August 2021

CCHCS Care Guide: Weight Management

Summary

- Identify obese patients with and without comorbidities.
- Monitor obese patients and provide weight reduction education.
- Minimize the long-standing effects of obesity by encouraging all patients to engage in lifestyle modifications for effective weight reduction.
- Prevention of weight gain with lifestyle therapy is indicated with BMI > 25.
- Identify the very small subset of patients with morbid obesity or obesity related comorbidities in whom risks of bariatric surgery may be balanced by the ongoing risk of their obesity on their health.

Decision Support

- The approach to managing weight requires socioeconomic, cultural, and religious sensitivity. Therefore, the method in which care is delivered is equally as important as the care itself.
- Sustained weight loss requires prolonged caloric deficit, regular exercise, and sustained behavioral change.
- Evaluate the patient for treatable causes of weight gain including hypothyroidism, Cushing’s Disease, depression, and certain medications.

Patient Education/Self Management

Alerts

Diagnosis Criteria

Body Mass Index (BMI): A person’s weight in kilograms (kg) divided by their height in meters squared (m²). BMI is correlated with body fat.

Waist Circumference (WC): In patients with a BMI ≥ 25 and ≤ 35 the WC provides additional information on cardio-metabolic risk.

Determining a patient’s BMI is the first step in classifying the severity of the obesity and determining realistic weight loss goals.

Weight loss is associated with a reduction in obesity-associated morbidity. A 10% reduction in body weight decreases the risk of diabetes (DM), hypertension, dyslipidemia, and coronary heart disease.

EVALUATION

Assessment/Physical Exam: To determine the degree of obesity and the absolute risk status.
- Measure weight, height, waist circumference; calculate BMI and assess obesity-related risk factors and comorbidities (See page 2).
- History: To determine comorbid conditions and additional cardiac risk factors. Determine cardiovascular (CV) risk score.
- Review medical history; consider causes/contributors to weight gain such as family history, Polycystic Ovarian Syndrome, Cushing’s Disease, depression, hypothyroidism, and certain medications.

Lab tests: Baseline and diagnostic laboratory tests may include assessment of electrolytes, liver function tests, complete blood counts, total cholesterol, HDL and LDL-cholesterols, triglycerides, HbA1c, and thyroid stimulating hormone.

Additional tests: Based on the history and physical exam, the clinician may do further tests including a stress electro/echocardiogram or other studies.

Treatment Options

Lifestyle Modifications are recommended for all patients and those with a BMI ≥ 30 (≥ 27 Asian Americans) should have consultation with a dietitian and encouraged to participate in a counselling and nutritional education series. Patients with uncontrolled diabetes, hypertension, or dyslipidemia should also be referred to the dietitian.

Lifestyle interventions are also needed for overweight patients (BMI > 25) and those with pre-diabetes, diabetes, HTN, ASCVD (including CHF, LVH and CKD)/CV risk > 20% or metabolic syndrome can benefit from dietary counselling.

- Nutrition: - Dietary education on healthy eating, estimating portion sizes, and how to read a nutrition label (See PE 1 through PE 4).
- Food tracking as a means for self-monitoring daily caloric intake (See PE 5).
- Physical Activity: - Most patients do not need medical clearance to begin an exercise routine (See clearance criteria on page 7).
- Moderate-intensity exercise should be performed at least 150-300 minutes throughout the week (See PE 7 through PE 10).
- Exercise tracking as a means for self-monitoring physical activity levels (See PE 6).
- Behavioral Changes: - Facilitating behavior change and addressing barriers; the "Five "A's" approach (Ask, Advise, Assess, Assist, and Arrange).
- If available, utilize peer education program to begin weight management support groups.
- Motivational Interviewing: Direct, client-centered counseling to elicit behavior change by helping clients to explore and resolve ambivalence.

Medical Weight Monitoring Program (MWMP) and Bariatric Surgery: Patients with Class 3 Obesity or Class 2 Obesity with comorbidity who are unable to achieve enough weight loss with lifestyle modification alone may be considered for bariatric surgery after participating in a 12-month long, medically supervised program. The MWMP ensures the patient’s adherence is adequate to follow the rigorous pre-op and post-op diet and the lifelong changes in eating required for long-term success of bariatric surgery. In large scientific studies of hundreds of thousands of patients, weight loss surgery has been shown to lower a person’s risk of death from any cause by over 40 percent. Research outcomes for patients with obesity and diabetes have shown large improvements.

Monitoring

- Patient’s electronic health record system (EHRS) height and weight (entered in kilograms) shall be recorded at each primary care visit so the system can calculate BMI
- Inform patients of their BMI and its implications and assist the patient in setting goals.
- Encourage all patients to learn about nutrition and exercise, and refer to health education classes/peer support groups, if available. Encourage participation in recreational activities.
- Causes for weight loss and weight gain vary from person to person. The information and approach to weight loss provided in this care guide is not a one size fits all method.
- In patients in the MWMP will be seen by a Primary Care Team member at the initial visit, then monthly for the next 11 months.
- Discuss improvements in health complications on an ongoing basis for encouragement.

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Information contained in the Care Guide is not a substitute for a health care professional's clinical judgment. Evaluation and treatment should be tailored to the individual patient and the clinical circumstances. Furthermore, using this information will not guarantee a specific outcome for each patient. Refer to “Disclaimer Regarding Care Guides” for further clarification. http://www.cchcs.ca.gov/careguides.asp
Patient Requests or PCP Recommends Weight Management

Measure weight, height, waist circumference, and calculate BMI

Assessment with History, Physical, Labs (if needed)
Consider additional causes of weight gain including hypothyroidism, Cushing’s Disease, Polycystic Ovarian Syndrome, depression, and certain medications (See page 3)

Assess presence of Obesity-Related Comorbidities (See Box A)
Determine Weight/Obesity Classification

Normal Weight
(BMI 18.5 to < 25)

Advise the patient to maintain weight with Lifestyle Modifications

Overweight
(BMI 25 to < 30)

Obese
Class 1
(BMI 30 to < 35)

Obese
Class 2 w/o comorbidity
(BMI 35 to < 40)

Obese
Class 2 w/ comorbidity
(BMI 35 to < 40)

Morbidly Obese
Class 3
(BMI ≥ 40)

Lifestyle Modifications:
- Refer to the registered dietitian
- Provide educational materials on diet and exercise. (See pages 6-8)
- Recommend weight management peer support group and recreational programs, if available. (See pages 8 & 9)
- Set small and long term goals and encourage the patient to meet them.
- Utilize the “Five A’s” approach and motivational interviewing to facilitate behavior change and encourage patient engagement. (See pages 9 & 10)
- Follow-up at Chronic Care appointments or with other Primary Care Team members as indicated to support efforts.

Lifestyle Modifications:
- Refer to the registered dietitian
- Provide educational materials on diet and exercise. (See pages 6-8)
- Recommend weight management peer support group and recreational programs, if available. (See pages 8 & 9)
- Set small and long term goals and encourage the patient to meet them.
- Utilize the “Five A’s” approach and motivational interviewing to facilitate behavior change and encourage patient engagement. (See pages 9 & 10)
- Follow-up at Chronic Care appointments or with other Primary Care Team members as indicated to support efforts.

Box A: Obesity-Related Comorbidities
- Type 2 DM
- Obstructive sleep apnea
- Hypertension
- Hyperlipidemia
- Obesity-hypventilation syndrome
- Nonalcoholic fatty liver disease
- Nonalcoholic steatohepatitis
- Pseudotumor cerebi
- Severe gastroesophageal reflux disease
- Moderate to Severe Asthma
- Severe venous stasis disease
- Severe urinary incontinence
- Debilitating arthritis
- Disqualification from other surgeries as a result of obesity

If the patient requests consideration for bariatric surgery, screen the patient for contraindications. (See page 12)
If no contraindications and the patient wishes to proceed, initiate MWMP. (See page 11)
### Summary

If a patient requests or the Primary Care Provider (PCP) recommends evaluation for weight management, a physical examination and routine laboratory evaluation should be performed, if clinically indicated.

Various environmental and genetic factors play an important role in the development of obesity. After obesity has developed, an individual’s biological mechanisms work to sustain the body’s weight gain. Changes in neuronal signaling decrease satiety and perceptions of the amount of food eaten. As a result, weight loss can be challenging. Weight gain can progressively increase over the life span of an adult until later in life. An increasing BMI may lead to increased long-term health risks and losing weight may reduce the risk for illness and mortality and improve overall health.

### History:

Review medical history to determine comorbid conditions and additional cardiac risk factors. Calculate and discuss the CV risk score using the [American College of Cardiology and American Heart Association Estimator](https://www.americanheart.org/education/heart-health-calculator).

Consider causes/contributors to weight gain including:

- Family history of (h/o) obesity or comorbidities of obesity (e.g., cardiovascular disease, hypertension, DM) in first and second degree relatives
- Polycystic Ovarian Syndrome, Cushing's Disease, depression
- Hypothyroidism
- The use of certain medications including: antidepressants, lithium, phenothiazines, glucocorticoids, progestational hormones, antihistamines, sulfonyleureas, insulin, and other medications associated with weight gain
  - In some cases, it may be possible to change medications in favor of those that do not promote weight gain
  - See page 5 for a list of medications

Patients with the following diseases should be strongly encouraged to attain a healthy BMI:

- Established coronary artery disease
- Presence of other atherosclerotic disease including peripheral arterial disease
- DM
- Obstructive Sleep Apnea

Cardiovascular risk factors that impart greater urgency for weight management:

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>Impaired fasting glucose between 110-125 mg/dL</td>
</tr>
<tr>
<td>LDL cholesterol ≥ 160 mg/dL</td>
<td>Family history of premature coronary artery disease</td>
</tr>
<tr>
<td>HDL cholesterol &lt; 35 mg/dL</td>
<td>Postmenopausal women</td>
</tr>
<tr>
<td>Cigarette smoking</td>
<td>Age ≥ 45 years for men</td>
</tr>
<tr>
<td></td>
<td>Age ≥ 55 years for women</td>
</tr>
</tbody>
</table>

Additional history should include: age at onset of weight gain, events associated with the weight gain, previous weight loss attempts, change in dietary patterns, h/o exercise, current/past medications, and h/o smoking cessation.

### Physical:

Measure height, weight, BMI and WC. BMI auto calculates in the EHRS after you enter the patient’s height and weight.

- **BMI** is easy to measure, is reliable, and correlates with percentage of body fat and body fat mass.
- PCP should determine a weight category and obesity classification, using the diagnostic criteria on page 1, which is entered into the EHRS as part of the patient’s current and past medical history.

*Note: BMI has some limitations. For example, BMI overestimates body fat in persons who are very muscular and it can underestimate body fat in persons who have lost muscle mass (i.e., many elderly). Use clinical judgment.*

Obtain WC for the patients with a BMI ≥ 25 and ≤ 35 to provide additional information on cardiometabolic risk.

WC is a measurement of abdominal obesity and provides risk information that is not accounted for by BMI.

WC is used with BMI for identifying adults at increased risk for morbidity and mortality.

A high WC is associated with an increased risk for Type 2 DM, dyslipidemia, hypertension, and cardiovascular disease particularly in the BMI range 25 to 34.9 kg/m².

If the patient’s BMI is > 35, it is not necessary to measure WC as it will likely be elevated and adds no additional risk information.

Women with a WC > 35 inches and men with a WC > 40 inches have increased cardiometabolic risk.

**Thorough evaluation for possible cardiac disease** (needed if any of the following findings are noted):

- Significant elevation in blood pressure or pulse
- New cardiac murmur (systolic above grade 2/6 or any diastolic) or arrhythmia
- Significant ankle edema (2+ or greater)
- Other concerning findings consistent with cardiac disease (e.g., bilateral crackles)
SUMMARY

LAWTONETR TESTS: Baseline and diagnostic laboratory tests may include assessment of electrolytes, liver function tests, complete blood counts, total cholesterol, HDL and LDL-cholesterols, triglycerides, HbA1c, and thyroid stimulating hormone.

OTHER DIAGNOSTIC TESTS: Based on the results of the history and physical examination, the clinician may decide to pursue further testing, possibly including a stress electrocardiogram, echocardiogram, or other studies. Exercise testing can be helpful for assessing a range of potential cardiovascular disorders in the patients at risk.

SET GOALS WITH PATIENTS

Clinicians should establish treatment goals with all patients including realistic goals for weight loss and health improvement. Carefully assessing the functional impact of obesity, or being overweight is useful when establishing goals for therapy.

- Engage the patient in identifying areas of significant concern.
- Document the patient's expectations and help them reframe, if necessary, toward realistic goals.

Document agreed upon functional goals. Use specific examples: taking walks (define distance/number of laps), participation in recreational activities, eating less sugar, etc.

Be realistic and establish goals that are Specific, Measurable, Achievable, Relevant, and Time-based to help with assessing progress.

WHAT IS AVAILABLE - ALL PATIENTS

Nutrition: Education materials that provide healthy eating habits, a guide to portion control, a list of common canteen items with a healthier alternative item, and instructions on how to read a nutrition label. Patients are also encouraged to keep a food journal and are provided with an example that they can recreate or modify as needed. All patients with a BMI ≥ 30 and at lower BMIs for those with diabetes or hypertension that are not controlled need to see the registered dietitian. Overweight patients may also benefit from dietitian counselling.

Exercise: Education materials regarding the benefits of exercise, types of exercises, safety tips, and an exercise guide with pictures and step-by-step instructions on basic bodyweight exercises as well as modified exercises for elderly or obese patients. Patients are also encouraged to keep an exercise journal and are provided with an example that they can recreate or modify as needed.

Behavioral Changes: Encouragement and support from the care team to make lasting behavioral changes. Ensuring the patients are engaged by setting goals, addressing common barriers to change, and providing positive reinforcement. Some institutions may have weight management support groups or education on nutrition and health.

Motivational Interviewing: Focused, goal directed, and patient-centered method for changing the direction of a conversation in order to stimulate the patient's desire to change and give them the confidence to do so.

Note: The information and approach to weight loss provided in this care guide is not a one size fits all method.
Causes for being overweight or obese vary from person to person. Whether genetic or environmental, it should be noted that food intake, rates of metabolism, and levels of exercise and physical exertion vary from person to person.

Patients with Class 3 Obesity (BMI ≥ 40) or Class 2 Obesity (BMI 35 to < 40) with comorbidities

Medications: Recent studies have shown some benefit from weight loss medications in patients with high BMIs (Class 3 or Class 2 with co-morbidities). However, many articles have described the need for continued and potentially lifelong use of the medications to sustain weight loss. The research data and guideline support for bariatric surgery is much stronger than for lifelong medical therapy. Medications may be useful for a certain select group of highly motivated patients; as all successful medication programs were part of a combined effort along with dietary and exercise changes. Any patient being considered for medical therapy for weight management should see a registered dietitian and be enrolled in the MWMP with the pre-bariatric surgery patients (See page 11).

For obese patients with diabetes, consider a medication's effect on weight when choosing a glucose lowering medication. Please refer to the Diabetes Care Guide for more details.

Consideration for bariatric surgery: May be considered if BMI ≥ 40 (≥ 37 Asian American) or lower with comorbidities. See page 2 and page 11. If requirements are met and no contra indications to surgery exist, the patients can enroll in a 12 month program that focuses on changing diet and exercise habits to prepare for the lifelong changes after surgery.

POTENTIAL BARRIERS TO SUCCESS SPECIFIC TO INCARCERATION—DISCUSS WITH YOUR PATIENTS

Physical Limitations – Physical/anatomical defects, prior arthritic injuries, deconditioning, gait instabilities.

Medical Limitations – Advanced chronic conditions, cardiac ischemia, respiratory failure (persistent asthma or chronic obstructive pulmonary disease), excessive fluid retention (end-stage liver disease ascites, systolic/diastolic dysfunctions, heart failure, end-stage renal disease on dialysis), chronic pain syndromes preventing effective participation in exercise.

Compliance – Lack of purposeful self-motivation for daily dietary control and exercises. Inability to set personal goals.

Yard Time – Dependent on the residing institution, level of security risks, weather extremes.
SUMMARY

DETECTION SUPPORT

PATIENT EDUCATION/SELF MANAGEMENT

POTENTIAL BARRIERS TO SUCCESS SPECIFIC TO INCARCERATION CONTINUED

Mental Health (MH) - Active MH disorders requiring psychiatric housing and/or treatment interventions, eating disorders. Patients may eat more as a coping mechanism to deal with the stress of living in the institutional environment. For some patients, food is turned to as a source of comfort, a habit they developed in childhood or as a means to deal with various trauma and is not easily unlearned.

Social/Environmental Factors - Some patients may want to maintain a larger body size believing this could protect them in a possible altercation or riot. A patient may claim that they are “normal size” compared to other inmates they see around them. It is important to remind these patients that two thirds of Americans are obese or overweight. They may look similar to their peers, but comparison is not indicative of fact; they are not at a healthy, normal weight. Patients may have family or friends who visit and make negative commentary about their weight loss, assume they are not fed enough in prison, and insist on sending them packages of foods that are often high in calories as well as sugar content. Others may overconserve food due to boredom and not knowing how to spend all their free time.

Regardless of these potential barriers to weight loss success, it is important to educate the patients on the importance of maintaining a healthy weight. Providers should emphasize to the patients how they take care of their bodies while incarcerated will affect the rest of their lives. Exercising and maintaining a normal, healthy weight while incarcerated will increase the chance of the patients paroling healthier and able to reengage with the community.

Although medications have yet to be proven to be cost-effective, incarcerated patients will not have access to all weight loss medications available, due to the extreme potential for abuse for which the harms outweigh potential benefits.

COMMON MEDICATIONS THAT CONTRIBUTE TO WEIGHT GAIN OR LOSS

<table>
<thead>
<tr>
<th>Medication Type</th>
<th>Promote Weight Gain</th>
<th>Weight Neutral/Variable</th>
<th>Promote Weight Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antidepressants</td>
<td>Amitriptyline, doxepin, imipramine, mirtazapine (Remeron), nortriptyline (Pamelor), paroxetine (Paxil), phenelzine (Nardil)</td>
<td>Citalopram (Celexa), duloxetine (Cymbalta), escitalopram (Lexapro), fluoxetine (Prozac), sertraline (Zoloft), Venlafaxine (Effexor)</td>
<td>Bupropion (Wellbutrin)</td>
</tr>
<tr>
<td>Antipsychotics</td>
<td>Chlorpromazine, clozapine (Clozani), olanzapine (Zyprexa), paliperidone (Invega), quetiapine (Seroquel), risperidone (Risperdal)</td>
<td>Aripiprazole (Abilify), haloperidol, ziprasidone (Geodon)</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular agents</td>
<td>Amlodipine (Norvasc), atenolol, felodipine, metoprolol, nifedipine, propranolol</td>
<td>Angiotensin-converting enzyme inhibitors</td>
<td></td>
</tr>
<tr>
<td>Diabetic agents</td>
<td>Insulin, meglitinides, sulfonylureas, pioglitazone</td>
<td>acarbose, metformin, pramlintide (Symlin), GLP-1, SGLT2</td>
<td></td>
</tr>
<tr>
<td>Hormones</td>
<td>Estrogens, steroids</td>
<td>Progestins, testosterone</td>
<td></td>
</tr>
<tr>
<td>Hypnotics</td>
<td>Diphenhydramine (Benadryl)</td>
<td>Benzodiazepines, trazodone</td>
<td></td>
</tr>
<tr>
<td>Mood stabilizers</td>
<td>Lithium valproic acid/valproate/ divalproex sodium (Depakene/ Depacon/Depakote) Carbamazepine (Tegretol)</td>
<td>Lamotrigine</td>
<td></td>
</tr>
<tr>
<td>Seizure medications</td>
<td>Carbamazepine (Tegretol), valproate (Depacon), valproic acid (Depakene), divalproex sodium (Depakote)</td>
<td>Lamotrigine (Lamictal), levetiracetam (Keppra), phenytoin (Dilantin)</td>
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</tbody>
</table>

TREATMENT: LIFESTYLE MODIFICATIONS CONTINUED

The goal is to encourage the patients to make long-term changes in their behavior by:

- Providing educational materials on nutrition and healthy eating habits
- Providing educational materials on physical activity and exercise habits
- Encouraging all patients to join a weight management peer support group and recreational programs, if available, at the institution

## Treatment: Lifestyle Modifications Continued

### Nutrition

All patients with a BMI ≥ 30 (≥ 27 for Asian Americans) should have a consultation with a dietitian and encouraged to participate in a counselling and nutritional education series. The Medical Weight Monitoring Program (Page 11) can be conducted by the PCP and RN or a Registered Dietitian (RD). If patients have uncontrolled diabetes, uncontrolled hypertension (HTN), or uncontrolled dyslipidemia, they should be referred to the dietitian. For diabetes specifically, the “Diabetes Self-Management Education and Support Program” (DSMES) has been shown to be effective in randomized control trials and is recommended by the American Diabetes Association (ADA).

Patients with a BMI ≥ 25 who have: pre-diabetes, diabetes, metabolic syndrome, HTN, atherosclerotic cardiovascular disease (ASCVD) (cardio-, cerebro-, peripheral-vascular + congestive heart failure [CHF], left ventricle hypertrophy [LVH] with diastolic heart failure, chronic kidney disease [CKD]) or a CV risk score > 20% can also benefit from a RD consult.

It is important to establish an estimate of how much and what types of food each patient takes in daily.

Current daily allotted calories per patient in the CDCR Heart Healthy Diet - CDCR Standardized Master Menu (accounting for breakfast, lunch, and dinner) has been reduced to 1,800-2,200 calories for women and 2,200-2,600 calories for men. This does not include the variable intake of canteen food items.

The following is the CDCR Heart Healthy Diet - CDCR Standardized Master Menu:

**CDCR Heart Healthy Diet - CDCR Standardized Master Menu (per day)**

- ≤ 30% calories from fat
- Saturated fat ≤ 10% of calories
- ≤ 300 mg cholesterol
- 3-4 grams sodium
- 30-38 grams fiber

In order to facilitate weight loss, the patients need to eat at a 500-750 calorie deficit per day.

- The typical woman would aim for a daily caloric intake of 1,200-1,500 kcal/day.
- The typical man would aim for a daily caloric intake of 1,500-1,800 kcal/day.

**Goal:** A sustainable weight loss is at a rate of 1-2 pounds per week.

- If a patient is obese, a good initial goal is to aim for a loss of 10% of body weight in the first year. This weight loss can be achieved by combining diet and exercise to create a daily deficit of 500 calories.

Patients are encouraged to pick healthier food from their menus including eating more fruits and vegetables when offered and eating less sugary food and less refined carbohydrates.

Refer to PE-1 through PE-4 for healthy eating tips, instructions on how to estimate portion sizes of meals and snacks using your hands, healthy canteen foods, and how to read a nutrition label.

It can be helpful to help the patient learn the amount of exercise required to burn the calories consumed in various foods, especially the "junk food" from the canteen (e.g., one package of ramen (400 calories) will require 70 minutes of walking to burn off).

Alternate-day fasting has been proposed as a strategy to produce weight loss. According to a review of three randomized trials evaluating intermittent fasting (IF), in the short term (12 weeks), there is improvement in weight loss over caloric restriction. However, in the long term (6 months and 12 months), it has been shown that there is no significant difference in weight loss between IF and daily calorie restriction. For some patients, alternative-day fasting may be easier than a very low calorie diet, but the weight loss is not different.

*Causes for being overweight or obese vary from person to person. Whether genetic or environmental, it should be noted that food intake, rates of metabolism, and levels of exercise and physical exertion vary from person to person. This means weight loss results will also vary from person to person. The information and approach to weight loss provided in this care guide is not a one size fits all method.*

### Food Tracking

Encourage the patients to keep a food journal of what they eat and the time of day they eat at least five days a week or optimally every day. A simple act of keeping a food journal can increase awareness of what, how much, and why a person eats, identify areas where calories can be reduced, and reveal triggers to avoid such as overeating at night. Food tracking is a great tool to help the patients make long-term changes in their eating behaviors.

A food journal may include:

- **When:** Keep track of the day and/or the time of day they eat.
- **How much:** The amount of the food/drink item. This might be measured in volume (1/2 cup), weight (2 ounces), or the number of items (12 chips).
- **What kind:** Write down the type of food/drink. Be specific and include extras such as toppings, sauces, or condiments.
- **Calorie Goal:** Write down their daily calorie goal and whether or not it was met.

Refer to PE-5 for an Example Food Journal.
Physical Activity

An increase in physical activity is an important part of a weight management program. Most weight loss occurs because of decreased caloric intake; however, sustained physical activity is most helpful in the prevention of weight regain.

Health Benefits of Physical Activity: Studies clearly demonstrate that participating in regular physical activity provides many health benefits. Recent research has shown that exercise can immediately boost mood, sharpen focus, reduce stress, and improve sleep.

Lower risk of: early death, coronary heart disease, stroke, high blood pressure, adverse blood lipid profile, Type 2 DM, metabolic syndrome, colon cancer, breast cancer, hip fracture, lung cancer, endometrial cancer, falls as well as risk of fall-related injuries in older patients.

Improve: cardiorespiratory and muscular fitness, weight loss (particularly when combined with reduced calorie diet), cognitive function, functional health, bone density, sleep quality, feelings of depression and anxiety, and psychological well-being.

Prevent: weight gain.

Many conditions affected by physical activity occur with increasing age, such as heart disease and cancer. Reducing risk of these conditions may require years of participation in regular physical activity. However, other benefits, such as increased cardiorespiratory fitness, increased muscular strength, and decreased depressive symptoms and blood pressure, require only a few weeks or months of participation in physical activity.

Risks of Physical Activity: The benefits far outweigh the possible associated risks, however:

Musculoskeletal injury is the most common risk of exercise (e.g., acute strains and tears, stress fractures, tendonitis).

- Many of these are associated to overuse.

More serious, but much less common risks include: arrhythmia, sudden cardiac arrest, and myocardial infarction.

“Clearing” a Patient for Physical Activity

Patients without chronic disease (e.g., heart disease, DM, kidney disease) or concerning symptoms (e.g., chest discomfort, dyspnea at rest, dizziness) generally do not require a health screen prior to beginning a suitable exercise program.

Patients with significant CVD, metabolic or kidney disease, those who develop concerning symptoms at rest or during activity, and some others should be evaluated by the PCP prior to initiation of an exercise program. Use clinical judgment in evaluating the need for medical clearance to exercise.

### Medical Clearance Recommended

If the patient has ANY of the following signs/symptoms:

- Angina pectoris or features of cardiac ischemia without chest discomfort, either at rest or with exertion
- Dyspnea on exertion or at rest
- Paroxysmal nocturnal dyspnea and/or orthopnea
- Syncope or presyncope
- Arrhythmia or palpitations
- Cardiac Murmur

OR

The patient has established atherosclerotic CVD, DM, or chronic kidney disease (CKD), even if asymptomatic, AND does not exercise regularly.

OR

The patient has atherosclerotic CVD, DM, or CKD, is asymptomatic, already exercises and wants to pursue vigorous activity, and no stress test for medical clearance has been done in the past 12 months.

Medical “Clearance” recommended (often with exercise stress testing).

### Medical Clearance NOT Needed

If the patient has established atherosclerotic CVD, DM, CKD, but they have NO symptoms AND they already do moderate-intensity exercise:

- They can continue current moderate-intensity exercise.

If patient does NOT have established CVD or other conditions or signs/symptoms in the left column AND

- The patient DOES NOT already participate in moderate-intensity exercise on a regular basis (e.g., at least 30 minutes, three days per week), they should initiate light intensity exercise and gradually increase to vigorous.

- The patient participates in moderate-intensity exercise on a regular basis (e.g., at least 30 minutes, three days per week), they can continue this and gradually increase to vigorous intensity exercise.

Musculoskeletal dysfunction from injury or chronic disease can present significant obstacles to exercise as well. Patients with new musculoskeletal complaints or known chronic conditions should be evaluated and managed as necessary. Appropriate modifications to a standard exercise program may be needed for such patients.
Treatment: Lifestyle Modifications Continued

The 2018 Physical Activity Guidelines for Americans, published by the federal government and based on the most current scientific literature, recommend that adults engage in at least 150-300 minutes of moderate-intensity exercise per week, preferably spread throughout the week.

- The 150 minutes of aerobic activity can be broken up; however, it will fit the needs of each individual patient. It does not have to be broken up into 20-30 minute increments at a time.

- In addition, the 2018 Physical Activity Guidelines recommend two or more days a week of muscle-strengthening activities that involve all muscle groups.

An exercise program should be multi-faceted and include exercises that improve aerobic fitness, strength, and mobility.

**Aerobic**: Also known as endurance or cardiovascular activity; causes a person’s heartbeat to increase.

**Strength**: Includes resistance training and body weight activities; causes the body’s muscles to work or hold against an applied force or weight.

**Mobility**: Improves range of motion of joints/muscles and can assist in improving posture with stretching exercises; also helps maintain functional capacity, prevent injuries, improve recovery time, and alleviate sore muscles.

Writing an Exercise Prescription

The FITT mnemonic can be used to capture the important components of an exercise prescription program for a patient.

- **F** - Frequency: How often a person does an activity (e.g., walk 2x a week, or does push ups every day).
- **I** - Intensity: How hard a person works to do the activity (low, moderate, or vigorous intensity).
- **T** - Time: How long a person does an activity in any one session; number of repetitions for strength training activities.
- **T** - Type: Aerobic, strength, mobility, or some combination.

Below are examples of possible Exercise Prescriptions for patients who are currently sedentary, non-sedentary, or already exercise to an intermediate degree but wanting to increase the intensity/duration.

<table>
<thead>
<tr>
<th>Sedentary</th>
<th>Non-Sedentary</th>
<th>Intermediate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>F</strong></td>
<td>3-4 days/week</td>
<td>4-5 days/week</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Moderate-intensity*</td>
<td>Moderate-intensity*</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td>20-30 minutes</td>
<td>30 minutes</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td>Slow walking, stretching</td>
<td>Brisk walking, body weight squats, plank hold, sit-ups</td>
</tr>
</tbody>
</table>

*If you are breathing hard but can still have a conversation easily, it is moderate-intensity activity. If you can only say a few words before you have to take a breath, it is vigorous activity.

Suggested exercises are based on one’s current activity level. Clinical judgment should be used to determine which exercises are safest and most appropriate for each patient on a case-by-case basis. Caution should be considered with sedentary patients just beginning an exercise program to ensure they start slow and avoid injuries that would derail their progress or commitment.

The Division of Rehabilitative Programs (DRP) is a branch of CDCR which offers recreational programs that include intramural leagues and tournaments in both team and individual sports and courses on personal health and fitness.

- The Primary Care Team should encourage the patients to sign up for physical activity programs and/or classes if available at the institution. The types of activities available to the patients will vary depending on their institution.

Refer to PE-7 through PE-9 for exercise tips, example exercises, and modified exercises.

Exercise Tracking

Encourage the patients to keep an exercise journal of their daily physical activities at least five days a week or optimally every day. By keeping an exercise journal, a person can track their progress and identify when to increase their activity levels in order to challenge themselves and advance their fitness goals.

An exercise journal may include:

- **When**: Keep track of the day the physical activity was performed.
- **How much**: The amount of time spent performing the physical activity or the number of repetitions.
- **What kind**: Write down the type of physical activity.
- **Goals**: Write down the fitness goal(s) and whether or not they were met.

Refer to PE-6 for an Example Exercise Journal.
Facilitating behavior change: The likelihood that a patient will change a longstanding unhealthy behavior is governed by a myriad of socioeconomic, attitudinal, and cultural factors including their expectation of the benefits, costs, and consequences of that behavior.

Common barriers to making lasting behavioral changes (e.g., following an exercise program) include suboptimal social support, social isolation, financial difficulties, and a lack of free time. While our patients may have “free time” and may not have the same financial difficulties as a patient in the community, many are socially isolated and lack social support. Strategizing with the patient to identify realistic options to overcome these barriers, real or perceived, is integral to changing unhealthy behaviors.

The "Five A’s" approach (Ask, Advise, Assess, Assist, and Arrange) has been reported to produce significant improvements in a variety of health behaviors.

<table>
<thead>
<tr>
<th>Ask</th>
<th>Ask about the patient’s nutrition and exercise behavior.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advise</td>
<td>Advise on how changing existing non-healthful behaviors can improve the patient’s health in the short and long-term.</td>
</tr>
</tbody>
</table>
| Assess | Assess the patient’s willingness to make changes in their diet and/or exercise habits. Patient’s vary in their willingness to make changes. The readiness to change develops gradually and may follow these five stages:  
   ⇒ Pre-contemplation (not ready to make changes)  
   ⇒ Contemplation (considering making some changes to diet or exercise)  
   ⇒ Preparation (actively planning what changes he or she is ready to make on diet or exercise)  
   ⇒ Action (actively involved in a diet or exercise change)  
   ⇒ Maintenance (achieved positive change(s) in diet or exercise habits) |
| Assist | Provide assistance to the patient. This could include providing nutrition or exercise-related patient education, referral to a dietitian, suggesting and facilitating the patient to join any existing exercise group, nursing education, or peer support resources at the institution. |
| Arrange | Arrange close follow-up with a member of the Primary Care Team to provide the patient with support and feedback on progress with weight loss and positive effects on health conditions. |

Patient engagement is key as noted above. Patients must be active partners and participate in setting goals for behavioral changes. Recommendations for dietary and activity modification should be tailored to each patient.

- Self-monitoring: Observing and tracking/recording some aspect of behavior (such as caloric intake and/or exercise) usually assists in changing the behavior.
- Focus on improvement in health rather than weight loss.
- Encourage the patients to build social support for new behaviors. Ask cellmate or other acquaintance to walk the yard or compete in tracking water intake each day.
- Encourage the patients to reinforce the positive behavior change with self-reward and positive self-talk.
- Encourage active problem-solving to maintain the behavior change. Ensure the patients know habits may be hard to change, but they can be changed. It typically takes about six weeks of actively altering behavior before that new behavior starts to become a habit. Let the patient know to anticipate struggles but that it will get easier.

Support Groups: One of the most valued parts of many commercial weight loss programs is said to be the support group aspect of working with a facilitator and more importantly, learning from peers.

- If your institution has a peer education program, recommend they begin weight management support groups.
- Nursing education is creating many patient education modules around positive health behaviors, and the institution can determine if group nutrition sessions can be offered by an in-house dietitian or a group video teleconference (VTC) session by a telemedicine dietitian if VTC capable classroom is available.
Motivational interviewing is “a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.” Essentially, it is a method for changing the direction of a conversation in order to stimulate the patient's desire to change and give them the confidence to do so. In contrast to many other change strategies employed by health care professionals (such as education, persuasion, and scare tactics), motivational interviewing is more focused, goal directed, and patient centered. A critical tenet is that the motivation for change must emanate from the patient rather than the provider. Although the majority of motivational interviewing training and study involves focused therapy, there is evidence that very brief (five-minute) sessions have positive results, particularly when the patients are highly resistant to change.

### Motivational Interviewing

<table>
<thead>
<tr>
<th>Technique</th>
<th>Example</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask permission to discuss behavior change topic</td>
<td>“Would it be okay if we talked about your weight today?”</td>
<td>When the patient gives permission, they are more open to conversation</td>
</tr>
<tr>
<td>Show empathy</td>
<td>“Losing weight is very challenging.”</td>
<td>Aids in building rapport, particularly in difficult discussions</td>
</tr>
<tr>
<td>Scale motivation (0 = low to 10 = high)</td>
<td>“On a scale of 0 to 10, with 10 being the highest, how motivated are you to try to lose weight?”</td>
<td>Assesses motivation to change; if very low, the patient may not be ready for change; if high, additional intervention strategies may be successful</td>
</tr>
<tr>
<td>Scale confidence (0 = low to 10 = high)</td>
<td>“On a scale of 0 to 10, with 10 being the highest, how confident are you that you can lose weight?”</td>
<td>Identifies the need for interventions to overcome obstacles</td>
</tr>
<tr>
<td>Inquire about the scores on above scales</td>
<td>“Why do you choose 3 instead of 2? What would help you move from 3 to 4?”</td>
<td>Furthers the conversation on thinking about behavior change</td>
</tr>
<tr>
<td>Use decisional balance technique (explore pros and cons of change vs. no change)</td>
<td>“What are the pros of losing weight?” “What are the pros of not losing weight?” “What are the cons of losing weight?” “What are the cons of not losing weight?”</td>
<td>Helps the patient and physician understand barriers to and motivators for change</td>
</tr>
<tr>
<td>Listen for change talk and reinforce it; let the patient take ownership by generating ideas for change</td>
<td>Patient: “I think I could try to walk more.” Physician: “That’s a fantastic idea that will help you move toward your goal.”</td>
<td>Provides encouragement and helps promote confidence in patients.</td>
</tr>
</tbody>
</table>
SUMMARY

Decision Support

Patient Education/Self Management

TREATMENT: MEDICAL WEIGHT MONITORING PROGRAM (MWMP) - PRE-BARIATRIC SURGERY

Bariatric surgery may be considered as part of a treatment plan for patients with Class 3 Obesity or Class 2 Obesity with at least one comorbidity.

There are significant risks to having bariatric surgery and there are lifelong lifestyle changes that need to be adhered to, so it is important that patient selection be done carefully.

To ensure that eligible patients wishing to consider bariatric surgery understand the significant risks and lifestyle alterations needed and demonstrate the ability to adhere to those changes, a 12-month MWMP is required.

This program:

- Is a supervised Primary Care Team process that blends education, support, and medical monitoring
- Registered Dietitian consult series and weight checks (PCP should place order)
- Demonstrates the patient can adhere to a strict diet and follow directions before and after bariatric surgery
- Ensures the patient can complete all appointments and diagnostic tests
- Encourages the loss of 10 percent of baseline weight at a rate of 1 to 2 pounds per week within one year
- Addresses any barriers to weight loss the patient has

MWMP outline:

A Patient with Class 3 Obesity or Class 2 Obesity with 1 or more comorbid conditions requests bariatric surgery.

PCP or Care Coordinator:

- Ensures there are no obvious absolute contraindications for bariatric surgery.
- Reviews requirements for consideration for bariatric surgery with the patient and provides the patient with the Patient Information Packet (Attachment 2)

Patient wishes to proceed.

At the initial visit, it is recommended to utilize motivational interviewing (see page 10) to support behavior change. The patient must follow processes outlined in the MWMP, which include:

1. Patient signs the MWMP Patient Agreement (Attachment 3);
2. Baseline weight (BMI) obtained and behavioral change and weight loss goals set;
3. Agree to adhere to required follow-up visits, dietary, and activity recommendations.

1 month follow-up with a Registered Dietitian, PCP or Care Coordinator/Primary Care Registered Nurse (PCRN) to discuss progress of the patient’s weight loss goals including RN education and reinforcement. It is recommended to utilize motivational interviewing (see page 10) to support behavioral change.

Continue monthly follow-up for next 10 months with Registered Dietitian, PCP or Care Coordinator/PCRN to review the patient’s progress and goals. It is recommended to utilize motivational interviewing (see page 10) to support behavioral change.

If the patient IS actively engaged in MWMP and has demonstrated ability to adhere to dietary and activity requirements.

If the patient successfully completes MWMP, including losing at least 10% of the weight from when the patient started the MWMP, and the patient continues to meet criteria for bariatric surgery with no contraindications, the PCP, PCRN, or designee follows the process for referral to the HQ SMART committee.

See Referral for Consideration for Bariatric Surgery and complete referral requirements (Attachment 1).

See Preoperative and Postoperative Diet instructions if the patient is approved for bariatric surgery (Attachment 4).

If the patient is NOT engaged in MWMP (e.g., the patient has shown little to no improvement, or has changed his/her mind about getting surgery).

Terminate MWMP Agreement.

The patient can request to be reconsidered in 6 months.
BARIATRIC SURGERY - GENERAL INFORMATION

Bariatric surgery functions by limiting intake of dietary bulk, thus creating a state of artificial malabsorption and artificial malnutrition to achieve weight loss.

Restrictive surgeries: Reduce the amount of food the stomach can hold. This makes the patients feel full much sooner after eating than they did before surgery. The established restrictive procedures include:

- **Sleeve Gastrectomy** (Gastric sleeve): Part of the stomach is removed from the body. The remaining section is formed into a tube-like structure. This smaller stomach cannot hold as much food and produces less appetite-regulating hormone ghrelin, which may decrease desire to eat. Does not affect absorption of calories/nutrients in the intestines.
- **Roux-en-Y** (Surgical side-by-side anastomosis between stomach and proximal small bowel to bypass a portion of the small bowel absorption of digested nutrients).

Malabsorptive surgeries: Rearrange and/or remove part of a patient’s digestive system, which then limits the amount of calories, minerals, and/or fat-soluble vitamins that their body can absorb. Malabsorptive surgeries include:

- **Roux-en-Y Gastric Bypass** – mineral and calorie malabsorption.
- **Duodenal Switch** – mineral, calorie, and fat-soluble vitamin malabsorption (least used).
- **Mini Gastric Bypass Surgery**

Bariatric surgery by itself is not the cure to obesity. Bariatric surgery will fail if the required lifelong changes including proper diet and exercise are not followed meticulously. Prior to bariatric surgery, the patient is required to participate in lifestyle modifications and the MWMP to demonstrate their commitment to the process.

Contraindications to Bariatric Surgery

Bariatric surgery should not be considered for glycemic or lipid control, or for cardiovascular risk reduction independent of the BMI parameters. While rare in the patients with severe obesity, patients with bulimia nervosa are not candidates for bariatric surgery. In addition, bariatric surgery in advanced age (above 65 years) or very young age (under 18 years) is controversial but is considered when comorbidity is severe.

Other medical or psychiatric conditions that preclude bariatric surgery include:

- Uncontrolled major depression or psychosis
- Uncontrolled and untreated eating disorders (e.g., bulimia or hyperphagia)
- Remote and/or current history for foreign body ingestion or insertion
- Current cigarette smoking, drug, and/or alcohol abuse
- Severe cardiopulmonary disease with prohibitive anesthetic risks
- Severe coagulopathy/decompensated cirrhosis
- Inability to comply with nutritional requirements including lifelong vitamin replacement
- Pregnant, lactating, or plan for pregnancy within 2 years of potential surgical treatment
- H/o poor compliance with lifestyle, medical, or mental health interventions

Referral Requirements for Bariatric Surgery

Candidates who qualify for bariatric surgery consideration include patients who:

- Have at least 2 years remaining before their anticipated parole or release date.
- Have the capacity to make a fully informed decision and consent for treatment.
- Fully understand that certain bariatric surgeries are irreversible.
- Have participated in the MWMP* for at least 12 months and have lost at least 10% of their baseline weight from when they started the MWMP.
- Have completed a successful psychological evaluation, which determined there are no issues that may make it difficult for the patient to stick to their new diet and lifestyle post-surgery.
- Have had a detailed past medical history review, and all lab results show TSH levels are normal.
- Are diagnosed with Class 3 Obesity
- Are diagnosed with Class 2 Obesity with at least one serious comorbidity including, but not limited to:
  - Type 2 DM
  - Obstructive sleep apnea
  - Hypertension
  - Hyperlipidemia
  - Obesity-hypoventilation syndrome
  - Nonalcoholic fatty liver disease
  - Nonalcoholic steatohepatitis
  - Pseudotumor cerebri
  - Severe gastroesophageal reflux disease
  - Moderate-severe asthma
  - Severe venous stasis disease
  - Severe urinary incontinence
  - Debilitating arthritis
  - Disqualification from other surgeries as a result of obesity (e.g., surgeries for osteoarthritic disease, ventral hernias, or stress incontinence)

*Note: If a patient loses weight as a result of incorporating lifestyle changes and BMI drops to < 35, they will no longer meet the NIH’s guidelines to qualify for bariatric surgery. This is considered a success as surgery itself is not without risks. This patient should be encouraged to continue on their successful self-managed journey to a healthier lifestyle.
### Referral Process for Consideration for Bariatric Surgery

The following steps are generally used to refer a patient for consideration for bariatric surgery. For details of each step, see Attachment 1.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The patient expresses interest in being referred for consideration for bariatric surgery</td>
</tr>
<tr>
<td>2</td>
<td>The PCP ensures the patient meets criteria and has no contraindications</td>
</tr>
<tr>
<td>3</td>
<td>The patient participates in the MWMP for 12 months</td>
</tr>
<tr>
<td>4</td>
<td>Medical evaluation within 30 days after successful completion of the MWMP</td>
</tr>
<tr>
<td>5</td>
<td>Mental health evaluation</td>
</tr>
<tr>
<td>6</td>
<td>PCP submits an electronic Request for Services (eRFS)</td>
</tr>
<tr>
<td>7</td>
<td>Gather all case materials to submit as a package to Statewide Medical Authorization Review Team (SMART)</td>
</tr>
<tr>
<td>8</td>
<td>SMART review</td>
</tr>
</tbody>
</table>

### Patients Approved for Bariatric Surgery

Patients who are approved for surgery:
- Will be transferred to the institution nearest to their designated surgery center.
- Will be provided with the preoperative diet by the Correctional Treatment Center (CTC) of that institution while the patient is housed in General Population (GP). See Attachment 4 Preoperative and Postoperative Diet.
- Will be temporarily housed in the CTC while recovering from surgery and transferred to GP in the same institution once recovered.
- Will be transferred to their original institution once they can tolerate the CDCR Heart Healthy Diet.

### Cosmetic Procedures

It is important to know that the following procedures are considered cosmetic and will not be performed unless deemed a medical necessity under Title 15.
- Neck tightening
- Breast augmentation
- Liposuction
- Removal of redundant skin
- Body sculpturing

### References

HEALTHY EATING HABITS

WHAT ARE THE KEYS TO A HEALTHY WEIGHT?

- The best way to reach and stay at a healthy weight is to make small changes over time.
- By thinking about what you eat every day and exercising regularly, you can lose weight, feel better, have more energy, and improve your health.

START WITH A PLAN

- The standard CDCR Heart Healthy Diet - CDCR Standardized Master Menu will help you lose or maintain weight if good choices are made.
- Note each tray has more food/calories than is needed at each meal. This is so a person who is allergic to a food or does not like a certain food can skip that part of the meal and still get enough calories.
- Since each meal has more calories than you need, you must not eat your whole tray if you hope to lose weight.
- Special food is not required.
- Choose healthy foods from the canteen and your quarterly packages.
- Remember: Weight management is your responsibility.

EAT THREE MAIN MEALS EACH DAY

- Do not skip meals; it can lead to overeating later and your body needs nutrients to work well.
- Eat three meals a day and try not to snack in between.

EAT BALANCED MEALS

- All five food groups (meat, grains, vegetables, fruits, and dairy) provide nutrients and are part of a healthy, well-balanced diet.
- Do not avoid any one food group unless you have allergies.
- Limit foods high in saturated fat and sugar (these have a lot of calories and are not as filling).
- Drink plenty of water; water is your friend.

PORTION CONTROL

- The amount you eat is important to losing weight or maintaining it.
- Understanding portion sizes for meals/snacks will help you to manage your weight.
Healthy Eating Habits (continued)

Healthy Eating Tips
When choosing foods to eat, use these guidelines to manage your weight.³

Eat LESS foods high in fat, sugar, and/or salt like:

- Soups/Top Ramen/Cup O’Soup
- Beef Jerky/Sausage Sticks/Bacon/Cheese Spreads
- Cake/Cookies/Pie/Donuts/Pop-Ups/Brownies
- Pancakes or Maple Flavored Syrup Sweet Rolls
- Potato Chips/Cheese Puffs
- Candy
- BBQ Sauce/Ketchup/Teriyaki Sauce
- Flavored Rice
- Crackers/Pork Rinds
- Packaged Gravy/Sauces
- Jelly/Jam
- Ice Cream/Sherbet
- Regular Soda/Gatorade

Eat MORE vegetables, fruits, and whole grains when available.

- These healthier foods are full of nutrients to help keep your stomach and intestines healthy.
- They also have higher fiber content which helps you feel fuller after eating them and helps you reduce your portion sizes.

Think Before You Eat Your Favorite Food at The Canteen!

<table>
<thead>
<tr>
<th>Canteen Item</th>
<th>Serving Size</th>
<th>Calories</th>
<th>To Burn Off Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramen</td>
<td>1 Package</td>
<td>400</td>
<td>Walk 70 minutes or Plank for 160 minutes</td>
</tr>
<tr>
<td>Tootsie Roll</td>
<td>1 Candy</td>
<td>123</td>
<td>Walk 25 minutes or Jumping Jacks for 25 minutes</td>
</tr>
<tr>
<td>Hot &amp; Spicy Pork Rinds</td>
<td>1 Bag</td>
<td>150</td>
<td>Walk 30 minutes or Pushups for 30 minutes</td>
</tr>
<tr>
<td>Mountain Dew</td>
<td>1 Can</td>
<td>170</td>
<td>Walk 35 minutes or Sit-ups for 35 minutes</td>
</tr>
<tr>
<td>Pepsi</td>
<td>1 Can</td>
<td>150</td>
<td>Walk 30 minutes or Run for 15 minutes</td>
</tr>
<tr>
<td>Flour Tortillas</td>
<td>1, 8 inch</td>
<td>140</td>
<td>Walk 28 minutes or Squats for 90 minutes</td>
</tr>
<tr>
<td>Granola Bar</td>
<td>1 Bar</td>
<td>100-150</td>
<td>Walk 20-30 minutes or Burpees for 6-9 minutes</td>
</tr>
</tbody>
</table>

Remember: Your health is your responsibility! Enjoy your food, but pay attention to what you are eating and how much.
### HEALTHY EATING HABITS (CONTINUED)

#### HEALTHY CANTEEN CHOICES

<table>
<thead>
<tr>
<th>High Sodium Foods:</th>
<th>Low Sodium Foods:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soups/Top Ramen/Cup O’ Soup</td>
<td>Omit Seasoning Packet</td>
</tr>
<tr>
<td>Pouched Entrees</td>
<td>Chunk Chicken</td>
</tr>
<tr>
<td>Flavored Rice</td>
<td>Instant Rice/Brown Rice</td>
</tr>
<tr>
<td>Anchovies/Sardines/Smoked Fish</td>
<td>Fish Steak</td>
</tr>
<tr>
<td>Beef Jerky/Sausage Sticks/Bacon</td>
<td>Turkey Deli Bites</td>
</tr>
<tr>
<td>Chips/Crackers/Pork Rinds</td>
<td>Plain/Caramel/Cheese Popcorn</td>
</tr>
<tr>
<td>Cheese Spreads</td>
<td>Cream Cheese/Peanut Butter</td>
</tr>
<tr>
<td>Packaged Gravy/Sauces</td>
<td>Assorted Hot Sauces</td>
</tr>
<tr>
<td>Olives/Pickles/Jalapenos</td>
<td>Fresh Fruit/Fresh Vegetables</td>
</tr>
<tr>
<td>Soy Sauce</td>
<td>Hot Sauces/Picante/Sriracha</td>
</tr>
<tr>
<td>Assorted Seasonings (check label)</td>
<td>Mrs. Dash/Garlic Powder/Chili Flakes</td>
</tr>
<tr>
<td>V-8 Juice</td>
<td>Low Sodium V-8 Juice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High Sugar Foods:</th>
<th>Low Sugar Foods:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Sodas</td>
<td>Diet Sodas/Sugar-Free Drinks/Crystal Light</td>
</tr>
<tr>
<td>Candy</td>
<td>Sugar-Free Candy</td>
</tr>
<tr>
<td>Cake/Cookies/Pie/Donuts/Pop-Ups</td>
<td>Sugar-Free Cookies</td>
</tr>
<tr>
<td>BBQ Sauce/Ketchup/Teriyaki Sauce</td>
<td>Hot Sauce/Sriracha/Soy Sauce</td>
</tr>
<tr>
<td>Ice Cream</td>
<td>Tutone Bar</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High Fat Foods:</th>
<th>Low Fat Foods:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chips/Pork Rinds</td>
<td>Plain/Caramel/Cheese Popcorn</td>
</tr>
<tr>
<td>Mayonnaise/Salad Dressings</td>
<td>Fat Free mayo/Fat Free Dressings</td>
</tr>
<tr>
<td>Candy (Chocolate Varieties)</td>
<td>Hard Candy/Sugar-Free Candy</td>
</tr>
<tr>
<td>Cake/Cookies/Pie/Donuts/Pop-Ups</td>
<td>Sugar-Free Cookies</td>
</tr>
<tr>
<td>Ice Cream</td>
<td>Fudge Bar/Tutone Bar/Astro Pop</td>
</tr>
</tbody>
</table>
1. Serving Size
   - This section shows how many servings are in the package and how big the serving is.
   - Remember all of the nutritional information on the label is based upon one serving of the food and a package usually contains more than one serving!

2. Amount of Calories
   - The calories listed are for one serving of the food. “Calories from fat” shows how many fat calories there are in one serving.

3. Limit these Nutrients
   - Eating too much total fat, cholesterol, or sodium may increase your risk of heart disease, some cancers, or high blood pressure.
   - Try to keep these nutrients as low as possible each day.

4. Get Enough of these Nutrients
   - Eating enough dietary fiber, vitamin A, vitamin C, calcium, and potassium may improve your health and help reduce the risk of some diseases.

5. Footnote
   - This section Contains Daily Values (DVs) for 2,000 and 2,500 calorie diets. Provides recommended amounts of nutrients, fats, sodium and fiber.
   - The footnote is found only on larger packages and does not change from product to product.

6. Percent (%) Daily Value
   - This section tells you how the nutrients in one serving of food add to your total daily diet.
   - Use it to choose foods that are high in the nutrients you should get more of, and low in the nutrients you should get less of.
   - Daily Values are based on a 2,000-calorie diet.
   - However, your nutritional needs will vary.
Writing down what you eat helps you take an honest look at your eating habits and can help you make healthy changes. By keeping track of everything you eat from the time you wake up until the time you go to bed, you’ll see exactly what, how much, when, and why you are eating. You may start to notice patterns that are keeping you from eating healthier.

A food journal should include:

- Date and time food is eaten
- What type of food you ate
- How much you ate

You can also include how you are feeling when you decide to eat. Keeping track of how you feel when you want to eat can help you learn if there are certain emotions or feelings that make you want to eat, other than being hungry.

When reviewing your food journal, ask yourself these questions:

- Did I eat healthy foods for meals and snacks?
- How were my portion sizes?
- Are there any patterns of eating where I can make better choices?

On a blank sheet of paper, you can create your own food journal like the one in the example below:

<table>
<thead>
<tr>
<th>Time of Day/Meal</th>
<th>Type of Food</th>
<th>Portion</th>
<th>Mood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>Eggs</td>
<td>3</td>
<td>Tired</td>
</tr>
<tr>
<td>Breakfast</td>
<td>White Toast</td>
<td>2 slices</td>
<td>Tired</td>
</tr>
<tr>
<td>Lunch</td>
<td>Apple</td>
<td>Whole</td>
<td>Good</td>
</tr>
</tbody>
</table>

Name: _____________________________ Date: ____________________
An important part of any weight management program is physical activity. An exercise journal can help you track your progress, and review what is working and what is not working for you. You should keep a journal of your daily physical activities as a part of your journey to a healthy lifestyle.

Keeping an exercise journal can also help to:

- Increase motivation
- Break down goals into smaller, more easy to reach goals
- Track progress toward goals
- Gain a better understanding of your exercise habits
- Plan rest days
- Provide a record of success

An exercise journal should be detailed enough to assist you in reaching your goals and should include:

- Date and time of workout
- What exercise you completed
- The number of repetitions (reps) completed in each set
- The number of sets completed
- The difficulty level - if the exercise is too easy, consider increasing your reps, sets, and/or duration

On a blank sheet of paper, you can create a personalized exercise journal like the one in the example below:

<table>
<thead>
<tr>
<th>Name: _____________________________</th>
<th>Date: ____________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type of Exercise</th>
<th>Duration and/or Reps</th>
<th>Sets</th>
<th>Difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sit Ups</td>
<td>30 reps</td>
<td>3 sets</td>
<td>Medium</td>
</tr>
<tr>
<td>Brisk Walk</td>
<td>20 minutes</td>
<td></td>
<td>Easy</td>
</tr>
<tr>
<td>Push-Ups</td>
<td>10 reps</td>
<td>3 sets</td>
<td>Hard</td>
</tr>
</tbody>
</table>
EXERCISE

WHAT ARE THE BENEFITS OF EXERCISE?
Exercise has many benefits. It can:
- Immediately reduce stress
- Immediately improve mood
- Immediately improve focus
- Immediately improve sleep
- Burn calories, which helps people control their weight
- Help control blood sugar levels in people with diabetes
- Lower blood pressure, especially in people with high blood pressure
- Keep bones strong, so they don’t get thin and break easily
- Lower the chance of dying from heart disease
- Help your memory
- Improve brain health
- Reduce risk of cancer
- Reduce risk of falls and risk of fall-related injuries in older patients

WHAT ARE THE MAIN TYPES OF EXERCISE?
There are 3 main types of exercise you should do. They are:
- **Aerobic Exercise** (aka Cardio) raises a person’s heart rate.
  Examples are walking, running, or jumping jacks.
- **Resistance Training** - helps make your muscles stronger.
  People can do this type of exercise using their own body weight.
- **Stretching** - Stretching exercises help your muscles and joints move more easily, and help you with muscle soreness.

SHOULD I TALK TO MY DOCTOR OR NURSE BEFORE I START EXERCISING?
If you have not exercised before or have not exercised in a long time, talk with your doctor or nurse before you start an exercise program.

If you have heart disease or risk factors for heart disease (like high blood pressure or diabetes), your doctor or nurse might recommend that you have an exercise test before starting an exercise program.

When you start an exercise program, start slowly. For example, do the exercise at a slow pace for a few minutes only. Over time, you can exercise faster and for longer periods of time.
EXERCISE (continued)

WHAT SHOULD I DO WHEN I EXERCISE?
Each time you exercise, you should:

- **Warm-up** - Warming up can help keep you from hurting yourself when you exercise. To warm up, do a light aerobic exercise (such as walking slowly) or stretch for 5 to 10 minutes.

- **Workout** - During a workout, you can walk fast or run for example. You should also stretch all of your joints including your neck, shoulders, back, hips, and knees. At least 2 times a week, you can add resistance training exercises to your workout.

- **Cool down** - Cooling down helps keep you from feeling dizzy after you exercise and helps prevent muscle cramps. To cool down, you can stretch or do a light aerobic exercise for 5 minutes.

HOW OFTEN SHOULD I EXERCISE?
Doctors recommend that people do moderate-intensity exercise for at least 150-300 minutes per week, preferably spread throughout the week. If you are tight on time, start with just 5 minutes. It all adds up.

WHEN SHOULD I TALK TO MY DOCTOR OR NURSE?
If you have any of the following symptoms when you exercise, stop and talk to your doctor or nurse right away:

- Pain or pressure in your chest, arms, throat, jaw, or back
- Nausea or vomiting
- Feeling like your heart is fluttering or racing very fast
- Feeling dizzy or faint

WHAT IF I’M TOO TIRED TO EXERCISE?
It's important to try to find time to exercise, even if you are tired. Exercise can increase your energy levels, which might even help you get more done.

Spending a lot of time sitting still is bad for your health. Try to get up and move around whenever you can.

WHAT ELSE SHOULD I DO WHEN I EXERCISE?
To exercise safely and avoid problems, be sure to:

- Drink fluids before and after exercising (drinks should not have caffeine in them)
- Limit exercising outside if it is too hot or cold
- Wear layers of clothes so that you can take them off if you get too hot
- Wear shoes that fit well and support your feet
### Body Weight Squat

**Helps strengthen your legs.**
1. Stand with your feet about shoulder width apart.
2. Keep your weight in your heels the whole time.
3. Keep your lower back straight; do not allow it to arch or to extend.
4. Your knees should stay in line with your ankles and legs throughout the motion (make sure your knees do not go in or out as you lower).
5. Sit down, as if you are sitting in a chair, until your hips come to the level of your knees.
6. Repeat _____ times.

*CAUTION if you have any knee, back, ankle issues*

### Push-up

**Helps strengthen your arms, shoulders, back and core.**
1. Keep your torso (core) and legs in a straight line the whole time.
2. Keep your head facing forward.
3. Lower your chest close to the ground, but do not touch.
4. Use your arms to push yourself back up, breathing out as you push.
5. Repeat _____ times.

*CAUTION if you have any back, ankle, shoulder, neck issues*

### Plank

**Helps develop torso (core) strength.**
1. Keep a straight torso, not allowing your lower back to sag or your hips to sag.
2. Gradually increase the time you can hold the position.
3. Hold for 30 seconds to 1 minute and relax.

*CAUTION if you have any back, shoulder, ankle, neck issues*

### Sit-up

**Helps develop torso (core) strength.**
1. Lie on your back with knees bent.
2. Slowly lift your back up, using your abs to pull you up into a seated position.
3. Make sure your feet stay on the floor.
4. Lower your torso down to the floor.
5. Repeat _____ times.

*CAUTION if you have any back or neck issues*
MODIFIED EXERCISES FOR ELDERLY OR OBESE PATIENTS

**7 EASY EXERCISES**

Try these exercises twice a week to build up your strength, balance and flexibility.

1. **Stationary March with Arm Swing/Seated March**
2. **Sit to Stand**
3. **Standing Hip Extension**
4. **Side Leg Raise**
5. **Single Leg Stand**
6. **Triceps Stretch**
7. **Standing Quadriceps Stretch**
HÁBITOS PARA UNA ALIMENTACIÓN SALUDABLE

¿CUÁLES SON LAS CLAVES PARA UNA ALIMENTACIÓN SALUDABLE?
- La mejor forma de alcanzar y mantener un peso saludable es realizar pequeños cambios a lo largo del tiempo.
- Para perder peso, sentirse mejor, tener más energía y mejorar su salud, debe pensar lo que come cada día y hacer ejercicio de manera regular.

EMPIECE CON UN PLAN
- La dieta estándar para un corazón saludable del Departamento Correccional y de Rehabilitación de California (California Department of Corrections and Rehabilitation, CDCR) le ayudará a perder o mantener peso, si toma las decisiones correctas.
- Tenga en cuenta que cada bandeja tiene más comida y calorías de lo que se necesita ingerir en cada comida. Por lo tanto, si una persona es alérgica, o no le gusta alguna comida, puede saltarse esa parte de la comida y aún así, ingerirá suficientes calorías.
- Dado que cada comida tiene más calorías de las que usted necesita, no debe comer toda la bandeja, si lo que desea es perder peso.
- No es necesaria ninguna comida especial.
- Elija comidas saludables de la cantina y para su paquete trimestral.
- Recuerde: El control de su peso es su responsabilidad.

INGIERA TRES COMIDAS PRINCIPALES CADA DÍA
- No se salte comidas, ya que esto puede provocar que coma en exceso más tarde. Su cuerpo necesita nutrientes para funcionar correctamente.
- Coma tres comidas al día y trate de no comer entre comidas.

INGIERA COMIDAS BALANCEADAS
- Los 5 grupos de alimentos (carne, cereales, verduras, frutas y lácteos) proporcionan nutrientes y forman parte de una dieta saludable y bien balanceada.
- No excluya ningún grupo de alimentos, a menos que tenga alergias.
- Limite los alimentos con alto contenido de grasas saturadas (tienen muchas calorías y no son tan sustanciosos).
- Tome mucha agua; el agua es su aliada.

CONTROLE LAS PORCIONES
- La cantidad que coma es importante para perder peso o mantenerlo.
- Conocer el tamaño de las porciones de las comidas y los bocadillos le ayudará a controlar su peso.

1/2 taza | 1 oz | 1 cda. | 1 ctda. | 3 oz | 1 taza
HÁBITOS PARA UNA ALIMENTACIÓN SALUDABLE
(CONTINUACIÓN)

CONSEJOS PARA UNA ALIMENTACIÓN SALUDABLE
Cuando elija los alimentos, use estas pautas para controlar su peso.

Coma MENOS alimentos altos en grasa, azúcar o sal, como:
- Sopas/Top Ramen/Cup O'Soup
- Carne seca/banderillas de salchichas/tocino/ queso para untar
- Pastel/galletas/rosquillas/paletas/brownies
- Panqueques o panes dulces con jarabe de arce
- Papas fritas/bolitas de queso
- Dulces
- Salsa BBQ/ketchup/salsa teriyaki
- Arroz condimentado
- Chicharrones/galletas saladas
- Salsas/salsas de carne envasadas
- Mermeladas/gelatinas
- Helados/sorbetes
- Refrescos regulares/Gatorade

Coma MÁS verduras, frutas y granos enteros.

- Estos alimentos son más saludables y están llenos de nutrientes que ayudan a mantener la buena salud del estómago y los intestinos.
- Además, contienen más fibras, que le brindan saciedad después de ingerirlos y le ayudan a reducir el tamaño de las porciones.

¡PIensa ANTES DE COMER SU COMIDA FAVORITA DE LA CANTINA!

<table>
<thead>
<tr>
<th>Alimento de la cantina</th>
<th>Tamaño de la porción</th>
<th>Calorías</th>
<th>Para quemar calorías</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramen</td>
<td>1 paquete</td>
<td>400</td>
<td>Camine 70 minutos o haga planchas 160 minutos</td>
</tr>
<tr>
<td>Tootsie Roll</td>
<td>1 dulce</td>
<td>123</td>
<td>Camine 25 minutos o haga saltos de tijera 25 minutos</td>
</tr>
<tr>
<td>Chicharrones picantes o muy condimentados</td>
<td>1 bolsa</td>
<td>150</td>
<td>Camine 30 minutos o haga lagartijas 30 minutos</td>
</tr>
<tr>
<td>Mountain Dew</td>
<td>1 lata</td>
<td>170</td>
<td>Camine 35 minutos o haga abdominales 35 minutos</td>
</tr>
<tr>
<td>Pepsi</td>
<td>1 lata</td>
<td>150</td>
<td>Camine 30 minutos o corra 15 minutos</td>
</tr>
<tr>
<td>Tortillas de harina</td>
<td>1, 8 pulgadas</td>
<td>140</td>
<td>Camine 28 minutos o haga sentadillas 90 minutos</td>
</tr>
<tr>
<td>Barra de granola</td>
<td>1 barra</td>
<td>100-150</td>
<td>Camine de 20 a 30 minutos o haga ejercicios de Burpee de 6 a 9 minutos</td>
</tr>
</tbody>
</table>

Recuerde: ¡Su salud es su responsabilidad! Disfrute la comida, pero preste atención a lo que come y a la cantidad.
### OPCIONES SALUDABLES DE LA CANTINA

<table>
<thead>
<tr>
<th>Alimentos con alto contenido de sodio</th>
<th>Alimentos con bajo contenido de sodio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sopas/Top Ramen/Cup O’ Soup</td>
<td>No utilice el paquete de condimentos</td>
</tr>
<tr>
<td>Plato principal envasado</td>
<td>Pollo en trozos</td>
</tr>
<tr>
<td>Arroz condimentado</td>
<td>Arroz instantáneo/arroz integral</td>
</tr>
<tr>
<td>Anchoas/sardinas/pescado ahumado</td>
<td>Filete de pescado</td>
</tr>
<tr>
<td>Carne seca/banderillas de salchicha/tocino</td>
<td>Embutido de pavo en trozos</td>
</tr>
<tr>
<td>Papas fritas/galletas salchicharrones</td>
<td>Palomitas de maíz regulares/de caramelo/de queso</td>
</tr>
<tr>
<td>Queso para untar</td>
<td>Crema de queso/mantequilla de maní</td>
</tr>
<tr>
<td>Salsas/salsas de carne envasadas</td>
<td>Salsas picantes variadas</td>
</tr>
<tr>
<td>Aceitunas/pepinillos/jalapeños</td>
<td>Frutas/verduras frescas</td>
</tr>
<tr>
<td>Salsa de soya</td>
<td>Salsas picantes/salsa picante/salsa sriracha</td>
</tr>
<tr>
<td>Condimentos variados (revise la etiqueta)</td>
<td>Mrs. Dash/ajo en polvo/hojuelas de chile</td>
</tr>
<tr>
<td>Jugo V8</td>
<td>Jugo V8 bajo en sodio</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alimentos con alto contenido de azúcar</th>
<th>Alimentos con bajo contenido de azúcar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrescos regulares</td>
<td>Refrescos dietéticos/bebidas sin azúcar/Crystal Light</td>
</tr>
<tr>
<td>Dulces</td>
<td>Dulces sin azúcar</td>
</tr>
<tr>
<td>Pastel/galletas/rosquillas/paletas</td>
<td>Galletas sin azúcar</td>
</tr>
<tr>
<td>Salsa BBQ/kétchup/salsa teriyaki</td>
<td>Salsa picante/salsa sriracha/salsa de soya</td>
</tr>
<tr>
<td>Helado</td>
<td>Paletas heladas Tutone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alimentos con alto contenido en grasa</th>
<th>Alimentos con bajo contenido en grasa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Papas fritas/chicharrones</td>
<td>Palomitas de maíz regulares/de caramelo/de queso</td>
</tr>
<tr>
<td>Mayonesa/aderezo para ensaladas</td>
<td>Mayonesa/aderezos sin grasa</td>
</tr>
<tr>
<td>Dulces (variedades de chocolates)</td>
<td>Caramelos duros/sin azúcar</td>
</tr>
<tr>
<td>Pasteles/galletas/rosquillas/paletas</td>
<td>Galletas sin azúcar</td>
</tr>
<tr>
<td>Helado</td>
<td>Barra de dulce de leche/paleta helada Tutone/Astro Pop</td>
</tr>
</tbody>
</table>
1. Tamaño de la porción
   - Esta sección indica la cantidad de porciones que contiene el paquete y el tamaño de las porciones.
   - Recuerde que toda la información nutricional de la etiqueta corresponde a una porción del alimento y que un paquete, por lo general, contiene más de una porción.

2. Cantidad de calorías
   - Las calorías indicadas corresponden a una porción del alimento. Las “calorías que vienen de las grasas” indican la cantidad de calorías que vienen de las grasas que contiene una porción.

3. Limite estos nutrientes.
   - La ingesta excesiva de grasa total, colesterol o sodio puede aumentar el riesgo de desarrollar enfermedades cardíacas, algunos tipo de cáncer o presión arterial alta.
   - Trate de ingerir la menor cantidad posible de estos nutrientes por día.

4. Coma lo suficiente de estos nutrientes.
   - Si ingiere la cantidad suficiente de fibra alimentaria, vitamina A y C, calcio y potasio, puede mejorar su salud y reducir el riesgo de desarrollar algunas enfermedades.

5. Nota al pie
   - Esta sección contiene los valores diarios (VD) de una dieta de 2,000 y 2,500 calorías. Proporciona la cantidad recomendada de nutrientes, grasas, sodio, y fibra.
   - La nota al pie aparece solo en los paquetes grandes y no cambia de un producto a otro.

6. Porcentaje (%) del valor diario
   - Esta sección indica cuántos nutrientes aporta una porción del alimento al total de la dieta diaria.
   - Use esta información para elegir alimentos con alto contenido de los nutrientes que debe comer más y bajo contenido de los nutrientes que debe comer menos.
   - Los valores diarios se basan en una dieta de 2,000 calorías.
   - Tenga en cuenta que sus necesidades nutricionales pueden variar.

6 Guía rápida del % del valor diario
   - 5 % o menos, es bajo.
   - 20 % o menos, es alto.
REGISTRO DE ALIMENTACIÓN

Anotar lo que come le ayudará a tener una mirada objetiva de sus hábitos alimentarios y a realizar cambios saludables. Lleve el registro de todo lo que coma, desde que se levanta hasta que se acuesta, así podrá ver exactamente qué, cuánto, cuándo y por qué come. Podrá empezar a identificar los patrones que le impiden llevar una alimentación más saludable.

Su diario de alimentación debe incluir:
- Fecha y hora de lo que comió
- Tipo de alimento ingerido
- Cantidad ingerida

También puede incluir cómo se siente cuando decide comer. Llevar un registro de cómo se siente cuando quiere comer puede ayudarle a identificar ciertas emociones o sentimientos que le provocan deseos de comer, además de tener hambre.

Cuando revise su diario de alimentación, hágase estas preguntas:
- ¿Comí alimentos saludables en las comidas o refrigerios?
- ¿Cuál fue el tamaño de las porciones?
- ¿Hay patrones de alimentación que podría cambiar para hacer elecciones más saludables?

Puede hacer su registro de alimentación en una hoja en blanco, como se muestra a continuación:

<table>
<thead>
<tr>
<th>Momento del día/ comida</th>
<th>Tipo de alimento</th>
<th>Porción</th>
<th>Estado de ánimo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desayuno</td>
<td>Huevos</td>
<td>3</td>
<td>cansado</td>
</tr>
<tr>
<td>Desayuno</td>
<td>Pan blanco tostado</td>
<td>2 rebanadas</td>
<td>cansado</td>
</tr>
<tr>
<td>Lunch</td>
<td>manzana</td>
<td>entera</td>
<td>bueno</td>
</tr>
</tbody>
</table>

Nombre: _____________________________
Fecha: _____________________________
REGISTRO DE ACTIVIDAD FÍSICA

Una parte importante de todos los programas de control de peso es la actividad física. Un diario de actividad física puede ayudarle a llevar un registro de su progreso y revisar lo que sí funciona y lo que no funciona para usted. Debe llevar un registro de su actividad física diaria, como parte de su camino para lograr un estilo de vida saludable.

Llevar un registro de la actividad física también le ayudará a:
- Aumentar su motivación
- Dividir sus metas en objetivos más pequeños y más fáciles de lograr
- Registrar el progreso hacia las metas
- Entender mejor sus hábitos de actividad física
- Planificar días de descanso
- Tener un registro del éxito alcanzado

El registro de actividad física debe ser muy detallado para ayudarle a alcanzar sus metas y debe incluir:
- Fecha y hora de los ejercicios
- Ejercicios realizados
- Cantidad de repeticiones (reps) en cada serie
- Cantidad de series hechas
- Nivel de dificultad (si el ejercicio es muy fácil, considere aumentar las repeticiones, series o duración)

Puede hacer su registro de ejercicios personalizado en una hoja en blanco, como se muestra a continuación:

<table>
<thead>
<tr>
<th>Tipo de ejercicio</th>
<th>Duración o Rep.</th>
<th>Series</th>
<th>Dificultad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominales</td>
<td>30 reps</td>
<td>3 series</td>
<td>Media</td>
</tr>
<tr>
<td>Caminata a paso</td>
<td>20 minutos</td>
<td></td>
<td>Fácil</td>
</tr>
<tr>
<td>Lagartijas</td>
<td>10 reps</td>
<td>3 series</td>
<td>Difícil</td>
</tr>
</tbody>
</table>

Nombre: _____________________________ Fecha: ____________________________
EJERCICIO

¿CUÁLES SON LOS BENEFICIOS DE LA ACTIVIDAD FÍSICA?

El ejercicio tiene varios beneficios, entre ellos:

- Reduce el estrés de inmediato
- Mejora el estado de ánimo de inmediato
- Mejora la concentración de inmediato
- Mejora el sueño de inmediato
- Quema calorías, lo que ayuda a controlar el peso
- Ayuda a controlar el nivel de azúcar en la sangre a las personas con diabetes
- Disminuye la presión arterial, especialmente en las personas con presión arterial alta
- Mantiene los huesos fuertes, para que no se debiliten ni se fracturen con facilidad
- Disminuye las posibilidades de morir a causa de una enfermedad cardíaca
- Mejora la memoria
- Mejora la salud del cerebro
- Reduce el riesgo de cáncer
- Reduce el riesgo de caídas y el riesgo de lesiones relacionadas con las caídas en pacientes mayores

¿CUÁLES SON LOS PRINCIPALES TIPOS DE EJERCICIOS?

A continuación, se mencionan los 3 tipos de ejercicio que debe realizar:

- **Ejercicios aeróbicos** (cardiacos): aumentan el ritmo cardíaco de la persona.
  
  Por ejemplo: caminar, correr o hacer saltos de tijera.

- **Entrenamiento de resistencia**: ayuda a fortalecer los músculos.
  
  Estos ejercicios se pueden hacer usando el peso del propio cuerpo.

- **Ejercicios de estiramientos**: mejoran la movilidad de los músculos y articulaciones y ayudan a disminuir el dolor muscular.

¿DEBO CONSULTAR A MI MÉDICO O ENFERMERO ANTES DE COMENZAR A REALIZAR ACTIVIDAD FÍSICA?

Si nunca hizo actividad física, o hace mucho que no hace, hable con su médico o enfermero antes de empezar un programa de ejercicios.

Si tiene alguna enfermedad cardíaca o factores de riesgo de enfermedades cardíacas (como presión arterial alta o diabetes), es posible que su médico, o enfermero, le realicen una prueba de ejercicio antes de comenzar el programa de ejercicios.

Cuando comience con un programa de ejercicio, hágalo lentamente. Haga los ejercicios a ritmo lento, durante pocos minutos. Con el tiempo, podrá hacerlos a un ritmo más rápido y durante más tiempo.
¿QUÉ DEBO HACER CUANDO REALIZO ACTIVIDAD FÍSICA?
Cada vez que se ejercite, debe hacer lo siguiente:

- **Calentamiento**: El calentamiento ayuda a evitar lesiones durante la actividad física. Para calentar, haga un ejercicio aeróbico liviano (una caminata lenta) o ejercicios de estiramiento de 5 a 10 minutos.

- **Rutina de ejercicios**: En la sesión de ejercicio, puede caminar o correr rápido. Además, debe estirar todas las articulaciones incluyendo el cuello, los hombros, la espalda, las caderas y las rodillas. Al menos 2 veces a la semana, puede incorporar ejercicios de resistencia a su rutina de ejercicios.

- **Relajación**: La relajación ayuda a evitar mareos después de la rutina de ejercicios y a prevenir los calambres musculares. Para relajar, puede estirar o hacer ejercicios aeróbicos livianos durante 5 minutos.

¿CON QUÉ FRECUENCIA DEBO REALIZAR ACTIVIDAD FÍSICA?
Los médicos recomiendan realizar ejercicios de intensidad moderada de 150 a 300 minutos por semana, preferentemente, distribuidos a lo largo de la semana. Si tiene poco tiempo, puede empezar con 5 minutos. Todo sirve.

¿CUÁNDO DEBO HABLAR CON MI MÉDICO O ENFERMERO?
Si tiene alguno de los siguientes síntomas cuando hace ejercicio, pare y hable con su médico o enfermero de inmediato:

- Dolor o presión en el pecho, brazos, garganta, mandíbula o espalda
- Náuseas o vómito
- Sensación de que su corazón se agita o late demasiado rápido
- Sensación de mareo o desmayo

¿QUÉ PASA SI ESTOY DEMASIADO CANSADO PARA HACER ACTIVIDAD FÍSICA?
Es importante tratar de encontrar tiempo para hacer actividad física, incluso si está cansado. El ejercicio puede aumentar su nivel de energía, lo que posiblemente le ayudará a tener más resistencia.

Pasar mucho tiempo sentado es malo para su salud. Intente levantarse y moverse, cada vez que pueda.

¿QUÉ MÁS DEBO HACER CUANDO REALIZO ACTIVIDAD FÍSICA?
Para ejercitarse de manera segura y evitar problemas, asegúrese de:

- Tomar líquidos antes y después de ejercitarse (las bebidas no deben de contener cafeína)
- Evitar hacer actividad en el exterior si hace mucho frío o calor
- Usar varias prendas que pueda ir sacándose en caso de que haga mucho calor
- Usar calzado con el ajuste correcto y que le brinde buen apoyo al pie
GUÍA DE EJERCICIOS BÁSICOS CON EL PESO DEL PROPIO CUERPO

### SENTADILLAS CON SU PROPIO PESO

Favorecen el fortalecimiento de los brazos, hombros, espalda y la zona media.

1. Mantenga el torso (zona media) y las piernas estiradas todo el tiempo.
2. Mantenga el peso en sus talones todo el tiempo.
3. Mantenga recta la parte baja de la espalda, evite que se arquee o estire.
4. Mantenga las rodillas alineadas con los tobillos y piernas durante el movimiento (asegúrese de que las rodillas no vayan hacia adentro o hacia afuera cuando descienda).
5. Descienda, como si fuera a sentarse en una silla, hasta que las caderas queden al nivel de las rodillas.
6. Repita _____ veces.

*TENGA CUIDADO si sufre problemas de rodillas, espalda o tobillos.

![Sentadillas con propio peso](image)

### LAGARTIJAS

Favorecen el fortalecimiento de las piernas.

1. Párese con los pies separados al nivel de los hombros.
2. Mantenga el peso en sus talones todo el tiempo.
3. Mantenga recta la parte baja de la espalda, evite que se arquee o estire.
4. Mantenga las rodillas alineadas con los tobillos y piernas durante el movimiento (asegúrese de que las rodillas no vayan hacia adentro o hacia afuera cuando descienda).
5. Descienda, como si fuera a sentarse en una silla, hasta que las caderas queden al nivel de las rodillas.
6. Repita _____ veces.

*TENGA CUIDADO si sufre problemas de rodillas, espalda o tobillos.

![Sentadillas con propio peso](image)

### PLANCHAS

Ayudan a fortalecer la zona del torso (zona media).

1. Mantenga el torso estirado y no permita que la parte baja de la espalda o las caderas se caigan.
2. Aumente gradualmente el tiempo en el que puede mantenerse en esa posición.
3. Mantenga la posición de 30 segundos a 1 minuto y descanse.

*TENGA CUIDADO si sufre problemas de espalda, hombros o cuello.

![Sentadillas con propio peso](image)

### ABDOMINALES

Ayudan a fortalecer la zona del torso (zona media).

1. Recuéstese boca arriba con las rodillas flexionadas.
2. Lentamente, levante la espalda usando los abdominales para elevarse hasta quedar en posición sentada.
3. Asegúrese de mantener los pies apoyados en el suelo.
4. Baje el torso al suelo.
5. Repita _____ veces.

*TENGA CUIDADO si sufre problemas de espalda o cuello.
EJERCICIOS MODIFICADOS PARA PACIENTES MAYORES U OBESOS

7 EJERCICIOS FÁCILES

Calentamiento

1. Marcha en el lugar con movimiento de brazos/marcha en posición sentada

Ejercicios de fortalecimiento

2. Pasar de la posición sentada a la de estar de pie
3. Extensión de la cadera en posición vertical

Ejercicios de equilibrio

4. Elevación lateral de pierna
5. Elevación de una sola pierna

Ejercicios de flexibilidad

6. Estiramiento de tríceps

Relajación

7. Estiramiento de cuádriceps en posición vertical

Intente hacer estos ejercicios dos veces por semana para desarrollar fuerza, equilibrio y flexibilidad.
REFERRAL FOR CONSIDERATION FOR BARIATRIC SURGERY

Background:
In accordance with California Code of Regulations (CCR) Title 15, Section 3350.1, obese patients meeting basic prerequisite criteria as established by California Correctional Health Care Services (CCHCS) who request bariatric surgery will be referred by the institution to the Statewide Medical Authorization Review Team (SMART) for evaluation and consideration for possible bariatric surgery consistent with these guidelines.

Referral Criteria
The PCP may submit a request to SMART for a patient to be considered for bariatric surgery if:

1. The patient desires to have bariatric surgery
2. The patient is appropriate for consideration of bariatric surgery:
   a. The patient has Class 3 obesity or Class 2 obesity with at least 1 comorbid condition
   b. The patient has no medical contraindications for bariatric surgery
   c. The patient has no mental health contraindications for bariatric surgery
   d. The patient has no recent alcohol, nicotine, or drug use. To screen for nicotine use, order “Quest Misc. Test” (Test code: 90646) and in the order name section, put “urine nicotine”.
3. The patient has successfully participated in lifestyle weight management via Medical Weight Monitoring Program (MWMP) for 12 months and has lost at least 10% of his or her baseline weight. The baseline weight is the weight of the patient at the start of the MWMP.

Referral Process Summary:
Step 1: Patient expresses interest in being referred for consideration for bariatric surgery
Step 2: PCP ensures patient meets criteria and has no contraindications:
   • Patient meets criteria for consideration for bariatric surgery (see above)
   • Patient has no absolute contraindications for bariatric surgery (see page 12 of care guide)
   • Patient receives education on risks of surgery and requirements to be considered (Attachment 2)
Step 3: Patient participates in MWMP for 12 months
   • At initial visit the PCP reviews MWMP Agreement and patient signs the agreement. Baseline weight and BMI is obtained. Goal for weight loss and exercise program are discussed and agreed upon. It is recommended to utilize motivational interviewing (see page 10 of care guide) to support behavior change.
   • Monthly follow-up visits with care team member for monitoring of weight loss attempts and adherence to other requirements. It is recommended to utilize motivational interviewing (see page 10 of care guide) to support behavior change.
   • In order to be referred it is required that the patient has been adherent with all aspects of the MWMP, including losing at least 10% of his or her baseline weight, as he or she must demonstrate the ability to cooperate lifelong with significant and permanent changes in their diet and exercise patterns, and/or required supplement use and all medical follow-ups.

Step 4: Medical Evaluation within 30 days after successful completion of MWMP
Step 5: Mental Health Evaluation
Step 6: PCP submits electronic Request for Services (eRFS)
Step 7: Gather all case materials to submit as a package to SMART
Step 8: SMART Review

Details of each step:
Step 1: Patient expresses interest in being referred for consideration for bariatric surgery
Step 2: PCP ensures patient meets criteria and has no contraindications:
   • Patient meets criteria for consideration for bariatric surgery (see above)
   • Patient has no absolute contraindications for bariatric surgery (see page 12 of care guide)
   • Patient receives education on risks of surgery and requirements to be considered (Attachment 2)
Step 3: Patient participates in MWMP for 12 months
   • At initial visit the PCP reviews MWMP Agreement and patient signs the agreement. Baseline weight and BMI is obtained. Goal for weight loss and exercise program are discussed and agreed upon. It is recommended to utilize motivational interviewing (see page 10 of care guide) to support behavior change.
   • Monthly follow-up visits with care team member for monitoring of weight loss attempts and adherence to other requirements. It is recommended to utilize motivational interviewing (see page 10 of care guide) to support behavior change.
   • In order to be referred it is required that the patient has been adherent with all aspects of the MWMP, including losing at least 10% of his or her baseline weight, as he or she must demonstrate the ability to cooperate lifelong with significant and permanent changes in their diet and exercise patterns, and/or required supplement use and all medical follow-ups.
REFERRAL FOR CONSIDERATION FOR BARIATRIC SURGERY

Step 4: Medical Evaluation within 30 days after successful completion of MWMP
- PCP again confirms patient has no medical contraindications for bariatric surgery.
- PCP gives the patient Attachment 2 (Patient Information Packet) and reviews it with the patient. Ensure patient understands the very strict pre-op and post-op diet changes that will be required and that he or she still desires to proceed with Bariatric Surgery.
- PCP completes medical history and identifies any serious or poorly controlled medical conditions.
- PCP completes history of medical therapy for obesity, including laboratory monitoring.

Step 5: Mental Health Evaluation within 30 days after successful completion of MWMP
- For patients **NOT enrolled in Mental Health Services Delivery System** (MHSDS):
  - Screening for depression symptoms will be performed by Medical or Nursing Staff.
  - Screening may be accomplished through interview and screening questionnaire.
  - A response of “yes” to **either question below requires a referral to Mental Health**.
    - Patient Health Questionnaire:
      1. During the last month, have you often been bothered by feeling down, depressed, or hopeless?
      2. During the last month, have you often been bothered by having little interest or pleasure in doing things?
    - If no suggestive or confirmed depressive illness is found, then no referral to Mental Health is required.
    - Patients referred to Mental Health will be evaluated for depression and possible enrollment in the MHSDS and will receive comprehensive mental health evaluations, per the Mental Health Services Delivery System Program Guide, Chapter 1, Section C - Referrals to Mental Health.
- For patients **enrolled in the MHSDS**:
  - A summary of mental health symptoms will be authored by a Mental Health Clinician from the patient’s institution. This document will be available to review in the electronic health record system (EHRS).
  - Contents of the summary of mental health symptoms may include:
    - A brief psychiatric history
    - Results and interpretation of clinical questionnaires, structured surveys, or structured screening interviews (such as the Hamilton Depression Rating Scale for Depression)
    - Summary of symptom descriptions contained within or taken from mental health notations during the previous year (i.e., psychiatry notes, psychology notes, and social work notes), with special attention to recent active symptoms (i.e., ongoing psychotic symptoms or ongoing depressed mood or mood lability)
    - Number of Mental Health Crisis Bed hospitalizations, Department of State Hospitals hospitalizations, or psychiatric inpatient program hospitalizations (especially those within the previous year)
    - Summary of Suicide Risk Evaluations or Suicide Risk and Self-Harm Assessments
    - Details of previous suicide attempts or self-injurious behaviors (especially those within the previous year)
    - Other details that may suggest either mental stability or instability during the past year
    - If significant symptom history exists (e.g. evidence of psychiatric symptoms in the recent medical record notations), local Mental Health clinician(s) will be asked to present the clinical history during SMART.
REFERRAL FOR CONSIDERATION FOR BARIATRIC SURGERY

Step 6: PCP submits electronic Request for Services (eRFS)

- If patient has no medical or mental health contraindications for bariatric surgery the PCP will submit request for consideration for bariatric surgery as treatment for obesity to SMART using an eRFS. The eRFS should state that the patient is requesting “evaluation for bariatric surgery” and has completed the required 12 months of MWMP.
- The Chief Medical Executive (CME) and/or Chief Physician and Surgeon (CP&S) shall neither recommend approval or denial of the request for bariatric surgery.

Step 7: Gather all Case Materials to submit as a package to SMART:

- Complete medical history and identification of serious or poorly controlled medical conditions.
- Complete history of medical therapy for obesity, including laboratory monitoring.
- One year timeline with trend of BMI measurements.
- Complete Mental Health evaluation as outlined in step 5.
- The CME or CP&S is responsible for reviewing and providing to SMART all necessary information, including the requested medical and mental health reports as outlined above within 14 days of the referral.

Step 8: SMART Review:

- The eRFS referral and case materials will be reviewed and considered by the headquarters SMART generally within 30 days of receipt of a complete package.
- Headquarters’ Mental Health staff will assist during the SMART meeting in the review and interpretation of summary documents, EHRS documents, and the details provided by local mental health clinicians.
- The SMART will communicate their decision by emailing a signed memo to the CME and cc the Regional Deputy Medical Executive, Chief Physician and Surgeon, and Utilization Management Nurse.
- If the patient is approved an appointment will be arranged by the institution specialty nurses with an approved bariatric surgeon.
PATIENT INFORMATION PACKET

What is Bariatric Surgery?

- Bariatric Surgery (sometimes called “Gastric Bypass”) includes different kinds of surgery on the stomach and/or intestines to help a person lose weight.
- It is not the cure to obesity. Having weight loss surgery does not guarantee easy and steady weight loss.
- The surgery will fail if the required lifelong changes, including proper diet and exercise, are not followed

Who is eligible for Bariatric Surgery?

- Patients with a BMI over 40 (also called Class 3 Obesity)
- Patients with a BMI of between 35 and 39.9 (Class 2 Obesity) who also have a serious medical problem related to their obesity.

Patients must also:
- Have at least 2 years remaining before their parole or release date.
- Be able to make their own medical decisions and agree to treatment.
- Be able to understand that some surgeries cannot be reversed and that bad side effects of the surgery (if they happen) will be permanent.
- Spend 12 months changing their diet and exercise habits to get ready for possible surgery and show the healthcare team that they can follow directions and make the lifelong changes that must be made by patients having the surgery. This 12 months is called the Medical Weight Monitoring Program (MWMP) and is done with the primary care team.
- Have lost at least 10% of their baseline weight. The baseline weight is the weight of the patient at the start of the MWMP.
- Have mental health/psychological exam to be sure that the patient can make it through the difficult surgery process and stick to his/her new diet and lifestyle after surgery.
- Have a medical history/check-up and lab tests to be sure there are no other causes for being overweight and to try to be sure that the patient is physically strong enough for surgery.

Who cannot have Bariatric Surgery?

In general bariatric surgery is **not recommended** for patients:

- Who have serious depression or other mental health conditions not under control
- Eating disorders (e.g., bulimia) that are not under control
- History of foreign body ingestion or insertion
- Current smoking, drug and/or alcohol abuse
- Serious heart or lung trouble that might make surgery too risky
- Serious liver damage or history of trouble with blood clotting
- Pregnant, lactating, or plan for pregnancy within 2 years of potential surgical treatment
- A history of not following lifestyle, medical, or mental health interventions
- Who cannot follow lifelong instructions to take vitamins/minerals needed after some surgeries
- Bariatric surgery in advanced age (above 65 years) or very young age (under 18 years) is controversial, but is considered when comorbidity is severe²
What are the Different Types of Bariatric Surgery?

The type of surgery a patient receives is decided based on the surgeon and the hospital’s choice of what is best for that particular patient. There are two main kinds of bariatric surgeries.

1. **Restrictive**: Surgery is used to limit the amount of food the stomach can hold. This makes patients feel full much sooner after eating than they did before surgery. These surgeries include:
   - Sleeve Gastrectomy aka Gastric Sleeve:
   - Roux-en-Y (pronounced roo-en-why) Gastric Bypass

2. **Malabsorptive**: Surgery that rearranges and/or removes part of a patient’s digestive system, which then limits the amount of calories, minerals, and/or fat soluble vitamins that their body can absorb. These surgeries include:
   - Duodenal Switch
   - Roux-en-Y Gastric Bypass
   - Mini Gastric Bypass
What You Can Expect if you have Bariatric Surgery?

- Weight loss surgery is done in the hospital.
- General anesthesia is used, this means patients are asleep during the procedure.
- Most types of bariatric surgery are performed using a small tube with a camera attached (called a laparoscope).
  - The laparoscope (tube) is inserted through small cuts in the stomach.
  - The tiny camera on the tip of the laparoscope allows the surgeon to see and operate inside a patient’s stomach.
- Surgery usually takes several hours and medical staff monitors for any complications.
- Hospital stays may last from 1-3 days.

What are the Risks and Side Effects of Bariatric Surgery?

All surgeries carry risks. The surgeon will explain all potential risks and/or side effects, and answer any questions patients might have. Some possible risks and side effects are listed below.

<table>
<thead>
<tr>
<th>Common Side Effects:</th>
<th>Long-Term Side Effects:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia-related risks: heart attack, stroke, blindness or death</td>
<td>Low blood sugar</td>
</tr>
<tr>
<td>Chronic nausea, vomiting, and/or heartburn</td>
<td>Low blood pressure</td>
</tr>
<tr>
<td>Constipation</td>
<td>Chronic nausea, vomiting, and/or heartburn</td>
</tr>
<tr>
<td>Bleeding</td>
<td>Malnutrition</td>
</tr>
<tr>
<td>Inability to eat certain foods without discomfort or getting sick</td>
<td>Ulcers</td>
</tr>
<tr>
<td>Infection</td>
<td>Blockage or leaks in bowels</td>
</tr>
<tr>
<td>Obstruction of stomach</td>
<td>Need for further surgery</td>
</tr>
<tr>
<td>Weight gain or failure to lose weight</td>
<td>Hernias</td>
</tr>
<tr>
<td>Choking</td>
<td>Anemia</td>
</tr>
<tr>
<td>Skin irritation</td>
<td>Scarring/Hair loss/Loose skin</td>
</tr>
</tbody>
</table>

How Can You Lower Some Possible Side Effects?

- Losing weight
- Increasing your amount of exercise
- Stopping smoking

Following all pre-surgery and post-surgery diet requirements
SPECIAL BARIATRIC SURGERY DIET:

Your health care team will explain the details of the pre-surgery and post-surgery diets. Surgery may not be successful if the pre-surgery and post-surgery diet is not followed. See below for diet details.

2 Weeks Before Surgery

To prepare for weight loss surgery, the items listed below are an example of allowed food/drink for patients 2 weeks before surgery.

- Protein shakes
- Calorie free drinks (no caffeine or soda)
- Chicken, turkey, and/or fish
- Cottage cheese
- Vegetables
- Berries
- Greek yogurt

After Bariatric Surgery

<table>
<thead>
<tr>
<th>Day 1-7 Clear Liquids</th>
<th>Day 8-14 Pureed Foods</th>
<th>Day 15-30 Soft Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>Greek Yogurt</td>
<td>Greek Yogurt</td>
</tr>
<tr>
<td>Broth</td>
<td>Eggs</td>
<td>Eggs</td>
</tr>
<tr>
<td>Decaf Tea</td>
<td>Cottage Cheese</td>
<td>Cottage Cheese</td>
</tr>
<tr>
<td>Sugar Free Popsicles</td>
<td>Protein Shake</td>
<td>Protein Shake</td>
</tr>
<tr>
<td>Vitamin Water Zero</td>
<td>Canned Fruit</td>
<td>Ground Turkey</td>
</tr>
<tr>
<td>JELL-O</td>
<td>Applesauce</td>
<td>Green Beans</td>
</tr>
<tr>
<td>Ice Chips</td>
<td>Soup</td>
<td>Soup</td>
</tr>
</tbody>
</table>

Lifelong Diet Guidelines

- Eat three small meals every day
- Eat protein foods first, followed by soft vegetables and fruits and then starchy foods last
- Chew food well before swallowing
- Stop eating or drinking when you start feeling full
- Stop drinking fluids 30 minutes before each meal
- Wait at least 30 minutes after a meal to drink
- Drink water throughout the day
- Avoid sugar and sweets
- Avoid snacking unless ordered by primary care provider or dietitian
- Take recommended daily vitamins
- Avoid sodas and carbonated beverages
- Avoid alcoholic beverages
¿Qué es la cirugía bariátrica?

- La cirugía bariátrica (en ocasiones llamada “bypass gástrico”) incluye distintos tipos de cirugía en el estómago o los intestinos para ayudar a que una persona pierda peso.
- No es la cura para la obesidad. Realizarse una cirugía para perder peso no garantiza una pérdida de peso fácil y constante.
- La cirugía fallará si los cambios permanentes requeridos, como una dieta apropiada y ejercicio, no se siguen.

¿Quién es elegible para la cirugía bariátrica?

- Los pacientes con un IMC mayor a 40 (también llamado obesidad grado 3)
- Los pacientes con un IMC de 35 a 39.9 (obesidad grado 2) que también tengan un problema médico grave relacionado con su obesidad.

Los pacientes también deben:

- Tener al menos 2 años restantes antes de su fecha de libertad condicional o de liberación;
- Poder tomar sus propias decisiones médicas y estar de acuerdo con el tratamiento;
- Poder entender que algunas cirugías no se pueden revertir y que los efectos secundarios negativos (si los hay) serán permanentes;
- Pasar 12 meses cambiando sus hábitos alimentarios y de ejercicio para prepararse para una posible cirugía y demostrarle al equipo de atención médica que pueden seguir las instrucciones y llevar a cabo los cambios permanentes que los pacientes que se sometan a la cirugía deben hacer. Estos 12 meses se llaman Programa Médico de Control de Peso (Medical Weight Monitoring Program, MWMP) y se lleva a cabo con el equipo de atención primaria;
- Realizarse un examen de salud mental/psicológico para asegurarse de que el paciente pueda superar el difícil proceso de la cirugía, y atenerse a su nueva dieta y estilo de vida después de la cirugía.
- Tener antecedentes médicos/revisiones, y realizarse pruebas de laboratorio para asegurarse de que su sobrepeso no se debe a otras causas y para tratar de asegurarse de que el paciente tenga la fuerza suficiente para la cirugía.

¿Quién no es candidato para la cirugía bariátrica?

En general, **no se recomienda** la cirugía bariátrica para pacientes que:

- Tengan depresión grave u otras afecciones de salud mental que no estén bajo control.
- Tengan trastornos alimenticios (como bulimia) que no estén bajo control.
- Tengan antecedentes de ingesta o inserción de cuerpos extraños.
- Actualmente fumen o consuman drogas o alcohol.
- Tengan un problema cardíaco o pulmonar grave que pueda hacer que la cirugía sea muy riesgosa.
PAQUETE DE INFORMACIÓN DEL PACIENTE

- Tengan daño hepático grave o antecedentes de problemas con la coagulación de la sangre.
- Estén embarazadas, amamantando o que planeen embarazarse en los dos años posteriores al posible tratamiento quirúrgico.
- Que tengan un historial de no seguir las intervenciones de estilo de vida, médicas o de salud mental.
- No puedan seguir las instrucciones permanentes de tomar las vitaminas o minerales necesarios después de algunas cirugías.
- La cirugía bariátrica en edad avanzada (mayores de 65 años) o en muy temprana edad (menores de 18 años) es controversial, pero se considera cuando la comorbilidad es severa.\(^2\)

¿Cuáles son los distintos tipos de cirugía bariátrica?

El tipo de cirugía que se le hace a un paciente se decide con base en la elección del cirujano y del hospital sobre qué es mejor para ese paciente en particular. Hay dos tipos principales de cirugías bariátricas.

1. **Restrictiva**: La cirugía se utiliza para limitar la cantidad de comida que el estómago puede retener. Esto hace que los pacientes se sientan satisfechos más rápido al terminar de comer, que antes de la cirugía. Estas cirugías incluyen:
   - gastrectomía en manga, es decir, manga gástrica
   - bypass gástrico en Y de Roux

![Gastrectomía en manga (manga gástrica)](image1)

![Y de Roux](image2)

- **Gastrectomía en manga (manga gástrica)**: Se remueve del 60% al 80% del estómago restante después de la cirugía.
- **Y de Roux**: Parte del estómago con bypass.
2. **Malabsortiva:** Esta cirugía reorganiza o quita una parte del sistema digestivo del paciente, lo que limita la cantidad de calorías, minerales o vitaminas solubles en grasa que su cuerpo puede absorber. Estas cirugías incluyen:

- Cruce duodenal
- Bypass gástrico en Y de Roux
- Mini bypass gástrico
¿Qué puede esperar si se hace la cirugía bariátrica?

- La cirugía para perder peso se realiza en el hospital.
- Se utiliza anestesia general, esto quiere decir que los pacientes están dormidos durante el procedimiento.
- La mayoría de los tipos de cirugía bariátrica se llevan a cabo utilizando un pequeño tubo con una cámara adjunta (llamado laparoscopio).
  - El laparoscopio (tubo) se inserta a través de pequeños cortes en el estómago.
  - La pequeña cámara en la punta del laparoscopio le permite al cirujano ver y operar dentro del estómago del paciente.
- Normalmente, la cirugía tarda varias horas y el personal médico supervisa para evitar cualquier complicación.
- La estancia en el hospital puede durar de 1 a 3 días.

¿Cuáles son los riesgos y los efectos secundarios de la cirugía bariátrica?

Todas las cirugías presentan riesgos. El cirujano explicará todos los posibles riesgos o efectos secundarios, y responderá cualquier pregunta que los pacientes puedan tener. A continuación se mencionan algunos de los posibles riesgos o efectos secundarios.

<table>
<thead>
<tr>
<th>Efectos secundarios comunes:</th>
<th>Efectos secundarios a largo plazo:</th>
</tr>
</thead>
<tbody>
<tr>
<td>riesgos relacionados con la anestesia:</td>
<td>bajo nivel de azúcar en la sangre</td>
</tr>
<tr>
<td>ataque al corazón, derrame cerebral, ceguera o muerte</td>
<td>presión arterial baja</td>
</tr>
<tr>
<td>náusea crónica, vómito o acidez estomacal</td>
<td>náusea crónica, vómito o acidez estomacal</td>
</tr>
<tr>
<td>estreñimiento</td>
<td>desnutrición</td>
</tr>
<tr>
<td>sangrado</td>
<td>úlceras</td>
</tr>
<tr>
<td>incapacidad para comer ciertos alimentos sin incomodidad o sin</td>
<td>bloqueo o fugas en los intestinos</td>
</tr>
<tr>
<td>enfermarse</td>
<td>necesidad de cirugía adicional</td>
</tr>
<tr>
<td>infección</td>
<td>hernias</td>
</tr>
<tr>
<td>obstrucción estomacal</td>
<td>anemia</td>
</tr>
<tr>
<td>aumento de peso o incapacidad para perder peso</td>
<td>cicatrización/pérdida de cabello/piel suelta</td>
</tr>
</tbody>
</table>
PAQUETE DE INFORMACIÓN DEL PACIENTE

¿Cómo se pueden reducir algunos posibles efectos secundarios?

• Perdiendo peso
• Aumentando la cantidad de ejercicio
• Dejando de fumar

Siguiendo todos los requisitos previos y posteriores a la cirugía.

DIETA ESPECIAL PARA LA CIRUGÍA BARIÁTRICA:

Su equipo de atención médica le explicará los detalles de la dieta previa y posterior a la cirugía. Es posible que la cirugía no sea exitosa si no se sigue la dieta previa y posterior a la cirugía. Consulte lo siguiente para obtener los detalles de la dieta.

Dos semanas antes de la cirugía

Los artículos que se mencionan a continuación son un ejemplo de las comidas o bebidas permitidas para los pacientes 2 semanas antes de la cirugía, para prepararse para la cirugía de pérdida de peso.

• malteadas de proteínas
• bebidas sin calorías (sin cafeína o soda)
• pollo, pavo o pescado
• requeson
• verduras
• bayas
• yogur griego
PAQUETE DE INFORMACIÓN DEL PACIENTE

**Después de la cirugía bariátrica**

<table>
<thead>
<tr>
<th>Del día 1 al 7 Líquidos claros</th>
<th>Del día 8 al 14 Alimentos hechos puré</th>
<th>Del día 15 al 30 Alimentos blandos</th>
</tr>
</thead>
<tbody>
<tr>
<td>agua</td>
<td>yogur griego</td>
<td>yogur griego</td>
</tr>
<tr>
<td>caldo</td>
<td>huevos</td>
<td>huevos</td>
</tr>
<tr>
<td>té descafeinado</td>
<td>requesón</td>
<td>requesón</td>
</tr>
<tr>
<td>paletas sin azúcar</td>
<td>malteadas de proteínas</td>
<td>malteadas de proteínas</td>
</tr>
<tr>
<td>Vitamin Water Zero</td>
<td>fruta enlatada</td>
<td>pavo molido</td>
</tr>
<tr>
<td>JELL-O</td>
<td>puré de manzana</td>
<td>ejotes</td>
</tr>
<tr>
<td>trozos de hielo</td>
<td>sopa</td>
<td>sopa</td>
</tr>
</tbody>
</table>

**Pautas para la dieta permanente**

- Consuma tres comidas pequeñas todos los días.
- Primero, coma los alimentos con proteínas, después las verduras y frutas suaves, y a lo último, los alimentos con almidón.
- Mastique la comida antes de tragarla.
- Deje de comer o beber cuando se sienta satisfecho.
- No beba líquidos 30 minutos antes de cada comida.
- Espere al menos 30 minutos después de una comida antes de beber.
- Tome agua durante el día.
- Evite el azúcar y los dulces.
- Evite los refrigerios, a menos que lo ordene su proveedor de atención primaria o su dietista.
- Tome las vitaminas diarias recomendadas.
- Evite los refrescos y las bebidas carbonatadas.
- Evite las bebidas alcohólicas.
CCHCS Care Guide: Weight Management
ATTACHMENT 3

MEDICAL WEIGHT MONITORING PROGRAM (MWMP) PATIENT AGREEMENT

I understand that in order to be considered for bariatric surgery (sometimes called “Gastric Bypass”) I must work on my diet and exercise over the next **12 months** and be monitored by my medical team.

I understand that to be considered for bariatric surgery, I have to lose at least 10% of my baseline weight in the next twelve months. The baseline weight is the weight at the start of the MWMP.

I must follow the directions of my healthcare team including going to all the scheduled healthcare visits and doing all blood tests and other tests needed to see if I can be considered for bariatric surgery.

I must show that I can change my diet and continue those big changes. This is because it is important to show that I can follow the diet changes needed in the weeks before surgery and that I can follow the LIFELONG diet changes needed after surgery. (Like NEVER being able to drink with meals or within 30 minutes of eating)

I must show I can increase my physical activity/exercise because this will be required for me to be successful in keeping the weight off.

I understand that I must participate in any education or support groups that are recommended by my care team.

I understand that not cooperating with any part of my clinical (medical, mental health, dental, nursing) care, even if it is not directly concerning bariatric surgery, may cause my provider to deny my referral for consideration for bariatric surgery because he/she will think that I will NOT be able to follow the instructions needed to have a successful surgery.

I understand the following information for patients considering bariatric surgery:
- Anesthesia risks include potential heart attack, lung problems, stroke, blindness, and death. If you are approved for surgery the surgeon will provide more information to you about the specific surgery planned and the possible risks of that surgery for you.
- Surgical risks include bleeding, infection, blood clot in lungs, ulcers, reflux, hernia, breakdown of the surgery or accidental injury to other parts of your body during the surgery.
- Many bariatric surgeries cannot be reversed and strict diet changes will be needed LIFELONG after surgery.
- Bariatric surgery does not guarantee easy and consistent weight loss. Without consistent diet and exercise effort by the patient, a return to his/her **pre-surgical** weight is possible.
- Individuals with obesity can be successfully treated without undergoing bariatric surgery.

I agree to random drug testing at any time during the 12 months in the MWMP, I understand that a drug test that shows alcohol, nicotine, or drugs in my system (not prescribed by a CDCR provider) will cause my provider to deny my referral for consideration for bariatric surgery because he/she will think that I will NOT be able to follow the instructions needed to have a successful surgery. Drug testing may continue after surgery as well.

If my health or mental status changes, my eligibility may be withdrawn at any time.

I understand that if I break this agreement in any way, my provider may remove me from the MWMP. If this happens I will be allowed to start again after six months.

My questions have been answered. I understand and agree to the above information and I would like to proceed.

Patient Name: ______________________________

Patient Signature: ____________________________

Date: ____________

Provider Name: ______________________________

Provider Signature: ____________________________

Date: ____________

CDCR# ____________________________

Last Name: ______________________________

First Name: ______________________________

DOB: ______________________________

MI: ______________________________

☐ TABE score < 4.0

☐ Additional time

☐ Patient asked questions

☐ DPH CIDPV LD

☐ Equipment

☐ SLI

☐ Patient summoned information

☐ DPS DDNH

☐ Louder

☐ Slower

Please check one:

☐ DDP

☐ Basic

☐ Transcribe

☐ Not reached*

☐ Reached

☐ Not Applicable

☐ Other*

☐ Transcribe

*See Chrono/notes

4. Comments: _____________________________________________________________

_______________________________________________________________
ACUERDO DEL PACIENTE DEL PROGRAMA MÉDICO DE CONTROL DE PESO (MWMP)

Entiendo que para que me consideren para una cirugía bariátrica (en ocasiones llamada “bypass gástrico”) debo trabajar en mi dieta y hacer ejercicio durante los siguientes 12 meses y mi equipo médico debe supervisarme.

Debo seguir las instrucciones de mi equipo de atención médica que incluyen ir a todas las consultas de atención médica programadas y realizarme todos los análisis de sangre y otros análisis necesarios para ver si me pueden considerar para una cirugía bariátrica.

Debo demostrar que puedo cambiar mi dieta y continuar esos grandes cambios. Esto se debe a que es importante demostrar que puedo seguir los cambios a mi dieta necesarios en las semanas previas a la cirugía y que puedo seguir los cambios PERMANENTES a mi dieta necesarios después de la cirugía. (Como NUNCA poder beber con la comida ni 30 minutos después de comer)

Debo demostrar que puedo aumentar mi actividad física/ejercicio porque esto será necesario para lograr mantener mi peso.

Entiendo que debo participar en cualquier grupo educativo o de apoyo que mi equipo de atención me recomiende.

Entiendo que si no coopero con alguna parte de mi atención médica, incluso si no se relaciona directamente con la cirugía bariátrica, puedo ocasionar que mi proveedor rechace mi referencia para la consideración para la cirugía bariátrica porque pensará que NO podré seguir las instrucciones necesarias para una cirugía exitosa.

Entiendo la siguiente información para pacientes que consideran la cirugía bariátrica:
- Los riesgos de la anestesia incluyen la posibilidad de un ataque al corazón, problemas pulmonares, derrame cerebral, ceguera y la muerte. Si lo aprueban para la cirugía, el cirujano le proporcionará más información sobre la cirugía específica planeada y los posibles riesgos que dicha cirugía puede representar para usted.
- Los riesgos quirúrgicos incluyen sangrado, infección, coágulos de sangre en los pulmones, úlceras, refluo, hernia, fallo de la cirugía o la lesión accidental a otras partes del cuerpo durante la cirugía.
- Muchas cirugías bariátricas no se pueden revertir y se necesitarán cambios estrictos PERMANENTES en la dieta después de la cirugía.
- La cirugía bariátrica no garantiza una pérdida de peso sencilla y constante. Sin una dieta y un esfuerzo constantes por parte del paciente, es posible que regrese a su peso previo a la cirugía.
- Se puede tratar a las personas con obesidad de manera exitosa sin someterse a la cirugía bariátrica.

Estoy de acuerdo con las pruebas de drogas al azar durante los 12 meses del Programa Médico de Control de Peso (MWMP), entiendo que si varias pruebas de drogas muestran alcohol o drogas en mi sistema (que un proveedor del Departamento Correccional y de Rehabilitación [CDCR] no me haya recetado) ocasionará que mi proveedor rechace mi referencia para la consideración para la cirugía bariátrica porque pensará que NO podré seguir las instrucciones necesarias para una cirugía exitosa. Las pruebas de drogas también pueden continuar después de la cirugía.

Si mi estado de salud o mental cambia, mi elegibilidad puede negarse en cualquier momento.

Entiendo que si no cumplo este acuerdo de alguna manera, mi proveedor puede retirarme del MWMP. Si esto sucede, se me permitirá volver a comenzar después de seis meses.

Respondieron mis preguntas. Entiendo y estoy de acuerdo con la información anterior y me gustaría proceder.

Nombre del paciente:__________________________
Firma del paciente:__________________________ Fecha:__________________________

Provider
Name:___________________________________________
Signature:__________________________ Date:__________________________

CDCR#____________________________________ Last Name:__________________________
First Name:__________________________ MI:__________________________
DOB:__________________________

1. Disability Code: ☐ Disability Code: ☐ Accommodation: ☐ Effective Communication
☐ TABE score < 4.0 ☐ Additional time ☐ Patient asked questions
☐ DPH ☐ DPV ☐ LD ☐ Equipment ☐ SLI ☐ Patient summoned information
☐ DPS ☐ DNIH ☐ Louder ☐ Slower Please check one:
☐ DDP ☐ Basic ☐ Transcribe ☐ Not reached* ☐ Reached
☐ Not Applicable ☐ Other* ☐ *See Chrono/notes
4. Comments:___________________________________________

*See Chrono/notes
BARIATRIC SURGERY – PREOPERATIVE AND POSTOPERATIVE DIET

The CCHCS Registered Dietitian (RD) is an integral part of the interdisciplinary treatment team caring for the bariatric surgery patient. The dietitian should complete a nutritional assessment on all bariatric patients before surgery and continue to follow the patient post-surgery until they are back to consuming the CDCR Heart Healthy diet with no issues. Developing individualized patient meal plans will be part of the assessment and monitoring process. Preoperative and postoperative dietary regimens are outlined below.

- Preoperative and Postoperative Diet Orders and Instruction to patient
- Nutritional Modification using the CDCR Heart Healthy Menu
- Supplemental Feeding
- Nutrition Supplementation
- Nutritional Assessment and Monitoring

Preoperative Diet 2 Weeks Prior To Surgery

A preoperative diet is necessary to decrease the size of the patient's intra-abdominal fat and liver. This makes surgery safer and prepares the patient for the diet they will need to follow the first few weeks after surgery.

The CCHCS RD will discuss the diet plan recommended by the surgeon with the patient. A typical 1-2 week preoperative diet is listed below. Diets may vary slightly depending on the type of bariatric surgery.

It is extremely important for the patient to follow the diet plan provided. All food and beverages will be prepared in a licensed therapeutic diet kitchen until the patient is ready to return to the CDCR Heart Healthy Menu. Instruct patients to not eat or drink anything other than what is provided to them.

The PCP will order “Diet Inpatient/Outpatient Bariatric” in EHRS. In the order screen, choose “Preoperative.” Indicate the duration of the diet (start and end date) as well as any special instructions.

The preoperative diet will include the following elements:
- Protein shakes or meal replacement shakes will be the diet's primary component
- Only sugar-free beverages are allowed (sugar substitutes are okay)
- No caffeinated or carbonated beverages are permitted
- Soup broth
- V8 and vegetable juice
- One or two daily servings of lean meat and/or vegetables might be okay, but only if they are approved by the surgeon or RD

Patients should be instructed to sip all beverages and liquids very slowly. Beverages should not be consumed with meals, and patients should wait at least 30 minutes after a meal before consuming any type of liquid. (Separating liquids and solids applies postoperatively, but it’s a good habit to get the patient to start preoperatively.)

Most surgeons will recommend a strict clear liquid diet starting two days prior to surgery.
Clear liquids will include:
- Broth,
- Sugar free Jell-O,
- Sugar free popsicles, and
- Water
Postoperative Diet
Diet after bariatric surgery is typically broken up into four stages:

- **Stage One—Bariatric Clear Liquid**
  - Estimated duration 1 day to 1 week after surgery

- **Stage Two—Bariatric Full Liquid Pureed**
  - Estimated duration 1 week to 4 weeks

- **Stage Three—Bariatric Soft**
  - Estimated duration 2 weeks to 6 weeks

- **Stage Four—Regular Heart Healthy Diet**
  - Estimated duration begins at 4 to 8 weeks with a lifelong commitment

Stage durations are approximate and will vary based on the type of bariatric surgery performed, the surgeon’s recommendations, and the patient. The CCHCS RD will work with the surgeon, the PCP, and the patient to individualize the diet and duration of each stage based on patient’s acceptance and tolerance.

**Postoperative Diet Stage One**
The PCP will order “Diet Inpatient/Outpatient Bariatric” in EHRS. In the order screen, choose “Postoperative.” In the drop-down menu, choose “Stage One – Clear Liquids.” Indicate the duration of the diet (start and end date) as well as any special instructions.

In Stage One, the diet is limited to clear liquids only. Patients should be encouraged to drink at least 48 ounces of fluids per day.

All items listed below are **sugar free**:
- Water
- Broth
- Jell-O
- Decaf tea
- Decaf coffee
- Sugar free popsicles
- Sugar free drinks that are not carbonated

The following foods should be **avoided**:
- Carbonated beverages
- Very sweet beverages
- Sugar
- Caffeine
- Very thin creamed soups
- Sugar free sorbet
- Very watery hot oatmeal
- Diluted no-sugar added juice
- Thinned sugar free applesauce

**Postoperative Diet Stage Two**
The PCP will order “Diet Inpatient/Outpatient Bariatric” in EHRS. In the order screen, choose “Postoperative.” In the drop-down menu, choose “Stage Two – Full Liquid Pureed.” Indicate the duration of the diet (start and end date) as well as any special instructions.

Patients should be encouraged to drink at least 48-64 ounces of fluids per day.

Stage Two includes all items in Stage One plus:
- Protein powder mixed with a sugar free non-carbonated clear liquid
- Sugar free pudding
- Soup with soft noodles, all pureed
- Nonfat yogurt
- Sugar free Carnation instant breakfast
- Very thin creamed soups
- Sugar free sorbet
- Very watery hot oatmeal
- Diluted no-sugar added juice
- Thinned sugar free applesauce
BARIATRIC SURGERY – PREOPERATIVE AND POSTOPERATIVE DIET

Postoperative Diet Stage Three

The PCP will order “Diet Inpatient/Outpatient Bariatric” in EHRS. In the order screen, choose “Postoperative.” In the drop-down menu, choose “Stage Three – Soft.” Indicate the duration of the diet (start and end date) as well as any special instructions.

The goals for Stage Three include:
- 60 -80 grams of protein per day
- 1 to 2 ounces protein at each meal
- 3 to 6 small meals
- Encourage the patient to eat slowly
- Introduce new foods one by one

Foods may taste differently and will be tolerated differently than before surgery. It is recommended that the patient add new foods slowly.

If a food can be easily mashed with a fork, knife, or a spoon, then it is a candidate for Stage Three of the diet.

The foods listed below are typically acceptable for Stage Three:

- 1 protein shake per day
- Almond milk or coconut milk makes a great protein shake
- Hummus
- Cottage cheese (low fat)
- Soft cereals – Let cereal sit in the non-fat milk until it’s soft
- Soft vegetables – Steamed or boiled
- Soft cheeses
- Ground chicken, turkey or beef. Add some beef or chicken stock to keep the meat soft
- Soups
- Scrambled eggs – these are a great source of protein
- Soft (steamed) fish
- Canned tuna and salmon (can be mixed with low fat mayo)
- Mashed bananas, avocados, and canned fruit packed in water

The following foods should be AVOIDED:
- Sugar
- Starchy foods like pasta, rice, and bread
- Fibrous vegetables like celery, broccoli, asparagus, and raw leafy greens

Postoperative Diet Stage Four

The PCP will order “Diet Regular Heart Healthy” in EHRS.

In Stage Four, the patient is ready to self-select what to eat off the CDCR Menu and can return to general population feeding.

The patient should be encouraged to:

- Eat three small meals every day
- Eat protein foods first, followed by soft vegetables and fruits and then starchy foods last
- Thoroughly chew food before swallowing
- Stop eating or drinking when full
- Stop drinking fluids 30 minutes before each meal
- Wait at least 30 minutes after a meal to drink
- Hydrate throughout the day
- Avoid sugar and sweets
- Avoid snacking unless ordered by PCP or RD
- Take recommended daily vitamins
- 60-80 grams of protein per day
- Incorporate exercise into daily routine
- Avoid sodas and carbonated beverages
- Avoid alcoholic beverages
BARIATRIC SURGERY – PREOPERATIVE AND POSTOPERATIVE DIET

Supplemental Feeding
Because smaller portions will be consumed during the three main meals, a patient may need a supplemental feeding or snack two or three times per day.

The RD will evaluate the patient’s intake of protein and fluids and make a recommendation if a supplement feeding or snack is needed.

If a supplemental feeding is determined necessary by the RD, the PCP will order “Snack” in EHRS. In the drop-down menu, choose “Bariatric Snack” and indicate how many times a day.

The snack will consist of:
- 1 Tbsp. peanut butter with 6 saltine crackers or 1 slice whole wheat bread
- 1 oz. slice cheese with 6 saltine crackers or 1 slice whole wheat bread

Nutrition Supplement
Postoperative bariatric patients are required to take certain vitamin and mineral supplements for the remainder of their lives.

Consult CCHCS Formulary for specific formulations:
http://lifeline/HealthCareOperations/MedicalServices/Pharmacy/CCHCS%20Formulary/CCHCS-CDCR-Formulary.pdf

These include:
- Multivitamin and mineral supplement: 2 tablets per day*
- Calcium citrate: 1,200-1,500 mg/day*
- Vitamin D: 3,000 mg/day*
- Vitamin B12: 500 mg/day*
- Supplemental Folate or Iron may be needed, particularly for women who are still menstruating.

*Chewable or liquid forms for at least first month.

The RD will work with the PCP to determine the appropriate vitamin and mineral supplementation based on the individual patient’s needs.

Protein supplementation may be indicated if the RD has determined the patient’s needs are not being met through the CDCR diet and supplemental feedings first.