician may prescribe acid-suppressing medication. If that happens, it is very important that you take this medication as prescribed.

• **Ulcer.** A sore, or ulcer, may develop in or near your new gastric pouch. This can cause bleeding or abdominal pain. Certain medications can help with ulcers, but you may need another procedure to correct this. Some medicines — including those that have aspirin, ibuprofen or naproxen (“NSAIDs”) — may increase the risk of stomach ulcers. Ask your health care provider which medicines to avoid after your procedure.

• **Nutrition problems.** Your risk for poor nutrition due to the procedure is low. Be sure to follow the nutrition plan you are given. And take the vitamins and supplements that your care team tells you to take. See also “Common Problems After the Procedure.” Contact your care team right away if you are not able to follow the recommended diet and fluids plan.

• **Dehydration.** Since you will not be able to drink a lot at any one time after your procedure, your body may not get enough fluids. This condition is called dehydration. To prevent dehydration, follow the eating and drinking plan as directed here. See also “Common Problems After the Procedure.” Contact your care team right away if you are not able to follow the recommended diet and fluids plan.

**Reversing the procedure**

If a complication cannot be corrected or managed, an ESG could be reversed, or undone. However, this is rarely done.

To reverse an ESG, you would need to have another surgical procedure. That procedure would have a higher risk of complications than your original ESG procedure. Your gastroenterologist or endoscopist must agree that a reversal is necessary to treat your complications.

You should think of a weight-loss procedure as a permanent change.
Follow-Up Appointments

Before you are approved to have an endoscopic sleeve gastroplasty, you must agree to go to each of these follow-up appointments.

If you do not get your appointment dates in the mail by the expected time, contact the program coordinator.

First follow-up appointment

Your first appointment is usually scheduled for 1 to 2 days after your procedure. This is usually with your gastroenterologist.

Six-month follow-up appointment

This appointment includes visits with gastroenterology and endocrinology health care providers, a dietitian and a mental health care provider. It also includes some laboratory tests.

You should get this appointment notice about five months after the procedure. If you do not get a notice, contact your program coordinator or endocrinology appointment scheduling.

One-year follow-up appointment

Your one-year appointment includes visits with gastroenterology and endocrinology health care providers, a dietitian and a mental health care provider. You also have some laboratory tests done.

You should get this appointment notice about 10 months after the procedure. If you do not get a notice, contact your program coordinator or endocrinology appointment scheduling.

Annual follow-up appointments

You will have a follow-up appointment every year around the anniversary date of your procedure. These appointments include visits with gastroenterology and endocrinology health care providers, a dietitian and a mental health care provider. You may also have some laboratory tests done.

Additional follow-ups, via phone

On a regular schedule after your procedure, one or more members of your ESG care team will contact you to see how you are doing. If you would like to schedule an in-person visit with a specific member of your care team at these timeframes, contact your care coordinator.
LIVING WITH GASTROPLASTY
You May Experience Many Changes

After your weight-loss procedure:

- You will probably lose the most weight during the first six months.
- Your mood, self-esteem, health, and quality of life may get a lot better.
- You may sleep better.
- You may be able to reduce or stop taking certain medications that you used to need to treat health conditions.*

This weight-loss procedure is not the end of a long process. It is the start. Your effort to manage your weight and health will go on for the rest of your life. You need to make changes in your eating and physical activity habits. Without these changes, you may gain weight over time.

If you have any issues or concerns as your body changes, talk to the psychologist or psychiatrist you worked with. Or talk to another member of your care team. They’re here to help.

Be ready for emotional reactions and other effects

Sometimes people aren’t sure about all of the changes that need to happen to create a successful, lasting outcome.

- Your eating habits change greatly. The space in your stomach is much smaller than it used to be. So you have to limit the amount of food and liquid you take in.
- You need to take vitamin and mineral supplements every day.
- You need to stay physically active for the rest of your life. This will help you avoid gaining back the weight you lost.

All of these changes can create stress.

Your body may look very different soon. This may lead to some new issues and challenges, including:

- Changes in relationships with your spouse, family, friends, and co-workers.
- Changes in sexual relationship with your partner.
- Depression.
- Anxiety.
- Being unhappy with the way your body looks.
- Misuse of alcohol or other substances.

* The effect of this procedure on certain medical conditions, such as diabetes, high blood pressure, hyperlipidemia, and joint problems, is not yet fully known. However these conditions may improve with weight loss.
Women: Be ready for possible physical changes

Weight loss may lead to more regular menstrual periods and improved fertility. However, because rapid weight loss stresses the body, you are strongly advised not to become pregnant during the first 18 months after your ESG. Use barrier methods to prevent pregnancy. Examples include a diaphragm, cervical cap, condoms, and spermicidal foam. **Pills and other kinds of birth control may not work as well when you are losing weight quickly.** Talk to your gynecologist about how to care for yourself during this timeframe.

Work hard to stay on track

It can be hard to continue healthy habits and keep off weight for a long time. **Setbacks are a normal part of making behavior changes.** Do not ignore setbacks. Ask for help when you need it. Call your program coordinator for support. **The important thing is to get back on track as soon as possible.**

These tips can help you stay on track:

- **Go to all follow-up appointments.** These visits are very important to the success of your procedure. Your care team can look for early signs of problems. They can also help you manage side effects and avoid complications.

- **Follow your nutrition plan.** The amount of food you can eat after your procedure is less, so the quality of your diet is very important.

  Eating properly can help you heal from the procedure. And it can help you avoid problems. For example:
  - If you eat or drink large amounts or eat or drink too quickly, you may feel sick to your stomach. You could also vomit or have pain in your lower chest or upper abdomen.
  - If you don’t eat meals at set times, don’t eat enough fiber, or aren’t physically active, you may become constipated.
  - If you eat foods high in sugar or fat, you may have stomach pain or discomfort.
  - This can help you lose weight. And it can help you avoid problems such as nausea, vomiting, stomach pain, diarrhea, and constipation. It also can help prevent nutrition problems.

- **Follow the medicine instructions you are given.** You may be told to take or avoid certain medicines. Review all your medicines with your care provider at each appointment. Your provider may suggest changes to the medicines you take.

- **Avoid dehydration.** Ask your dietitian or another member of your care team about ways to get enough fluid. (See also “Common Problems After the Procedure.”)

- **Avoid snacking.** Unless you are told to do something else, eat three meals a day. Snacking throughout the day can lead to weight gain.
• **Stay active.** Unless you are told something else, do at least 30 minutes of moderate to vigorous physical activity a day. This can help you lose weight and keep it off. Physical activity also gives you other health benefits.

• **Join a support group.** Share ideas and get support from others who have had a weight-loss procedure.

• **Get professional help when needed.** If you have issues that may lead to unhealthy habits, a counselor or other health care provider can help you deal with them.

**Take your vitamins and supplements**

A weight-loss procedure limits the amount of nutrients your body can absorb. So you need to take certain vitamins and mineral supplements for the rest of your life. For example, you may be told to take a daily multivitamin with minerals and calcium. You may also be told to take iron and vitamins B12 and D.

Vitamins and supplements come in different forms, such as liquid, chewable and powder. Some need to be injected. Be sure you know which kind to use.

**Talk with your dietitian or health care provider about the vitamins and supplements you need and how often to take them.** Do not take vitamins or supplements that you are not directed to take. (See “How to Be Successful With Your New Diet.”)

**Get regular physical activity**

You may lose a lot of weight quickly during the first few weeks after endoscopic sleeve gastroplasty. But having this procedure does not guarantee that you will keep the weight off.

To successfully control your weight, you must follow the diet progression described on the following pages. And you must develop lifelong, healthy eating and lifestyle habits.

Physical activity promotes weight loss because it increases the number of calories burned. It also improves your overall fitness. It helps minimize muscle loss while you lose weight. And it will help you maintain your weight loss. Talk to your health care provider about how you should plan to increase your physical activity.

Many Mayo Clinic publications about physical activity and fitness are available. Ask your health care provider or dietitian about these patient education materials.

**Do not drink alcohol**

For at least 6 weeks after the procedure, do not drink alcohol! Your goals for those weeks are to drink the required amount of healthy liquids and get enough protein. Alcohol can’t help you reach either of those goals.
Diet Progression Overview

For the first month after your endoscopic sleeve gastroplasty, you are only allowed to drink liquids. After the first month, you can move on (progress) to more semi-solid textures. After about six weeks, you may be able to progress to more varied textures.

The speed with which you progress depends on how your body adjusts to the texture and consistency of the food. At each stage of the diet progression, it is important that you chew your food well. Take at least 30 minutes to eat or drink.

The diet stages shown here are explained in detail on the following pages.

<table>
<thead>
<tr>
<th>Diet type</th>
<th>Description of foods</th>
<th>Number of meals</th>
<th>Length of time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Liquids</td>
<td>Diluted fruit juice, regular Gatorade™ or regular Powerade™</td>
<td>Drink at least 64 ounces (8 cups) per day; sip liquids throughout the day.</td>
<td>Days 1 and 2 (the day of the procedure – after the procedure is done, and the next day)</td>
</tr>
<tr>
<td>Full Liquids</td>
<td>High-protein, low-calorie drinks. Liquids must be low in fat and sugar.</td>
<td>Drink at least 64 ounces (8 cups) per day.</td>
<td>4 weeks (days 3 through 31)</td>
</tr>
<tr>
<td>Soft Foods</td>
<td>Foods with very small, tender, moist, easily-chewed pieces. Meat must be ground, fish flaked and other foods must be chopped or mashed. All food and liquid must be low in fat and sugar.</td>
<td>Have 3 to 4 meals* plus 64 ounces of liquids per day.</td>
<td>2 weeks (days 32 through 46)</td>
</tr>
<tr>
<td>Regular (Solid Texture) Diet</td>
<td>Foods of any consistency may be tried carefully. Continue to choose foods and liquids low in fat and sugar.</td>
<td>Have 3 meals* plus 64 ounces of liquids per day.</td>
<td>Day 47 and after</td>
</tr>
</tbody>
</table>

* Your gastroenterologist or dietitian may give you more instructions about the number of meals per day you should eat.
Diet Progression: Clear Liquids

The first step in your diet progression is a clear liquid diet. A clear liquid diet helps you avoid dehydration and gives you a small amount of calories.

**Length of time:** 2 days (day 1 after the procedure and day 2)

**Amount of liquids:** At least 64 ounces (8 cups) per day

**Recommended liquids:**
- 8 ounces (1 cup) diluted fruit juice (½-cup of juice plus ½-cup of water).
- 8 ounces (1 cup) — 50 calories — of regular Gatorade™ or regular Powerade™.

If you plan to drink more than the 64 ounces of diluted fruit juice, regular Gatorade or regular Powerade in a day, you may add the following liquids:
- Water
- Bouillon
- Broth
- Decaffeinated coffee
- Decaffeinated tea
- Sugar-free* gelatin or Popsicles™
- Sugar-free, non-carbonated, caffeine-free beverages

**Tips for success:**
- Sip 8 ounces (1 cup) over 30 to 60 minutes.
- Limit your intake to no more than 8 ounces (1 cup) per hour.

* See Appendix A for more information about “sugar-free” products.
Diet Progression: Full Liquids

The second step in your diet progression is a full-liquid diet. This helps prevent dehydration and gives you needed nutrients, including protein.

Length of time: 4 weeks (days 3 through 31)

Amount of liquids: At least 64 ounces (8 cups) per day

Recommended liquids:
• 4 cups (32 ounces) of diluted fruit juice, regular Gatorade, regular Powerade, or skim milk. **PLUS**
• 4 cups (32 ounces) of high-protein, low-carbohydrate drinks. This should total 60 to 80 grams (g) of protein per day. These drinks should have:
  - 15 to 20 grams of protein per 8- to 12-ounce serving.
  - Less than 15 grams carbohydrate per 8- to 12-ounce serving.
  - 100 to 200 calories per 8 to 12 ounces.

Examples of high-protein, low-carbohydrate drinks include:
  - Slim Fast High Protein™.
  - Atkins Advantage™.
  - Muscle Milk™ Light.

If you drink 64 ounces as directed above then would like to add more liquids, choose from the following list:
• Water
• Bouillon
• Broth
• Decaffeinated coffee
• Decaffeinated tea
• Sugar-free gelatin or Popsicles™
• Sugar-free, non-carbonated, caffeine-free beverages

Tips for success:
• Sip 8 ounces (1 cup) over 30 to 60 minutes.
• Limit your intake to no more than 8 ounces (1 cup) per hour.
• Separate your intake of any food or fluid by at least 30 minutes.
Diet Progression: Soft Foods

The third step in your diet progression is a soft-food diet. The soft-diet phase includes foods consisting of very small, tender, moist, easily-chewed pieces and purees. Foods should be chewed to the consistency of smooth paste with no distinct pieces. Choose foods low in fat and added sugar.

*When you begin the soft foods diet, stop drinking diluted fruit juice, regular Gatorade and regular Powerade.*

**Length of time:** 14 days (days 32 through 46)

**Amounts allowed:** 3 to 4 small meals per day. You must also continue to drink at least 64 ounces per day.

**Recommended foods for the soft diet:**
- **Soup:** Broth, bouillon, low-fat cream soup
- **Dairy:** Yogurt (no-sugar added; light or “lite” versions only)
- **Meat and meat substitutes:** Finely diced lean meat or poultry, fish, eggs, cottage cheese, cheese
- **Starch:** Cooked or dry cereal, potatoes without skin, rice, pasta, toast, crackers
- **Vegetables:** Soft-cooked vegetables, vegetable juice Note: Vegetables with hulls or tough skins, such as peas and corn, are not soft foods.
- **Fruits:** No-sugar-added, cooked or canned fruit without seeds or skins, bananas, soft melon, citrus without membranes

**Recommended liquids:**
Drink at least 64 ounces of the recommended liquids per day. Two to three cups per day should be skim or 1% milk. Water and the following other options are advised:
- Bouillon
- Broth
- Decaffeinated coffee
- Decaffeinated tea
- Sugar-free gelatin or Popsicles™
- Sugar-free, non-carbonated, caffeine-free beverages

**Tips for success:**
- Chew your foods very well.
- Sip liquids slowly between meals, not with meals.
Sample menu* for a soft diet

The following sample menu includes 3 to 4 small meals and at least 64 ounces of liquid. Each meal includes 1/2 to 3/4 cup of food at each meal.

6:30-7:00 a.m. 8 ounces water or other low-calorie, non-carbonated liquid

Meal:
7:30 to 8:00 a.m. 1/2 cup cooked cereal with a small amount of skim or 1% milk to thin or moisten the cereal and 1 soft, scrambled egg

8:30 to 9:00 a.m. 8 fluid ounces of skim milk or 1% milk or high protein, low sugar drink

9:30-10:30 a.m. 8 ounces water or other low-calorie, non-carbonated liquid

11 a.m. to noon 8 fluid ounces water or other low-calorie, non-carbonated liquid

Meal:
12:30 to 1 p.m. 2 ounces soft lean meat, 1/4 cup of soft vegetables and 1 slice of toast.

1:30 to 2:30 p.m. 8 fluid ounces of skim milk or 1% milk or high-protein, low-sugar drink

3:00 to 3:30 p.m. 8 ounces water or other low-calorie, non-carbonated fluid

4:00 to 5:00 p.m. 1/2 cup applesauce or soft fruit (no sugar added)

Meal:
5:30 to 6:00 p.m. 2 ounces soft lean meat, 1/4 cup soft vegetable, and 1/4 cup of mashed potatoes

6:30 to 7:30 p.m. 8 to 12 fluid ounces of high-protein, low-sugar drink

9:00 to 10:00 p.m. 8 fluid ounces of water or other low-calorie, non-carbonated liquid

Tips for success:
• Be sure to allow 30 minutes to eat each meal.
• Stop eating when you feel full.
• Do not drink fluids within 30 minutes before or after meals.
• Prepare your food before you eat it. Meat must be ground; fish should be flaked; other foods must be chopped or mashed.
• See “Regular diet” for a list of high-protein food options.

* The schedule shown here is an example. You do not need to follow these times exactly.
Diet Progression: Regular Diet

Eating a regular diet means you can eat foods that have different consistencies, including food with firm texture. It is also important to maintain a nutritionally balanced, low-fat, low-sugar diet. A nutritionally balanced diet includes a variety of foods from all the major food groups. **This is the diet you will follow as long as you have the endoscopic sleeve gastroplasty.** Your dietitian can help you develop this plan.

**Amounts allowed:** Three meals per day, 1 to 1-½ cups of food per meal. You must also continue to drink at least 64 ounces per day.

The number of meals you eat per day and the amounts you eat will depend on how your body handles the regular diet. Talk to your dietitian about this.

**Recommended protein-rich foods and liquids:**

- Beans, peas, lentils
- Cheese
- Cottage cheese
- Dry milk powder*
- Eggs
- No-sugar-added/”lite”/light yogurt
- No-sugar-added, high-protein beverages
- No-sugar-added soy milk
- Poultry without the skin
- Skim or 1% milk

**Tips for success:**

- You must, always, chew foods to a soft consistency before you swallow. This is especially true for meats and high-fiber foods.
- Include protein-rich foods at every meal; eat them before you eat the rest of your meal. Protein is important for maintaining and repairing your body. Aim for 60 to 80 grams of protein per day. See Appendix B for information about the protein content in some foods.
- Choose foods and liquids low in fat and sugar.

**If you plan to use a high-protein supplement**

If you plan to use a high-protein supplement, read the label carefully. Usually, high-protein supplements provide about 15 to 20 grams of protein per serving, and they have very little sugar, if any. Ask your dietitian if you need extra protein. Also ask for more information about how to choose high-protein supplements.

* Dry milk powder can be added to milk products to increase protein. Two tablespoons of powdered milk can be added to 8 fluid ounces of milk. Dry milk powder can also be added to casseroles, mashed potatoes, meat loaf, cereal, soup, and pudding.
Avoid foods and liquids high in fat and sugar

Examples include:

- **Beverages:** Whole or 2% milk; sweetened milk drinks; sweetened beverages such as fruit drinks, soft drinks and drink mixes; alcoholic beverages.

- **Meat and meat substitutes:** Fried meat, poultry or fish; high-fat luncheon meats; sausages; hot dogs; bacon; whole-milk cheeses.

- **Starches:** Sweet rolls; donuts; chips; croissants; biscuits; high-fat crackers; sweetened, ready-to-eat cereals; muffins.

- **Fruits:** Sweetened fruits that have added sugar or are packed in syrup.

- **Vegetables:** Vegetables with cream, butter, margarine, oil or cheese.

- **Fats and oils:** Oil; lard; shortening; butter; margarine; gravy; salad dressings; mayonnaise; dips; cream cheese; olives; nuts; avocados; peanut butter.

- **Desserts and sweets:** Pies; pastries; cakes; bars; cookies; candies; sweetened yogurts; ice creams; sherbets; puddings; custards; honey; syrups; jellies and jams; chocolate.

* You may have fats and oils in limited amounts. Talk to your dietitian about this.*
How to Be Successful With Your New Diet

How you eat and drink after an ESG directly affects your success. To help you reach your goals, your care team offers the following guidelines.

**Drink at least 64 ounces (8 cups) of liquid per day**

Sip liquids slowly between meals. Do not drink liquids with meals. Liquids can make you feel full. If you get full from the liquid, you may not be able to eat the food you need.

In addition, if you drink liquids with meals it could push your food through the pouch too quickly. That may cause pain in your belly (abdomen). It may also cause you to feel hungry sooner.

- Sip 8 ounces over 30 to 60 minutes.
- Stop drinking 30 minutes before your next meal.
- If needed, drink only a small amount of liquid with meals.
- Wait 30 minutes after finishing your meal to drink liquids.

**Sip up to 24 ounces (3 cups) of skim or 1% milk as part of your daily liquid intake.**

Milk is an excellent source of protein and calcium. If you are not able to drink milk, talk to your dietitian about other sources of protein and calcium.

**Take small bites and chew food thoroughly**

As you follow the diet progression and choose foods with more texture, take small bites of food. Chew the food to a soft consistency before swallowing. Allow 10 to 15 minutes to eat 1 ounce of food. As soon as you start to feel full, stop eating and drinking. Allow at least 30 minutes for each meal.

**Dining out**

Restaurants often serve portions that are too large for one meal. And they usually do not allow adults to order child-sized portions.

Ask your dietitian for a restaurant dining card. This card, signed by your health care provider, tells restaurant staff that you need to order small portions. Show the card to your server and ask that you be allowed to order a smaller portion. The restaurants may or may not honor the card.

* See “Diet Progression” for important information about which drinks to consume on the liquid diet.
Take your vitamins and supplements

Take the recommended vitamin and mineral supplements regularly as directed. Your weight-loss procedure will limit the amount of nutrients your body gets every day. So you will need to take vitamin and mineral supplements every day for the rest of your life. You may also need other daily supplements, such as iron and Vitamin D. Talk to a member of your ESG care team about the specific vitamin and mineral supplements you need.

For the first 6 weeks after your weight-loss procedure, do not take vitamin and mineral supplements in whole-tablet form. Instead, take them in liquid, chewable or powder form.

Every day after your procedure:

- **Take two, chewable multivitamins per day.**
- **Consume about 1,500 to 2,000 milligrams of calcium.** You will get some of the calcium you need from food and liquids. However, you may not get all of it that way. Talk to your dietitian or health care provider about taking a calcium supplement. Ask how much you should take per day.

Notes
Common Problems After the Procedure

Pain or discomfort
The following foods may cause pain or discomfort for some people:

• Breads
• Carbonated beverages
• Coconut
• Dried fruits
• Fibrous vegetables (dried beans, peas, celery, corn, cabbage, broccoli, greens, string beans)
• Fried foods
• Highly seasoned and spicy foods
• Meat with gristle; meat that is tough
• Mushrooms
• Nuts, granola, popcorn
• Orange and grapefruit membranes
• Pickles
• Raw vegetables
• Seeds, hulls or skins

Nausea and vomiting
The following may cause nausea and vomiting for some people:

• Moving too quickly through the diet progression
• Drinking with meals or drinking too close to meal times
• Eating too fast or too much
• Not chewing thoroughly
To help avoid pain and other problems related to food:

- Follow the diet progression carefully.
- Chew your food completely before swallowing.
- Try new foods one at a time.
- If a food causes discomfort, don't eat it. As time passes, you may be able to eat this food.

To help avoid nausea, vomiting and diarrhea:

- Choose foods and liquids low in fat and sugar.
- Eat small, balanced meals often.
- Drink liquids between meals.
- Eat and drink slowly.

If you continue to have pain, discomfort, nausea, or vomiting, contact a member of your ESG health care team right away.

Dehydration

You have a greater risk of becoming dehydrated after gastroplasty. Signs of dehydration include:

- Dark-colored, deep-yellow urine (called “concentrated urine”).
- Constipation.
- Dizziness.
- Dry mouth.
- Fever.
- Nausea.
- Thirst.

To avoid dehydration, every day drink at least 64 ounces of liquid between meals. Sip slowly. Refer to the “Diet Progression” guidelines for more information. If these symptoms continue, contact a member of your ESG health care team.
**Constipation**

Constipation may happen if you:
- Don’t get enough fiber or fluid in your diet.
- Don’t eat and drink on a consistent schedule day to day.
- Don’t get a lot of physical activity.
- Take certain medications.

To help avoid constipation:
- Eat well-balanced meals.
- Eat on a regular schedule.
- Slowly add fiber as directed by your health care provider.
- Drink enough liquids daily (at least 64 ounces).
- Increase your physical activity.

Prune juice may be helpful as a mild laxative. Talk to your health care provider about that. Ask for other suggestions if needed. Your health care provider may suggest commercial laxatives, fiber supplements or stool softeners.

If you continue to have constipation after following these guidelines, contact a member of your ESG health care team.

**Weight gain or inability to continue to lose weight**

If you gain weight or you stop losing weight, contact your dietitian.

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**Lactose intolerance**

Lactose is a type of sugar naturally present in milk and milk products. For lactose to be used by the body it has to be broken down by the intestinal enzyme, lactase. If your body doesn’t have enough lactase, some undigested lactose may stay in your intestine. This can cause bloating, abdominal cramps, gas, and diarrhea.

When you have those unwanted side effects, the condition is referred to as “being lactose intolerant.” Being intolerant means that your body reacts to, or can’t tolerate, this sugar.

*Every person is different. If you are or become lactose intolerant after the procedure, talk to a member of your ESG care team.*
Learning About Your “EWL”

There are many ways to measure success after a weight-loss procedure. One way is called the “percent excess weight loss” (EWL). This percentage is how much of your extra weight you lost.

Many people lose about 25 percent of their excess weight after an endoscopic sleeve gastroplasty.

**How to learn your “excess weight loss”**

1. Start with the Body Mass Index you had before the procedure. (See “Learning About Your BMI.”)
2. Subtract the BMI you have after your ESG. The answer you get is “A.”
3. Take the BMI you had before the procedure and subtract 25. This answer is “B.”
4. Divide A by B.

**An example:**
Height: 5’5” (65 inches)

Pre-procedure weight: 198 lbs
Pre-procedure BMI: 33
Post-procedure weight: 174 lbs
Post-procedure BMI: 29
Excess weight loss: 50%

To figure out your excess weight loss:

- \[33 - 29 = 4\] (A)
- \[33 - 25 = 8\] (B)

A divided by B is 4 divided by 8. In this example, the excess weight loss is 50%.
Reaching Your Goals

It took a long time to gain weight. It will take time and a lot of discipline to help you lose the weight. Your health care team is here for you. They offer these reminders for you today:

• Follow-up care is just as important as all of the “getting ready” steps you take!
• To achieve your goals, follow all instructions your care team members give you.
• The timing for your return to work, other activities and exercise must be approved by your care team.
• Please be patient during your recovery. Every person is different. Your recovery will be different than other ESG patients you meet. This is true for healing time, food sensitivities, weight-loss goals, and so on.

For more information

• If you have questions after you read this material, contact your program coordinator. See “Your Health Care Team” contact information on the last page.
• For more information on generic and brand name blood-thinning medications, read Blood-thinning Medications and Your Procedure, Mayo Clinic brochure MC2082-09. If you are not sure if you are on medications that affect blood-thinning, contact your health care provider or pharmacist.

Notes
Appendix A:
Sugar-Free and No-Sugar-Added Labeling

Throughout this material, certain food items are labeled “sugar-free” and others are labeled “no-sugar-added.” These terms do not mean the same thing.

- “Sugar-free” means the food or beverage has less than 0.5 grams of sugar per serving. See the food label for serving size. A sugar-free food or beverage has no ingredient that is sugar or that is understood by most people to have sugar in it naturally. For example, green beans are a sugar-free food.

- “No-sugar-added,” “without added sugar” and “unsweetened” mean that no one added sugar, or an ingredient that has sugar in it, to that food or beverage when they were getting it ready to go to the store. (This stage is called “processing the food or beverage.”) The item may have natural sugar in it.

For example, an orange has natural sugar, but no sugar is added to it before it is taken to the grocery store or fruit stand. Milk has 12 grams of sugar, but that is a natural sugar, called lactose.
Appendix B: Protein Content of Certain Foods and Beverages

Your protein goal: __________ grams per day

T. = Tablespoon / oz. = ounce / fl. oz. = fluid ounce

The amount of grams listed for each food is approximate. Read the food label for specific protein content.

<table>
<thead>
<tr>
<th>Protein source</th>
<th>Serving size</th>
<th>Protein (in grams)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby food, meat</td>
<td>1 fl. oz.</td>
<td>3</td>
</tr>
<tr>
<td>Beans, peas, lentils (cooked)</td>
<td>¼ cup</td>
<td>4</td>
</tr>
<tr>
<td>Cheese (shredded)</td>
<td>2 T.</td>
<td>4</td>
</tr>
<tr>
<td>Cottage cheese</td>
<td>2 T.</td>
<td>4</td>
</tr>
<tr>
<td>Egg (large)</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Egg substitute</td>
<td>¼ cup</td>
<td>6</td>
</tr>
<tr>
<td>Instant breakfast (no sugar added)</td>
<td>1 packet</td>
<td>4</td>
</tr>
<tr>
<td>Lean meat (ground or chopped)</td>
<td>1 oz.</td>
<td>7</td>
</tr>
<tr>
<td>Meat (pureed with small amount of liquid to moisten)</td>
<td>1 fl. oz.</td>
<td>4</td>
</tr>
<tr>
<td>Non-fat dry milk powder</td>
<td>2 T.</td>
<td>3</td>
</tr>
<tr>
<td>Skim or 1% milk</td>
<td>8 fl. oz.</td>
<td>8</td>
</tr>
<tr>
<td>Soy milk (no sugar added)</td>
<td>8 fl. oz.</td>
<td>5-8</td>
</tr>
<tr>
<td>Vegetable or soy protein “crumbles”</td>
<td>½ cup</td>
<td>11</td>
</tr>
<tr>
<td>Yogurt (no sugar added, “lite” or light)</td>
<td>6 fl. oz.</td>
<td>5-6</td>
</tr>
<tr>
<td>Yogurt, Greek (no sugar added, “lite” or light)</td>
<td>5-6 oz.</td>
<td>12</td>
</tr>
</tbody>
</table>
Your Health Care Team

Your Mayo Clinic number:

_______________________________________________________________

Program coordinator & phone number:

_______________________________________________________________

Endocrinology health care provider & phone number:

_______________________________________________________________

Dietitian & phone number:

_______________________________________________________________

Psychology health care provider & phone number:

_______________________________________________________________

Gastroenterology or endoscopy health care provider & phone number:

_______________________________________________________________

Name & phonenum ber of the secretary who supports your Gastroenterology or Endoscopy health care provider:

_______________________________________________________________

Your medical insurance company’s name & phone number:

_______________________________________________________________

Important phone numbers

Program Coordinator fax number ..................................................... 507-284-0728
Mayo Clinic (main switchboard in Rochester) .................................. 507-284-2511
Mayo Clinic Patient Account and Business Services ...................... 507-284-3980
Mayo Clinic Referring Physician Service ................................. 800-533-1564
Psychology Appointment Scheduling ......................................... 507-266-5100
Endocrinology Appointment Scheduling ................................. 507-266-5249
Dietetics Appointment Scheduling ............................................. 507-284-3315

This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.