



BARIATRIC SURGERY: A PATH TO SUCCESS

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This guide can be downloaded at
<https://www.mirecc.va.gov/visn16/bariatric-surgery-a-path-to-success.asp>

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INTRODUCTION

This is a self-help guide for Veterans thinking about bariatric surgery who want to gain mental health skills and make their environments healthier. We have developed this guide with the spirit of a poem called “Don’t Quit” by Edgar Guest:

“...And you never can tell how close you are,
It may be near when it seems so far,
So stick to the fight when you’re hardest hit--
It’s when things seem worst that you must not quit”

Bariatric surgery can have a positive impact on your health and well-being. This guide is based on science and our experiences working with bariatric surgery candidates. Importantly, your behaviors and mental health directly affect outcomes of bariatric surgery so making changes to your daily life, *beginning in this moment*, will help you succeed in your recovery after surgery. With the right help, Veterans are usually able to achieve goals that are important to them.

Bariatric surgery can help people prevent or address the following conditions:^{1,2}

- High cholesterol (dyslipidemia)
- High blood pressure (hypertension)
- Type 2 diabetes mellitus
- Sleep apnea, airway obstruction, and/or asthma-related concerns
- Arthritis
- Urine accidents (urinary incontinence)
- Cancer risk

There are different types of bariatric surgery and each bariatric surgery procedure has different types of results. The types of bariatric procedures offered at VA include sleeve gastrectomy and gastric bypass. The best procedure for weight loss is still not known,¹ but there are clear benefits of undergoing bariatric surgery to help you reach your weight loss and health goals. There is no best bariatric treatment for all patients, but you should choose your bariatric surgery with your healthcare team, based on your preferences and what is important to you.

PROFESSIONAL SUPPORT

At the VA, you will have a healthcare team that will support you before and after surgery. This is your professional support team. Please see Figure 1 (top left of the next page) to understand how your professional support team may be helpful during the bariatric surgery process. The bariatric surgery team is made up of your surgeon, dietitian,

psychologist and other healthcare professionals. Follow-up visits are an important part of weight loss, and Veterans who are successful with bariatric surgery follow-up with their team on a regular basis. Establishing regular meetings with your dietitian and psychologist are important throughout the process.

You may meet with a dietitian and psychologist one-on-one or in groups. If you already receive care for a mental health condition, it is important to continue to meet regularly with your mental health team. Keeping appointments with your primary care team will also be important and you should let them know about the information you receive from the bariatric surgery team, especially if they are outside the VA.

Figure 1. Qualities of Professional Support.



WHAT IF YOU ARE UNHAPPY WITH YOUR PROFESSIONAL SUPPORT TEAM?

If you are unhappy with your professional support team, first discuss the problem with your team members to address your concerns. If that doesn't work, it is okay to ask to change teams or clinicians. *Remember that it is better to change clinicians than to stop going to appointments.*

WHAT SHOULD YOU EXPECT FROM SURGERY?

Before having a procedure, it is important to learn as much as you can about the surgery. People have different expectations about how much bariatric surgery will change their lives. Talk to your professional support team to discuss a realistic amount of weight loss for you. It will take some time to reach a healthy weight, and the pre and postsurgical lifestyle changes you make will affect your weight. There is no guarantee about how much weight you will lose and keeping up with healthy lifestyle changes will help keep you from returning to your presurgical weight. *Even if you lose a lot of weight right after surgery, there may be times in the future when you do not meet your weight loss goals or gain weight. You should contact your dietitian, a member of your professional support team, to assist with setting weight-loss goals.*

SETTING S.M.A.R.T. GOALS

Making healthy choices can help you achieve progress on weight-loss goals. We recommend setting S.M.A.R.T. (Specific, Measurable, Action-Oriented, Realistic, and Time-Based) goals. *Start with small changes in no more than 1 or 2 areas at a time so they are doable. Slowly increase or build on your successes.*

S.M.A.R.T. Goals Case Example: Alice (she/her) usually drank 8 sodas per day. She knows that it would not be realistic to stop drinking sodas all at once. Instead, she began slowly by replacing 2 sodas per day with flavored sparkling water so that she drank only 6 sodas per day for 1 week. The next week, Alice replaced 2 more sodas with flavored sparkling water so that she drank only 4 sodas per day for one week. Alice continued this pattern of decreasing sodas per day until she successfully decreased her soda drinking to 0 sodas per day. Alice also needed to make sure that her environment matched this goal by keeping water in her home, car and office. She avoided buying sodas in bulk and, although it took her 4 weeks to get to her goal, it was more realistic than stopping drinking soda all at once.

Alice's S.M.A.R.T. Goal: I will decrease my daily soda drinking from 8 to 0 sodas by replacing 2 sodas with flavored sparkling water for 4 weeks.



Please see Figure 2 below to get an idea of how Alice set up her S.M.A.R.T. goal. Please see Worksheet 1 to practice making your own S.M.A.R.T. goal!

Figure 2. Alice's S.M.A.R.T. Goals Example.



WORKSHEET 1. S.M.A.R.T. Goals Practice.

Ask yourself the questions below to create a SMART goal. Use the last row of the figure to write your complete S.M.A.R.T. Goal.

| | |
|-------------------------------------|---|
| Specific | What will you do? |
| Measurable | How will you know you are making progress? |
| Action-Oriented | What actions will you take to reach the goal? |
| Realistic | Is the goal do-able for you? |
| Time-Based | When will you start? When will you review your goal to see if it still makes sense for you? |
| What is your S.M.A.R.T Goal? | |

Beginning daily food tracking. To understand your current eating patterns and changes you may need, use a food log every day to track the food you are eating. It is important to be honest with yourself as you keep track of the food you are eating. The best way to do this is by recording the food you eat as close to the time as possible that you eat it. *Please use Worksheet 2 below to begin tracking your own eating habits.*

WORKSHEET 2. Daily Food Log [Blank].

Please keep track of the times you eat food throughout the day, including snacks. It may be helpful to use a calorie tracker to keep track of the calories of the foods you eat. If you snack, it is important to plan your snacks. If you do not plan when you will snack, you may gain weight by “grazing,” or eating small amounts of food over a long period of time without limits. For more detailed food tracking information, the MOVE! program can also provide you a food log and guidance on tracking your food intake.

| DAY | | | | |
|------------------|--|--|--|--|
| Sunday | | | | |
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| Saturday | | | | |

DIARY REFLECTION AND PLANNING

1. What patterns do you notice in your food log?

2. What do you need to focus on next?

Considering these tips for making bariatric surgery a success. You can take small actions to help make bariatric surgery successful. These actions may require you to change some of your current behaviors to improve your chances of meeting your weight-loss goals. If you drink alcohol or use tobacco regularly, you will need to stop for a while before your surgery. *Please see Handout 1 below for ideas that can make bariatric surgery successful.*³

HANDOUT 1. Things You Can Do To Make Bariatric Surgery a Success.

- Attend medical and mental health appointments regularly.
- Eat regularly.
- Eat small portions - Eating from a small salad plate or a small bowl helps with portion control.
- Exercise regularly.
- Follow a consistent daily eating routine.
- Follow the “golden rules”—specific bariatric eating techniques (e.g., eating and drinking separately). Ask your healthcare team for more information.
- Pay attention to the types of foods you are eating.
 - Plan your weekly meal menu - Remember to schedule meal preparation days.
- First eat fresh fruits, vegetables, and lean protein.
- Take multivitamin supplements regularly.
- Avoid unhealthy fast foods and snacks.

- Avoid unhealthy eating habits, such as grazing and overeating.
 - Grazing - eating small amounts of food throughout the day outside of a meal.⁴
 - Overeating- this is when you eat more food than most people would in a similar time period.
 - Binge eating - eating larger amounts of food and feeling as though you cannot stop eating or control how much you are eating.⁵ Although many people use the terms “overeating” and “binge eating” interchangeably, there are important differences. Binge eating may be a sign of Binge Eating Disorder, a serious condition requiring medical attention. The good news is that your health care team can refer you to eating disorder services that can help you develop healthy coping strategies. If you have this disorder, you will need to complete this treatment before you can be considered for bariatric surgery.
- Avoid alcohol.
- Quit smoking - You will need to quit using tobacco products 6 weeks to 6 months before your surgery and it is recommended that you remain tobacco free after surgery. Speak with your healthcare team if you need help to quit use of tobacco products.

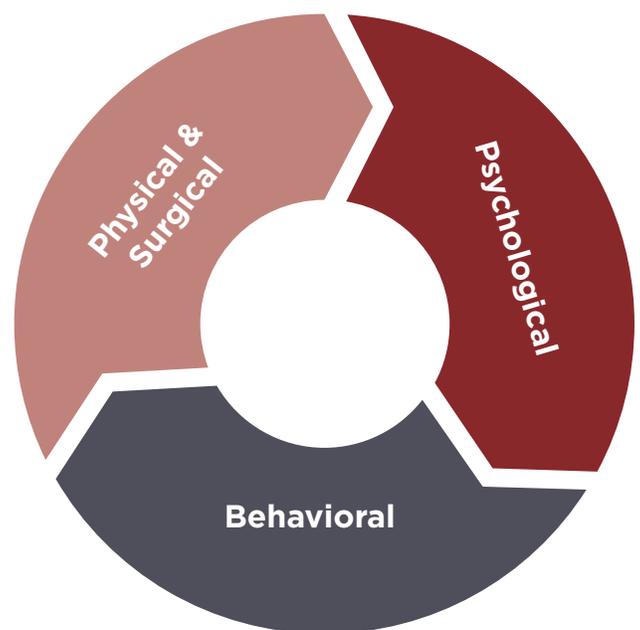
Most Veterans can expect a small increase in weight 2 to 3 years after surgery.³ This is one reason why it is very important to continue to meet with your professional support team. Keeping up healthy behaviors can prevent a small weight gain from becoming a larger weight gain. If this seems difficult, remember that you will be able to get help from your support teams.

Note: Bariatric surgery is only 1 part of the answer to weight loss; it is not the complete solution to weight loss. *Your eating and exercise habits contribute more to your success than bariatric surgery, alone.*

There are 3 areas (see Figure 4³) that may lead to you either not losing weight or regaining weight. It is usually a combination of these things that can lead to Veterans being less successful. These elements include things related to:

- Poor physical health and surgical procedure (hormone changes, surgical complications, genetics)³
- Poor psychological health (changes in mental health, life events and challenges)³
- Poor behavioral health (grazing, loss of eating control, eating unhealthy foods, limited physical activity, using alcohol/ substances)^{1,3}

Figure 4.
Factors Affecting Weight Loss³



Not losing weight or gaining weight back may make you anxious. It can also lead you to be overly self-critical. This often makes it difficult to take steps to change your behaviors. It is important to be kind to yourself so that you can do things to succeed. *Please see Handout 2 for some helpful steps you can take if you find yourself in this situation.*

HANDOUT 2. Steps To Take With Your Bariatric Surgery Team Before Surgery.

1. Let members of your professional support team (primary care team, mental health team, etc.) know about your interest in bariatric surgery; and discuss with them the pros and cons of bariatric surgery, based on your personal health needs.
2. Talk to your healthcare team about your health and how bariatric surgery can affect it, as well as what you need to know to be successful.
3. Get help from a dietitian to begin making lasting changes to nutrition and physical activity.
4. Work with your dietitian to develop an eating plan that works for you.
5. As soon as possible, begin to keep a daily log/journal to track your eating and activity patterns.
 - a. This will help you and your healthcare team understand barriers to your success with bariatric surgery.
 - b. You should begin logging your eating and activity patterns before surgery and continue logging after surgery.
6. Identify the reason(s) why you had a hard time losing weight or why you gained weight back.
7. Emotional eating is a cycle of eating that occurs when people eat to make themselves feel better.
 - a. Are you emotionally eating?
 - b. Are you binge eating or overeating?
 - c. Are you grazing?
8. Meet with a team psychologist to manage emotions and set realistic goals.
 - a. If you have mental health concerns that have not been treated by psychotherapy or behavioral approaches, meet with a team psychiatrist to discuss the need for psychotropic medications (medications that help address mental health and behavioral difficulties that may impact your functioning).
 - b. Seek help from your bariatric surgery team. Ask your healthcare team for more information about bariatric surgery so you have a better understanding of what to expect.

UNDERSTANDING THE RISKS OF BARIATRIC SURGERY

Make sure you discuss the risks of bariatric surgery with your bariatric surgery team before surgery. All major surgeries have potential complications. It is important to have a good understanding of how to reduce risks and deal with complications, if they occur.

It is important to know that the main risks from bariatric surgery include:

- Gastrointestinal issues
 - » Acid reflux
 - » Nausea or vomiting
 - » Diarrhea
 - » Constipation
- Infection
- Surgery site leakage
- Blood clots
- Muscle issues
 - » Chronic abdominal pain
 - » Hernia
 - » Swelling of the new stomach pouch
- Excess skin
- Malnutrition
- Death

CONSIDERING PRESURGICAL CONCERNS

There are a few things you should think about before bariatric surgery. Bariatric surgery is an effective treatment to help you lose weight and reduce your risk of weight related health conditions. Your behavior and mental health affect the outcomes of bariatric surgery and are important to consider before deciding to have the procedure. Most people are satisfied with the surgery, but some have regrets related to surgical complications and regaining weight.

Please, STOP here and reflect on the questions below. Answer these questions in as much detail as possible.

1. Consider the effects bariatric surgery may have on you.
 - What positive effects of bariatric surgery are most important to you?
 - » How might these positive effects impact your life?

 - What side-effects of bariatric surgery are most concerning to you?
 - » How might these side effects impact your life?

2. Consider whether this is the best time for you to have bariatric surgery.

- Are there issues in your close relationships that could get in the way of your focus on surgery?
 - » Who will support and encourage you through your preparation and recovery from bariatric surgery?

- Do you have a consistent work schedule with regular breaks?
 - » If needed, will you be able to afford not having an income while you recover from bariatric surgery, if you work and do not have sick leave?

- Will you have enough money to buy the appropriate foods and supplements to support your surgical recovery? Are there any debt-related issues that are causing you problems?

3. Talk to your professional support team.

- What behaviors do you need to change to be successful?

4. Get referrals for services

- What psychological factors might keep you from succeeding?

MAKING YOUR ENVIRONMENT HEALTHY.

Making your environment healthy helps you be successful before and after bariatric surgery. Your environment includes your home, car, work, travel and social support. Changing your environment helps you stop unhealthy habits and start new habits to meet your goals. Making lists and setting reminders can help you stay on track and meet goals.

Please consider using the suggestions listed below in Handout 3 to create a healthier environment. It is important for you to take it one step at a time and be kind to yourself as you make these changes. Success will come from taking consistent, small steps toward your goal. No one does everything perfectly all the time and perfection is not a healthy goal.

HANDOUT 3. Helpful Tips To Create Healthy Environments.

Home:

- Keep healthy foods on the counter and in the refrigerator.
- Remove tempting foods from your home or keep them out of sight if they are for other people.
- Use smaller serving utensils and dishes to decrease portion sizes.
- Keep exercise shoes and equipment out where they can be seen as a reminder to get moving.
- Make a meal plan and grocery list before going to the store or consider ordering groceries ahead of time for pick-up.

Travel:

- Pack healthy snacks that don't go bad in your car to avoid stopping at convenience stores.
- Keep bottled water in your car.
- Plan travel stops around healthy food options.
- Make time for short periods of movement/activity.

Work:

- Talk with co-workers about your goals and the type of support you need from them to be successful.
- Take the stairs or use a standing desk when you can (if your health allows).
- Avoid keeping tempting foods in your workspace.
- Try having walking meetings.
- Bring healthy meals and snacks to work.
- Set reminders to avoid skipping meals.
- Change your workstation or the way you move around the office to avoid tempting foods.

General:

- Keep a food and exercise journal with you to track these things throughout the day.
- Post positive changes to remind you of your accomplishments. You can post them on the refrigerator or add a weight chart on the mirror. You may also put positive thoughts on your car dashboard or add goals to your phone lock screen.

SEEKING PERSONAL SUPPORT.

Your personal support team is your support team outside your professional support team. *Please see Figure 4 to understand helpful qualities of personal support teams.* Your personal supports may include family, friends, members of your faith community, or members of other organizations to which you belong. Each person has a unique personal support team.

You will need to identify a support person/people to help you immediately after the surgery. They will need to travel with you on the day of surgery and bring you home. In the days/weeks following bariatric surgery, you will also need help with other tasks. If you live with someone (e.g., significant other, children, parents), you will need to consider how changes in the way you eat will impact them. For example, if someone else does the cooking, you will have to talk with them about the changes you need to make in what you eat. *Remember, you will have to make lifestyle changes to be successful throughout the bariatric surgery process.*



Figure 4. Qualities of Personal Support

Each Veteran can personally decide whom to tell about their bariatric surgery. You can tell as many, or as few, people as you wish.

Things to consider before sharing personal information

1. Does the person need to know your personal information?
2. Have you been able to trust the person in the past when you shared personal information?
3. Will sharing your personal information help or hurt you?

Even if you do not tell someone about bariatric surgery, they may notice changes in your weight and how you eat. The reactions of relatives and friends can affect your experience with bariatric surgery. Some people may be misinformed about the risks, benefits and potential necessity of bariatric surgery. The best thing you can do is to share accurate information about bariatric surgery with relatives and friends.³

Relationships after bariatric surgery

Relationships can change after bariatric surgery. Many relationships may change for the better for Veterans who complete bariatric surgery. On the other hand, some Veterans may need to make changes or set limits in some relationships. Losing a lot of weight can change how you interact with others and how they interact with you. You may be more confident after surgery, and this may lead to insecurity and competitiveness from some people who are not used to your new confidence. They may do things that seem like the goal is to make you fail. Examples include offering you foods that are not on your bariatric surgery meal plan, giving you food as gifts, or criticizing how you eat and your weight.³ Your professional support team can help you deal with challenges so that you can keep making progress before and after surgery.

Social Support: Weight Stigma

Many people considering bariatric surgery for weight loss, and other health reasons, may experience weight stigma from relatives, friends or others in their social and professional networks. Weight stigma is negative beliefs about people who are overweight or obese (see Figure 5). *Weight stigma* is real, and many people often experience negative effects of weight stigma. These effects can be in the form of discrimination and being left out of activities or events because of their weight. Unfortunately, these effects also make mental health symptoms worse, and some Veterans may close themselves off from relationships either before or after

bariatric surgery. Use the Social Support handout on the next page to help you deal with a lack of social support. Although it can feel scary to let people in, emotionally, it is important to have two types of support: personal support and professional support.

Figure 5. Weight Stigma Can Lead to Isolation.



Considering joining support groups.

Support groups are a way to connect with others who are going through the bariatric surgery process. These groups may be led by a dietitian or a psychologist and may be in-person or virtual. These professionals can also connect you to other services that may be helpful to you. Support groups can be useful for Veterans who find it hard to share with others in their lives. Since it can take a few sessions to settle into a group, make sure to give a group a fair try before deciding whether you want to continue.

HANDOUT 4. Summary of Things You Can do To Improve Social Support.

1. Take time to think about your relationships.
2. Identify people you trust with whom you want to share your decision to have bariatric surgery.
 - a. Whom would you feel most comfortable asking to help you after the surgery?
 - b. Talk with these people about your interest in bariatric surgery and whether they can help.
3. Tell people in your support network what you need and how you would like them to support you through the bariatric surgery and recovery. You may want to have these discussions more than once to avoid frustrations and help things go well.
4. Set limits with people in your life who are not supportive or cause problems. At this point, it will be helpful to figure out your sources of social support as well as those people who may get in the way of your weight loss goals.³
5. After bariatric surgery partners in a relationship may report improvements in the relationship, but there is also the possibility of increased tension and difficulties. ***It is recommended that you discuss with your partner the impact that bariatric surgery may have on your relationship. Please consider the following:***
 - a. Does your partner want to make changes to support you on your journey through recovery from bariatric surgery?
 - b. What kinds of relationship issues can get in the way of your bariatric surgery and weight-loss success?
 - c. How does your partner feel about your decision to lose weight?
6. Prepare responses for people who are critical when they notice you are eating smaller portions or losing weight quickly.
 - a. Sometimes having a statement in mind for how you will deal with this helps you to feel more confident.
 - b. You can say something like, “I have been working hard to make changes to better my health,” or “No need to worry about me, my doctor approves of all the changes I’ve made.”

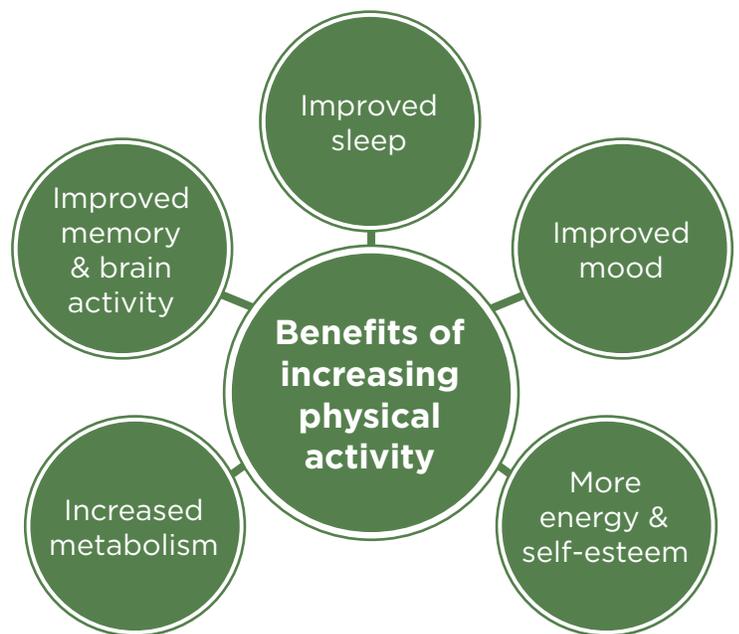
7. Establish stable and healthy relationships with family (i.e., spouse/significant other, children, etc.) and friends.
 - a. If your current social support is unhealthy or unsupportive, work with your healthcare team to help identify useful strategies. A mental health professional can be very helpful and guide you in making an effective plan to improve social support. Programs like MOVE! and Whole Health allow you to connect with other Veterans and work with VA staff who can help you problem-solve in this area.
 - b. A mental health therapist can help you think through whether you would like to make contact with loved ones from your past. The goal here would be to develop a good plan for moving forward with these important people if you choose to do so.
 - c. Your professional support team can also help you work on getting active in life so that you have more opportunities to meet people and form new and healthy relationships.
8. Avoid big life changes before and after bariatric surgery.³

INCREASING YOUR PHYSICAL ACTIVITY.

After the initial weight loss from surgery, your metabolism slows down and works to get back to your original weight. Increasing physical activity, along with following your bariatric surgery meal plan, is necessary so that you can continue to lose weight and maintain the weight you have already lost. *Please see Figure 6 to understand how increasing physical activity may help you.* Since it is not safe to continue to reduce your food intake lower and lower, physical activity is required to maintain your lower weight. Weight after surgery is affected by how much physical activity you get. Physical activity is important for maintaining weight loss, sleep, mental health and emotional well-being, along with improving body image.

Movement is recommended as soon as possible after surgery to prevent blood clots. *Remember that you need to get medically cleared first.* Once home, you will want to take short, frequent walks. Check with your surgery team for how long these should be. It could be as little as 2 to 3 minutes at first. Increase the time and distance slowly as you heal after surgery. Avoid intense activity or exercise until you are cleared by your doctor; this usually takes about 6 weeks.

Figure 6. Ways that Physical Activity Helps.



Many people notice that, after bariatric surgery, getting the recommended amount of physical activity is much easier than before surgery. **Make sure to discuss physical activity with your medical doctor to make sure that it is safe.** Once you have healed from surgery, slowly increase your physical activity. It is important to find the right types of physical activity that meet your needs and provide enjoyment. Getting physical activity does not necessarily mean going to the gym and doing high-intensity workouts. *Please see Handout 5 on the next pages for ideas of common household and sports activities that may help you on your journey.*

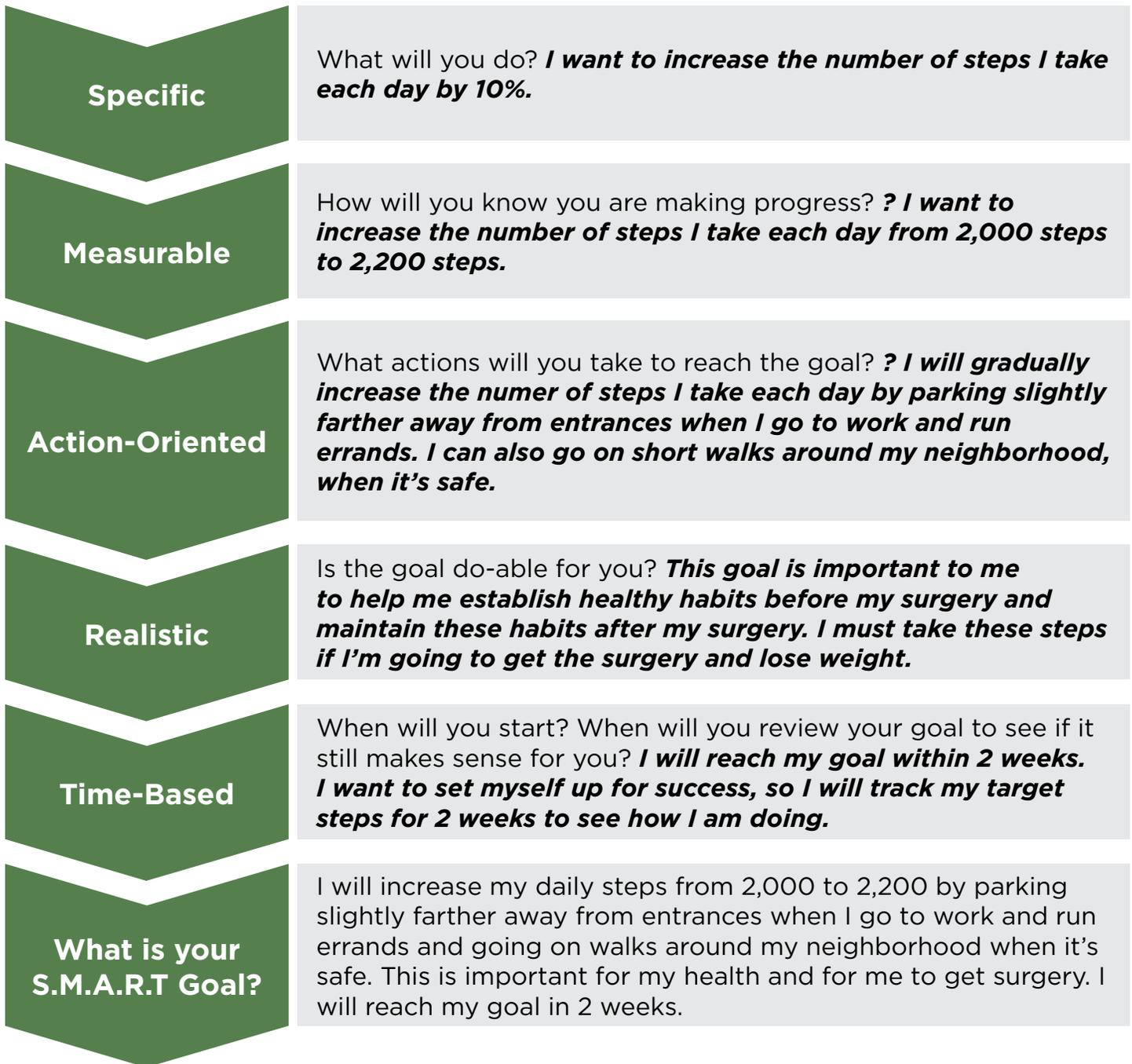
Physical activity may include being active in your life by doing yard work, household chores, walking, doing yoga, doing tai chi, stretching and many other things. The overall goal for most healthy adults is 150 minutes of activity per week (e.g., about 30 minutes, 5 days per week). The goal of these activities should be to increase your heart rate, make you breathe harder, and/or make you feel warmer. You can break your physical activity up into 5- or 10-minute bursts if 30 minutes of physical activity is too challenging. Many Veterans find this hard at first, but it is important to keep at it. It may take you several months to meet this goal, and that is okay. Consider having a friend, family member, or animal family member (e.g., your dog) join you for the activity.

Betty (she/her) slowly and safely increases her physical activity.

A first step to increase your physical activity is to use a step counter (e.g., pedometer or smart phone/watch step tracker) to count the number of steps per day you usually walk. Once you see what is normal for you, you can create a SMART goal to slowly increase your steps each day. *Figure 7 gives an example of how Betty slowly increased her steps using a S.M.A.R.T. goal.* Betty started by tracking her steps for a week. She wanted a realistic daily step goal, so she increased her steps by 10% each day. Betty calculated this by taking the first 3 numbers of her daily steps and adding it to her daily step number. Betty, on average, had 2000 steps per day and 2-0-0 were the first 3 numbers in her average step count. So her next week step goal would be 2200 per day. Please see Betty's complete S.M.A.R.T. goals example, below.



Figure 7. Betty's S.M.A.R.T. Goals Example.



UNDERSTANDING BARRIERS TO PHYSICAL ACTIVITY.

Just as before surgery, barriers may interfere with meeting physical activity goals. Less than 20% of people who undergo bariatric surgery meet the exercise recommendations.³ Physical activity barriers include pain, reduced mobility and health conditions. After surgery, low energy and fatigue from recovery and adjusting to decreased calorie intake can affect physical activity. Starting with small goals and increasing slowly can help manage these effects of surgery. If you find yourself in a situation in which you have a lot of barriers, be patient with yourself and talk with your healthcare team. Many Veterans experience barriers, and *Handout 6 below provides some helpful suggestions for how you can begin to change unhealthy behaviors before surgery.* With perseverance and support from your healthcare team, you can reach your goals.

If you have chronic pain or illness, talk with a healthcare clinician about safe and manageable exercises that will meet your needs, like chair exercises. A popular saying is that “motion is lotion,” which means that moving your body is good for your joints, giving them natural lubricants. Over time, when you have chronic pain, the important thing is to work with your doctor to know the movements that are good for your body. Not doing any activity can make things worse.

Negative thoughts can also be barriers to exercise. Some examples include, “I will be embarrassed,” “I won’t be able to keep up,” and “I can’t handle it.” It is normal to be nervous about starting something new, but focus on the positive, that you are doing something good for your health. Challenge those negative thoughts, reminding yourself that everyone gets embarrassed some time; you can talk to your healthcare team to learn about modifications to physical activity that help your pain issues. You can go at your own pace, and you do not have to keep up with anyone else.



HANDOUT 6. Helpful Tips for Changing Unhealthy Physical Behaviors Before Your Surgery.

- Talk to your medical professional about ways that you can increase physical activity safely.
- If you are not already involved, enroll in the weight management program (MOVE!); ask your clinician for a referral.
- Seek a referral to physical therapy, if needed, to help you begin your fitness program.
- Try to get up and move around for a few minutes every hour if you tend to sit most of the day.
- Decrease screen time (TV, phones, tablets).
- Stand or take a few steps during TV commercials or phone calls.
- Use a pedometer, activity watch, or other log to track your activity to ensure you are meeting your daily and weekly step and activity goals.
- Find activities you like doing so that you can move your body more often.
- Work with your healthcare team to identify and address barriers to physical activity before your surgery.
- Identify specific people in your personal and professional support networks to help you remove barriers to improving your physical activity.
- Work with your mental health professional to address negative thoughts about physical fitness.



UNDERSTANDING THE RELATIONSHIP BETWEEN MENTAL HEALTH AND BARIATRIC SURGERY

It is important for everyone to pay attention to their mental health. For that reason, a psychologist will be on your bariatric surgery team and will meet with you as part of the surgery evaluation. The psychological assessment helps Veterans understand what they need to do before the surgery for it to be a success. Veterans who wait until after surgery to make changes are less successful. The figure below shows mental health issues that affect success with bariatric surgery:³

Figure 8. Psychological Factors that Affect Bariatric Surgery Results.

| Pre-existing psychological conditions | Psychology issues that affect eating behavior | Psychological challenges from bariatric surgery and its consequences |
|--|---|---|
| <ul style="list-style-type: none"> • Mental health diagnosis • Thoughts of harming yourself • Substance use | <ul style="list-style-type: none"> • Body image problems • Emotional eating | <ul style="list-style-type: none"> • Failure to lose weight • Adjusting to excess skin • Relationship problems |

Taking care of your mental health should include paying attention to yourself and your needs in a way that includes self-compassion. For many people this may feel selfish and strange. If you have many painful experiences of being judged unfairly due to weight stigma, you may not feel that you deserve your own attention. This may make it harder to set up regular routines that allow you to properly care for your emotional and mental health. If you also experience some other emotions, like sadness, anxiety, fear or guilt, speak with your psychologist or mental health clinician on your professional support team to explore your feelings and develop helpful ways to manage these emotions.

People wanting bariatric surgery have higher rates of depression, anxiety, trauma and eating disorders.⁶ However, most people will see improvement in their mental health after their surgery. Because people become more physically active and improvements in relationships is possible, their surgery outcomes^{7,8} may also improve.

However, people who have had depression in the past may be at risk of the depression returning after surgery.⁹ Additionally, people with mental health conditions who have bariatric surgery may have more challenges losing weight.¹⁰ A good first step is to figure out whether you need additional mental health services as you plan for bariatric surgery. It is good to share as much information as possible with your bariatric surgery team to make sure they get to know you well and understand your struggles and needs. *Please use Worksheet 3 on the following pages to help you understand mental health issues that may need to be addressed before bariatric surgery.*

Mental illness is more common than most of us think. For instance, approximately 20% of adults experience a mental illness each year.¹¹ Nevertheless, some people do not get help because of negative views in society about people with mental illnesses. Not getting treatment for mental illnesses can delay bariatric surgery.

Some people ignore or deny mental health distress, and this keeps them from living the life they want. Addressing a known mental health condition can help you develop healthy coping skills and improve well-being. Sometimes it may be that a person has difficulty recognizing the signs of mental illness. Talking to healthcare professionals or exploring reliable resources (e.g., websites of organizations like SAMHSA- the Substance Abuse and Mental Health Services Administration- and NAMI- National Alliance on Mental Illness) can help you recognize symptoms of mental illnesses.

Independence and achievement are valued in the United States. People are often expected to push through difficulties and take care of things on their own. However, the reality is that we all need help from time to time. Someone experiencing a mental illness may need help from a professional. There are many forms of mental health treatment, including individual counselling, group therapy and medications. Meeting with a mental health professional helps create the best treatment plan. Having a mental illness does not mean that you cannot receive bariatric surgery, but it should be addressed.

Some signs of mental illness that may mean a person needs to get help from a mental health professional are listed in Handout 7 on the next page. Veterans with mental health conditions and complicated medical illnesses are at higher risk of suicide. People who have bariatric surgery have higher rates of harming themselves and suicide.^{3,7,9,12} Therefore, it is common for your bariatric surgery team to ask about suicide. Some Veterans don't feel comfortable talking about suicide. However, talking about thoughts of suicide with a trusted personal or professional support team member is an important first step in maintaining safety. If you have suicidal thoughts, it is important to get professional mental health care. If you have recently attempted suicide or have thoughts of suicide, you will be asked to seek treatment and make progress in your recovery before having bariatric surgery. Many programs may ask you to wait at least a year before surgery.

Use the worksheet called “Things To Do Before And After Bariatric Surgery” (Appendix A) to write down things that you will need to do to be successful before and after surgery. Make a plan that is specific to your situation with your support team; this is known as an “individualized treatment plan.” Think about what would be best for you and not just what has worked for others.

Important Note: If you experience serious thoughts of harming yourself or someone else, call the Veterans Crisis line at 988 then press 1 or your local emergency response team at 911.

HANDOUT 7. Symptoms of Mental Illness

- Sudden and overwhelming fear that is not connected to things going on in your environment
- Significant weight loss or gain, NOT due to bariatric surgery
 - People may experience weight loss or weight gain in a short time due to unhealthy behaviors such as withdrawing from physical activity, sleeping too much or too little, eating too much or too little.
- Feeling very sad or withdrawn for more than 2 weeks
- Severe, out-of-control, risk-taking behavior that causes harm to self or others
- Seeing, hearing, or believing things that aren't real
 - Some people are not aware of when they experience hallucinations (seeing or hearing things that are not there) or delusions (believing things that are not real). Usually, others become concerned about people experiencing these symptoms.
- Excessive use of alcohol or drugs
- Drastic changes in mood, behavior, personality or sleeping habits
- Extreme difficulty concentrating or staying still
- Intense worries or fears that get in the way of daily activities
- Trying to harm or end one's life or making plans to do so

For more information on the warning signs and symptoms of mental illness, please visit: <https://www.nami.org/About-Mental-Illness/Warning-Signs-and-Symptoms#:~:text=Each%20illness%20has%20its%20own%20symptoms%2C%20but%20common,changes%2C%20including%20uncontrollable%20%E2%80%9Chighs%E2%80%9D%20or%20feelings%20of%20euphoria.>



WORKSHEET 3: Addressing Mental Health Concerns Before Bariatric Surgery

Answer the questions below to help you understand how a mental health professional may be able to help you.

- Does it feel selfish to give time to your own mental health and well-being?
- What steps can you take to make caring for your mental health a higher priority?
- Who can help you improve your mental health?
- Have you ever been diagnosed with a mental health condition in the past?
- Have you previously completed mental health treatment successfully?
- *Mental health team members help you figure out whether there are new skills you can learn to help your surgical process be more successful. For instance, if you need extra help becoming physically active, eating healthier, or figuring out how to resolve relationship issues with relatives and friends, a mental health team member would be able to help you figure out an individual plan for being successful in these areas before your surgery.*
 - » Could you benefit from meeting with a mental health professional now?

BEGINNING TO EXPLORE SELF-CARE.

Good mental health requires taking care of yourself and doing things to prevent mental illness.¹³ This is known as self-care. It is something you do for yourself. Self-care is also necessary so that you can be there for the people you love. While we are all different in how much we want to spend time with other people, social contact is also important for self-care. *Consider using the suggested self-care activities in Figure 9 (page 35).*

Self-care includes many common, routine activities. Healthy eating habits are considered self-care and are important for mental health. What you eat affects your mood, and your mood affects the foods you choose to eat. Physical activity is also an important part of self-care. It improves mental health and well-being. It involves being active and doing things that are meaningful to you. Let's look at an example of how Ella (them/they) incorporated self-care activities into their routine.

Ella's (they/them) Self-Care Case Example. Ella used behavioral activation to help them lose weight and cope with depression. In 6 months, she went from 800 steps a day to 6,000 steps a day (about 3 miles of walking). They did not go to the gym or spend money to achieve their goal. They simply did everyday things like window shopping for antiques, going to the grocery store, visiting family and friends, gardening and doing yard work. They parked farther away from entrances, took the stairs when they could, and looked for ways to walk rather than drive.

At first this may not seem like self-care, but it is. Ella loved to look at antique furniture even though they did not buy anything. Taking care of their home brought satisfaction. Spending time with family and friends made life more interesting. Now, think about what could work for you. If you do not have things you like to do these days, think about what you liked to do in the past and how you can get some of that back in your life. Let's look at another example using behavioral activation to increase self-care.

Trevon (he/him) and Michael's (he/him) Self-Care Case Example. They both loved to play sports but had injuries and chronic pain that prevented them from doing so. Trevon volunteered to help his granddaughter's soccer coach keep score at games. Michele helped an old friend who was coaching baseball. Although they were not playing the sports, these activities allowed them to make a difference, get active and enjoy their lives more.

Remember to celebrate your success when you achieve a goal. For instance, reward yourself with something that is not food (e.g., watching a movie, listening to your favorite music, getting a massage, taking a fun class, or buying new clothes). Most people do not want to buy too many clothes until they lose all the weight they are planning on, but this may be a great treat for you to pick up something affordable and see how clothes fit differently on you.

Getting 7 to 8 hours of sleep is another important part of self-care and helps not only mental health but also your weight. Some people think that those who are successful don't sleep a lot and use their time being productive. However, people who get a good night's sleep think more clearly. Sleep is when our bodies are doing work to repair and heal so that we can be the most productive when we are awake. People who get poor sleep usually eat more during the day.

Addressing Sleep Difficulties. If you are experiencing trouble falling or staying asleep (insomnia), there are treatments. One option for treatment is CBT-I (cognitive behavioral therapy for insomnia), which has helped a lot of people. Your medical center may have a psychologist trained in CBT-I. The VA also developed an app called CBT-i Coach that you can use for free on a smartphone while you are working with a health provider. Visit the following website to learn more: mobile.va.gov/app/CBT-i-coach. Some people may benefit from an evaluation through the sleep clinic.



Important Note: All of this may feel like a lot. If it does, that’s normal. Getting help from members of your support network can help it feel more manageable

You may also find that self-help tools like the Veterans Wellness Guide (<http://www.mirecc.va.gov/VISN16/docs/veteran-wellness-guide.pdf>) help you to get started because it goes over things like managing your time and overcoming barriers. Remember that the important thing is to keep trying. If you have a setback, see it as part of the journey to success and learn from it.

Figure 9. Recommendations for Self-Care Activities.

PHYSICAL

- Safe housing
- regular medical care
- Eating healthy
- Exercise
- Safe sex
- Getting enough sleep
- Taking a vacation
- Taking time off
- Getting a massage
- Taking a bubble bath
- Taking a walk
- Disconnecting from television and/or social media

PSYCHOLOGICAL

- Self-reflection
- Psychotherapy
- Journaling
- Aromatherapy
- Painting/Drawing
- Relaxing in nature
- Reading a self-help book
- Joining a support group
- Thinking about your positive qualities
- Practicing asking for help
- Watching a funny movie
- Finding a new hobby

SPIRITUAL

- Finding a spiritual community
- Meditating
- Practicing yoga
- Praying
- Finding a spiritual mentor
- Volunteering for a cause
- Practicing self-forgiveness and compassion

PERSONAL

- Learning more about yourself
- Figuring out what you want in life
- Planning short- and long-term goals
- Making a vision board
- Developing friendships
- Going on dates
- Paying down debt
- Spending time with important others

PROFESSIONAL

- Not working overtime
- Leaving work at work
- Getting regular supervision/feedback
- Taking mental health days
- Learning to say “NO”
- Planning your next career move

UNDERSTANDING YOUR BODY IMAGE.

Body image can be thought of as the way you see yourself. It has different parts: (1) the mental image you have of yourself, 2) the way you feel about how you look, 3) the thoughts you have about your body, and 4) the way you behave because of your body image.³ Body image can change over time, and you may have a different body image before and after bariatric surgery.

Body image is affected by weight stigma. For instance, in the United States, there is a preference for being “skinny” or “slender.” This causes many people to judge themselves even when their weight is healthy. The Health at Every Size Movement (<https://asdah.org/health-at-every-size-haes-approach/>) challenges this stigma. Most people want bariatric surgery because they want to improve their health and they have tried many different things to lose weight without being able to keep the weight off.

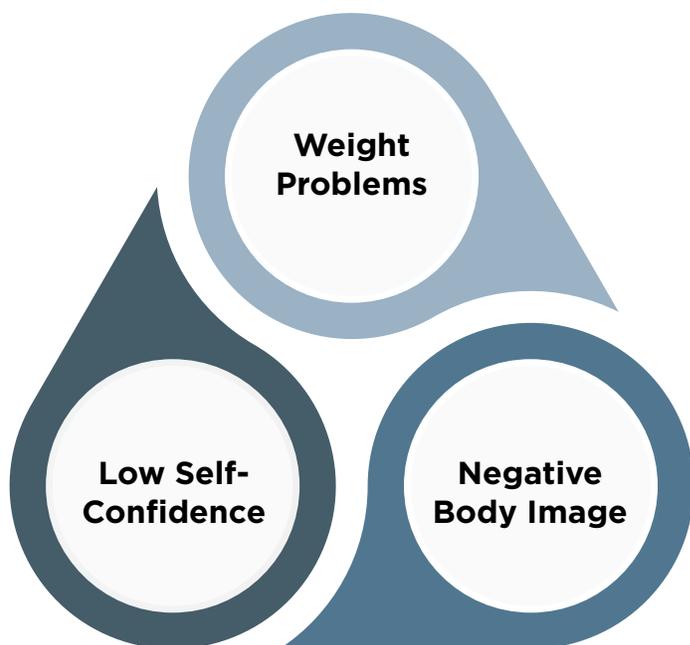
Some people considering bariatric surgery may have been negatively judged, made fun of, criticized by others, or excluded from social activities due to their weight. These experiences can have negative impacts on how they see themselves and lead people to avoid situations because of previous experiences with weight stigma. Negative experiences with weight stigma may also impact self-esteem so that they may become self-conscious about their appearance and self-critical.³

When people adopt the same prejudiced attitudes about their own weight as other people, it is called “internalized stigma.” This means that they stigmatize themselves, too. People’s experiences of obesity, negative body image, and low self-confidence can work together. For instance, having low self-confidence may cause someone to feel unready to engage in physical exercise, lead them to engage in emotional eating, and make the interactions between weight problems, poor body image and low confidence worse (see Figure 10 below³).

“All or nothing” thinking can lead to weight gain. For instance, thinking that your weight loss journey “...has to be perfect” may make you feel defeated and discouraged when you eat or drink something that is not on your diet plan. These feelings can then lead to more unhealthy eating since your eating habits are not “perfect” as you had expected. You may begin to think “I’ve already messed up my diet plan so I will just continue eating this cake.”

An example of “All or nothing” thinking leading to weight gain is having a tendency to put food in either “bad” or “good” food categories. For example, James believes that he can only lose weight by eating food in his

Figure 10. Internalized weight stigma.



good category (e.g., vegetables and fruits) so he does not allow himself a slice of cake at his daughter's birthday party. He thinks that eating even 1 slice of cake would blow his diet. Instead, he eats a few strawberries. However, he keeps thinking about the cake and ends up eating 3 slices of cake when everyone has gone to bed. Most of us sometimes use "all or nothing" thinking without knowing it. An alternative way of thinking for James might have been "I have changed my lifestyle and have been doing well with my new healthy diet. I can have an occasional small treat and maintain my goals."

One thing you can do to break this cycle is to change how you talk to yourself. Blaming yourself is not helpful and can actually make weight problems worse. When you blame yourself for difficulties losing weight, it can impact your behaviors so that you either avoid situations associated with negative emotions or engage in unhealthy behaviors (e.g., emotional eating, sleeping too much, withdrawing from physical activity). On the other hand, accepting yourself with compassion and kindness is more helpful than shame and blame. It's important to understand that you want to treat yourself as other socially supportive people would. This will be challenging in the beginning but should become easier with time.

Build your confidence. The following is a reflective exercise to help you take a more balanced perspective and improve your internal thoughts and feelings about yourself. Please, take your time to reflect on each of the items below before answering with as much detail as possible.

The next time you approach a situation that you have either felt negatively about (i.e., felt nervous, afraid, etc.) or made a negative prediction about, ask yourself the questions below.

1. What would you say to encourage one of your friends in a similar situation?
 - Are the words you thought to say to your friend the same or different from the words you usually tell yourself?

2. What is the worst that could happen in this situation?
 - How likely is it that the worst will happen and that the worst won't happen?

Important questions to ask yourself about your body image.

- **How do I feel about my body?**
- **When was the last time I looked in a mirror?**
- **What were some of my thoughts when I saw myself in the mirror?**

STOPPING SUBSTANCE AND ALCOHOL USE.

Using substances (e.g., cannabis, cocaine, fentanyl, heroin, tobacco, etc.) and alcohol, can affect the success of bariatric surgery. It is important for you to know about the potential for problems with alcohol and substance use after bariatric surgery.

If you have had a problem with alcohol and drugs, you will need to seek treatment and be abstinent from all substances for at least 12 months before surgery. You will be asked to stop using all tobacco products before surgery. It will be important for your health to not use these after surgery as well. Using tobacco products can be dangerous after surgery. People who use tobacco products after surgery have more complications (e.g., delayed wound healing, ulcers, infection, and death).³ Tobacco cessation programs are available at the VHA, and you should ask your clinician for a referral.

1. You can contact the tobacco-cessation program at your VHA for an appointment or ask a member of your healthcare team for a referral.
2. You may also call 1-855-QUIT-VET (1-855-784-8838). This program provides tobacco-cessation counseling to Veterans.
3. You can also sign up for VA's SmokefreeVET, which sends daily text messages that provide support, encouragement, and tips for quitting tobacco products like cigarettes and chew. SmokefreeVET works on any mobile phone with texting capabilities and is available in English and Spanish.
 - You can sign up for SmokefreeVET in English by texting VET to 47848 or by visiting smokefree.gov/VET
 - You can sign up for SmokefreeVET in Spanish by texting VETesp to 47848 or visiting <https://veterans.smokefree.gov/tools-tips-vet/smokefreevetesp>.
4. Anyone can call the following hotline for tobacco cessation counseling: 1-800-QUIT-NOW (1-800-784-8669).

It is important to be aware of the potential for problems with alcohol after bariatric surgery because alcohol is digested differently and remains in the system longer^{1, 3} after surgery than before surgery. People can become intoxicated much faster from a small amount of alcohol and also have a greater risk of medical problems from alcohol.

HANDOUT 8. Self-Care and Addressing Mental Health Concerns

- ❑ Establish a good self-care routine that will be realistic for you to continue after bariatric surgery.
- ❑ Get mental health care to address body image and mental health.
 - If you have an eating disorder, it will be important to participate in an eating disorder program and successfully complete treatment before surgery. You will need to check with your local program to see how much time is required before you can seek bariatric surgery. Often, it is 1 year.
 - It is recommended that you get help from treatment programs, if you have had problems with substances (e.g., alcohol, drugs). Many bariatric surgery programs will require you to wait at least a year after successfully completing treatment for alcohol and drug problems.
 - If you have recently attempted suicide or have thoughts of suicide, you will be asked to seek treatment and make progress in your recovery before having bariatric surgery. Many programs will ask you to wait at least a year.
 - Untreated mental illness may delay acceptance for bariatric surgery. It will be important for you to get mental health care and make progress in developing healthy coping skills before having bariatric surgery.

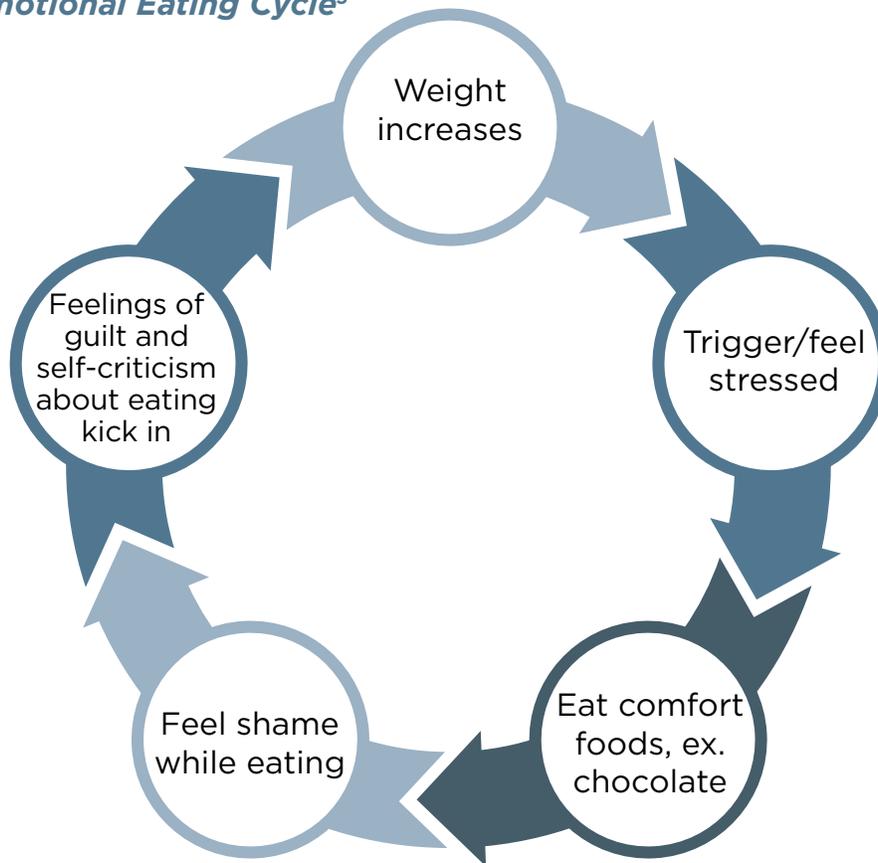
UNDERSTANDING EMOTIONAL EATING AND IDENTIFYING YOUR TRIGGERS.

Our emotions and mood play a major role in when and what we eat. Both negative emotions and positive emotions can lead to emotional eating. Bariatric surgery does not change your emotions and how you react to them, so it is important to work on this before surgery. People who continue emotional eating after surgery lose less weight.³ Identifying and managing emotions and triggers will be vital to weight loss after surgery.

When emotional eating triggers are not managed well, it is easy to fall into the emotional eating cycle. Emotional eating triggers are situations, thoughts and/or feelings that cause you to reach for food to comfort yourself. Emotional eating triggers are personal to each individual.

Let's look at Carlos (they/them) and how emotional eating affects them. Their emotional eating triggers are sadness, boredom and feeling lonely. They start the cycle, which then causes emotional eating. Carlos was bored and also feeling lonely, so they ate 2 candy bars and drank sweet tea after dinner. Emotional eating led to them feeling guilt, shame and regret about overeating. This cycle causes several negative reactions which include using food as a way to deal with unwanted feelings and a way to improve mood. Carlos felt better and comforted when they ate, but the feelings they were trying to avoid came back quickly. Carlos then felt disappointed for behaving in a way that keeps them from meeting goals. Figure 11 below describes the emotional eating cycle:

Figure 11. The Emotional Eating Cycle³



Getting a clear picture of how emotional eating affects you is an important step before surgery so you have a plan to cope differently after surgery. Remember that most people eat emotionally sometimes. You are not alone, and there are things you can do to help yourself.

- The first step is to determine if you eat when you are experiencing physical hunger versus emotional hunger. Ask yourself, “What is causing me to feel hungry?” and “What am I hungry for?”
- Physical hunger comes on gradually after large gaps between eating (often 4 or more hours). You may have bodily sensations letting you know you are hungry, like a rumbling empty feeling in the stomach. Eating leads to your feeling satisfied and no longer hungry.

- Emotional eating usually includes cravings connected with an emotional state (e.g., loneliness, excitement, rejection, happiness, fear, sadness, etc.).
 - » The cravings come on quickly for a specific food.
 - » Eating does not necessarily lead to a sense of fullness.
 - » The answer to the question “What am I hungry for?” may be “comfort,” “love,” “relief,” etc.
 - » This is why eating food is only a temporary solution and developing new ways of coping is important.

The next step is to identify which emotions are triggering these cravings. These include, but are not limited to, stress, sadness, anger, boredom, happiness, excitement, etc. Keeping a food log with room for you to write down emotions and moods before and after you eat can help identify specific emotions that are challenging for you. You can then start to manage these emotions earlier and develop a plan to prevent overeating and the emotional eating cycle.

HANDOUT 9. Activities That May Help You Manage Your Emotions.

It is often helpful to know what has helped you in the past and keep a list of things that you can do to help yourself. The following are examples of things that you can do to help yourself:

- Get help from a dietitian or mental health professional to address emotional eating.
- Make an appointment with your therapist/counselor.
- If emotional eating is part of an eating disorder, complete an eating disorder treatment program at least 1 year before seeking bariatric surgery. An eating disorder is a psychological disorder that includes disturbed eating, such as binge eating disorder or bulimia. Talk to your healthcare team about diagnosis and treatment options if you think you have an eating disorder. Listed below are possible eating disorders:
 - Binge eating disorder is a potentially life-threatening condition that includes eating large amounts of food and experiencing loss of control, followed by shame and guilt. It may be hard for some people to tell the difference between this type of eating disorder and the regular over-eating that people sometimes do.
 - Bulimia is a potentially life-threatening condition filled with secrecy when people binge (eat large amounts of food and feel a loss of control) then do something unhealthy to try to get rid of the extra calories (purge), like force themselves to throw up or use laxatives in a way that was not intended.
- Practice mindfulness or other forms of meditation. The VA has developed an app to practice mindfulness meditation. It is free and called the “Mindfulness Coach.” Visit the following website to learn more: mobile.va.gov/app/mindfulness-coach.



- Practice mindful movements like yoga or Tai Chi. Ask your healthcare provider about a referral to your local Whole Health program. There might be in person or video appointments available. You can also find a Tai Chi video at the following web address: www.mirecc.va.gov/visn16/veterans-tai-chi-video.asp
- Call or visit a friend.
- Read a book or magazine.
- Go for a walk.
- Work on arts and crafts projects.
- Clean your home.
- Work in your yard or garden.
- Play games or do puzzles
- Journal, or write, about the things that have been bothering you.
- Take a long, relaxing bath or shower.
- If you are a religious or spiritual person, pray or read religious or spiritual books that are important to you.



CONSIDERING POSTSURGICAL CONCERNS

Your life will require important changes to your eating and physical activity routines. Importantly, you will need to follow specific eating guidelines for how you eat to help with pain management, indigestion, and weight-loss maintenance.³ You should begin following these guidelines before surgery to help you get used to new eating behaviors and increase your chances of postsurgical success. Please see the Golden Rules for Eating checklist below.

HANDOUT 10. The Golden Rules for Eating After Bariatric Surgery

These “golden rules” have been established to help bariatric surgery patients increase their chances of meeting and maintaining their weight-loss goals and reducing post-surgery complications. The checklist below has been adapted³ for purposes of this Veteran guide.

Note: It may be helpful to print these golden rules and have them where you eat as a reminder for healthy eating behaviors.

- Take very small bites by using either a teaspoon or child’s eating utensils. Small bites will ensure that your food is properly chewed before you swallow it and give your brain time to process signals from your stomach to tell you when you are feeling satisfied.
- Chew your food at least 20 times before swallowing. Your food should feel like puree (i.e., consistency of applesauce, mashed potatoes, or pudding) in your mouth before you swallow it.
- Take a few 1-minute breaks during your meals. Try physically setting your cutlery down on the table or on your plate between bites.
- Stop eating after 20 minutes, making sure that you are taking your time and eating slowly.
- Avoid drinking and eating at the same time. Don’t drink for 10 minutes before eating, and then wait for 30 minutes after eating. This will help you avoid overfilling your stomach pouch and your food coming back up (i.e., regurgitation, indigestion, etc.). If you eat and drink at the same time after surgery, you will flush food through your stomach, which means you are less likely to feel full, and it can therefore trigger hunger.
- Sit down to eat. This will help you avoid grazing.

CONCLUSIONS

We hope that you have found the information provided helpful. If the activities included in this guide seem like they are hard to do, just remember that you are not alone. Other people have been on this journey and felt like you do – it may not be a straight path, but you can reach your goal. Take it 1 step at a time. Change is possible, and VA will help you to be successful. This guide includes people and places you can go to for help. This will set you up for the best results. As a summary, here is a list of key points to think about or accomplish before bariatric surgery:

1. Give yourself lots of time to learn all you can about bariatric surgery so that you can be well prepared.
2. Let your support system know that you are thinking about having bariatric surgery. Discuss the pros and the cons with them, as well as ways they can help you.
3. You will need to make many changes before surgery and also keep up those changes after surgery to be most successful. A lot of these changes will have to do with your behavior and emotional health. If your support system does not already include a mental health professional and dietitian, talk to your healthcare team about this and seek a referral to mental health services and/or the MOVE! Weight-management program.

Remember to complete the worksheet on the following page called “Things To Do Before And After Bariatric Surgery” in Appendix A below to help you start working on an individualized plan. Make sure to get help from both your personal and professional support.

We believe that you can do this with the help of those who are on your side!

WORKSHEET 0. Things To Do Before and After Bariatric Surgery

Use this table to develop a plan so that you can increase your success. Make copies of it, and update it when you need to.

| | People who can help (professional & personal support) | Things I need to do before bariatric surgery | Things I need to do after bariatric surgery |
|--------------------------------------|---|--|---|
| Nutrition (What I eat and how I eat) | | | |
| Physical Activity (moving my body) | | | |
| My Environment | | | |
| Having Realistic Expectations | | | |
| Mental Health | | | |
| Substances (tobacco, alcohol, drugs) | | | |
| Other: _____ | | | |

APPENDIX A: FIGURES, FORMS, & WORKSHEETS

WORKSHEET 0. Things To Do Before and After Bariatric Surgery

Use this table to develop a plan so that you can increase your success. Make copies of it, and update it when you need to.

| | People who can help (professional & personal support) | Things I need to do before bariatric surgery | Things I need to do after bariatric surgery |
|--------------------------------------|---|--|---|
| Nutrition (What I eat and how I eat) | | | |
| Physical Activity (moving my body) | | | |
| My Environment | | | |
| Having Realistic Expectations | | | |
| Mental Health | | | |
| Substances (tobacco, alcohol, drugs) | | | |
| Other: _____ | | | |

Figure 2. Alice's S.M.A.R.T. Goals Example.



WORKSHEET 1. S.M.A.R.T. Goals Practice.

Ask yourself the questions below to create a S.M.A.R.T. goal. Use the last row of the figure to write your complete S.M.A.R.T. Goal.

| | |
|-------------------------------------|---|
| Specific | What will you do? |
| Measurable | How will you know you are making progress? |
| Action-Oriented | What actions will you take to reach the goal? |
| Realistic | Is the goal do-able for you? |
| Time-Based | When will you start? When will you review your goal to see if it still makes sense for you? |
| What is your S.M.A.R.T Goal? | |

WORKSHEET 2. Daily Food Log [Blank].

Please keep track of the times you eat food throughout the day, including snacks. It may be helpful to use a calorie tracker to keep track of the calories of the foods you eat. If you snack, it is important to plan your snacks. If you do not plan when you will snack, you may gain weight by “grazing,” or eating small amounts of food over a long time without limits.

| DAY | | | | |
|-----------|--|--|--|--|
| Sunday | | | | |
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| Saturday | | | | |

DIARY REFLECTION AND PLANNING

1. What patterns do you notice in your food log?
2. What do you need to focus on next?

HANDOUT 1. Things You Can Do To Make Bariatric Surgery a Success

- Attend medical and mental health appointments regularly.
- Eat regularly.
- Eat small portions - Eating from a small salad plate or a small bowl helps with portion control.
- Exercise regularly.
- Follow a consistent daily eating routine.
- Follow the “golden rules”—specific bariatric eating techniques (e.g., eating and drinking separately).
- Pay attention to the types of foods you are eating.
 - Plan your weekly meal menu - Remember to schedule meal preparation days.
- First eat fresh fruits, vegetables, and lean protein.
- Take multivitamin supplements regularly.
- Avoid unhealthy fast foods and snacks.
- Avoid unhealthy eating habits, such as grazing and overeating.
 - Grazing - eating small amounts of food throughout the day outside of a meal.^{superscript}
this 4
 - Overeating- this is when you eat more food than most people would in a similar time period.
 - Binge eating - eating larger amounts of food and feeling as though you cannot stop eating or control how much you are eating.⁵ Although many people use the terms “overeating” and “binge eating” interchangeably, there are important differences. Binge eating may be a sign of Binge Eating Disorder, a serious condition requiring medical attention. The good news is that your health care team can refer you to eating disorder services that can help you develop healthy coping strategies. If you have this disorder, you will need to complete this treatment before you can be considered for bariatric surgery.
- Avoid alcohol.
- Quit smoking - You will need to quit using tobacco products 6 weeks to 6 months before your surgery and it is recommended that you remain tobacco free after surgery. Speak with your healthcare team if you need help to quit use of tobacco products.

HANDOUT 2. Steps To Take With Your Bariatric Surgery Team Before Surgery

1. Let members of your professional support team (primary care team, mental health team, etc.) know about your interest in bariatric surgery; and discuss with them the pros and cons of bariatric surgery, based on your personal health needs.
2. Talk to your healthcare team about your health and how bariatric surgery can affect it, as well as what you need to know to be successful.
3. Get help from a dietitian to begin making lasting changes to nutrition and physical activity.
4. Work with your dietitian to develop an eating plan that works for you.
5. As soon as possible, begin to keep a daily log/journal to track your eating and activity patterns.
 - a. This will help you and your healthcare team understand barriers to your success with bariatric surgery.
 - b. You should begin logging your eating and activity patterns before surgery and continue logging after surgery.
6. Identify the reason(s) why you had a hard time losing weight or why you gained weight back.
7. Emotional eating is a cycle of eating that occurs when people eat to make themselves feel better.
 - a. Are you emotionally eating?
 - b. Are you binge eating or overeating?
 - c. Are you grazing?
8. Meet with a team psychologist to manage emotions and set realistic goals.
 - a. If you have mental health concerns that have not been treated by psychotherapy or behavioral approaches, meet with a team psychiatrist to discuss the need for psychotropic medications (medications that help address mental health and behavioral difficulties that may impact your functioning).
 - b. Seek help from your bariatric surgery team. Ask your healthcare team for more information about bariatric surgery so you have a better understanding of what to expect.

HANDOUT 3. Helpful Tips To Create Healthy Environments

Home:

- Keep healthy foods on the counter and in the refrigerator.
- Remove tempting foods from your home or keep them out of sight if they are for other people.
- Use smaller serving utensils and dishes to decrease portion sizes.
- Keep exercise shoes and equipment out where they can be seen as a reminder to get moving.
- Make a meal plan and grocery list before going to the store or consider ordering groceries ahead of time for pick-up.

Travel:

- Pack healthy snacks that don't go bad in your car to avoid stopping at convenience stores.
- Keep bottled water in your car.
- Plan travel stops around healthy food options.
- Make time for short periods of movement/activity.

Work:

- Talk with co-workers about your goals and the type of support you need from them to be successful.
- Take the stairs or use a standing desk when you can (if your health allows).
- Avoid keeping tempting foods in your workspace.
- Try having walking meetings.
- Bring healthy meals and snacks to work.
- Set reminders to avoid skipping meals.
- Change your workstation or the way you move around the office to avoid tempting foods.

General:

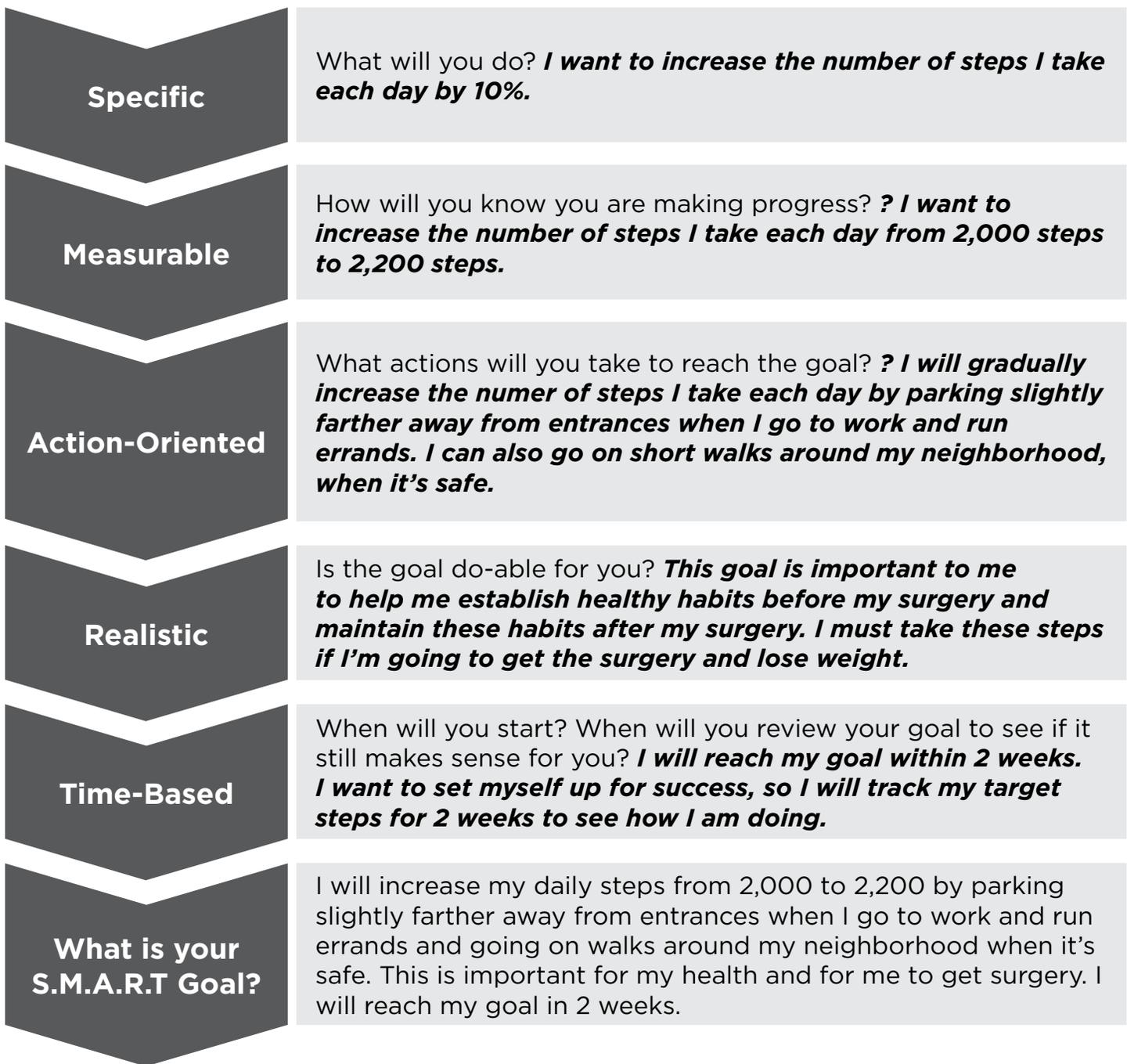
- Keep a food and exercise journal with you to track these things throughout the day.
- Post positive changes to remind you of your accomplishments. You can post them on the refrigerator or add a weight chart on the mirror. You may also put positive thoughts on your car dashboard or add goals to your phone lock screen.

HANDOUT 4. Summary of Things You Can Do To Improve Social Support

1. Take time to think about your relationships.
2. Identify people you trust with whom you want to share your decision to have bariatric surgery.
 - a. Whom would you feel most comfortable asking to help you after the surgery?
 - b. Talk with these people about your interest in bariatric surgery and whether they can help.
3. Tell people in your support network what you need and how you would like them to support you through the bariatric surgery and recovery. You may want to have these discussions more than once to avoid frustrations and help things go well.
4. Set limits with people in your life who are not supportive or cause problems. At this point, it will be helpful to figure out your sources of social support as well as those people who may get in the way of your weight loss goals.³
5. After bariatric surgery partners in a relationship may report improvements in the relationship, but there is also the possibility of increased tension and difficulties. ***It is recommended that you discuss with your partner the impact that bariatric surgery may have on your relationship. Please consider the following:***
 - a. Does your partner want to make changes to support you on your journey through recovery from bariatric surgery?
 - b. What kinds of relationship issues can get in the way of your bariatric surgery and weight-loss success?
 - c. How does your partner feel about your decision to lose weight?
6. Prepare responses for people who are critical when they notice you are eating smaller portions or losing weight quickly.
 - a. Sometimes having a statement in mind for how you will deal with this helps you to feel more confident.
 - b. You can say something like, “I have been working hard to make changes to better my health,” or “No need to worry about me, my doctor approves of all the changes I’ve made.”
7. Establish stable and healthy relationships with family (i.e., spouse/significant other, children, etc.) and friends.
 - a. If your current social support is unhealthy or unsupportive, work with your healthcare team to help identify useful strategies. A mental health professional can be very helpful and guide you in making an effective plan to improve social support. Programs like MOVE! and Whole Health allow you to connect with other Veterans and work with VA staff who can help you problem-solve in this area.

- b. A mental health therapist can help you think through whether you would like to make contact with loved ones from your past. The goal here would be to develop a good plan for moving forward with these important people if you choose to do so.
 - c. Your professional support team can also help you work on getting active in life so that you have more opportunities to meet people and form new and healthy relationships.
8. Avoid big life changes before and after bariatric surgery.³

Figure 7. Betty's S.M.A.R.T. Goals Example.



HANDOUT 6. Helpful Tips for Changing Unhealthy Physical Behaviors Before Your Surgery.

- Talk to your medical professional about ways that you can increase physical activity safely.
- If you are not already involved, enroll in the weight management program (MOVE!); ask your clinician for a referral.
- Seek a referral to physical therapy, if needed, to help you begin your fitness program.
- Try to get up and move around for a few minutes every hour if you tend to sit most of the day.
- Decrease screen time (TV, phones, tablets).
- Stand or take a few steps during TV commercials or phone calls.
- Use a pedometer, activity watch, or other log to track your activity to ensure you are meeting your daily and weekly step and activity goals.
- Find activities you like doing so that you can move your body more often.
- Work with your healthcare team to identify and address barriers to physical activity before your surgery.
- Identify specific people in your personal and professional support networks to help you remove barriers to improving your physical activity.
- Work with your mental health professional to address negative thoughts about physical fitness.

HANDOUT 7. Symptoms of Mental Illness

- Sudden and overwhelming fear that is not connected to things going on in your environment
- Significant weight loss or gain, NOT due to bariatric surgery
 - People may experience weight loss or weight gain in a short time due to unhealthy behaviors such as withdrawing from physical activity, sleeping too much or too little, eating too much or too little.
- Feeling very sad or withdrawn for more than 2 weeks
- Severe, out-of-control, risk-taking behavior that causes harm to self or others
- Seeing, hearing, or believing things that aren't real
 - Some people are not aware of when they experience hallucinations (seeing or hearing things that are not there) or delusions (believing things that are not real). Usually, others become concerned about people experiencing these symptoms.
- Excessive use of alcohol or drugs
- Drastic changes in mood, behavior, personality or sleeping habits
- Extreme difficulty concentrating or staying still
- Intense worries or fears that get in the way of daily activities
- Trying to harm or end one's life or making plans to do so

For more information on the warning signs and symptoms of mental illness, please visit: <https://www.nami.org/About-Mental-Illness/Warning-Signs-and-Symptoms#:~:text=Each%20illness%20has%20its%20own%20symptoms%2C%20but%20common,changes%2C%20including%20uncontrollable%20%E2%80%9D%20or%20feelings%20of%20euphoria.>

WORKSHEET 3: Addressing Mental Health Concerns Before Bariatric Surgery

Answer the questions below to help you understand how a mental health professional may be able to help you.

- Does it feel selfish to give time to your own mental health and well-being?
- What steps can you take to make caring for your mental health a higher priority?
- Who can help you improve your mental health?
- Have you ever been diagnosed with a mental health condition in the past?
- Have you previously completed mental health treatment successfully?
- *Mental health team members help you figure out whether there are new skills you can learn to help your surgical process be more successful. For instance, if you need extra help becoming physically active, eating healthier, or figuring out how to resolve relationship issues with relatives and friends, a mental health team member would be able to help you figure out an individual plan for being successful in these areas before your surgery.*
 - » Could you benefit from meeting with a mental health professional now?

Figure 9. Recommendations for Self-Care Activities.

PHYSICAL

- Safe housing
- regular medical care
- Eating healthy
- Exercise
- Safe sex
- Getting enough sleep
- Taking a vacation
- Taking time off
- Getting a massage
- Taking a bubble bath
- Taking a walk
- Disconnecting from television and/or social media

PSYCHOLOGICAL

- Self-reflection
- Psychotherapy
- Journaling
- Aromatherapy
- Painting/Drawing
- Relaxing in nature
- Reading a self-help book
- Joining a support group
- Thinking about your positive qualities
- Practicing asking for help
- Watching a funny movie
- Finding a new hobby

SPIRITUAL

- Finding a spiritual community
- Meditating
- Practicing yoga
- Praying
- Finding a spiritual mentor
- Volunteering for a cause
- Practicing self-forgiveness and compassion

PERSONAL

- Learning more about yourself
- Figuring out what you want in life
- Planning short- and long-term goals
- Making a vision board
- Developing friendships
- Going on dates
- Paying down debt
- Spending time with important others

PROFESSIONAL

- Not working overtime
- Leaving work at work
- Getting regular supervision/feedback
- Taking mental health days
- Learning to say “NO”
- Planning your next career move

HANDOUT 8. Self-Care and Addressing Mental Health Concerns

- ❑ Establish a good self-care routine that will be realistic for you to continue after bariatric surgery.
- ❑ Get mental health care to address body image and mental health.
 - If you have an eating disorder, it will be important to participate in an eating disorder program and successfully complete treatment before surgery. You will need to check with your local program to see how much time is required before you can seek bariatric surgery. Often, it is 1 year.
 - It is recommended that you get help from treatment programs, if you have had problems with substances (e.g., alcohol, drugs). Many bariatric surgery programs will require you to wait at least a year after successfully completing treatment for alcohol and drug problems.
 - If you have recently attempted suicide or have thoughts of suicide, you will be asked to seek treatment and make progress in your recovery before having bariatric surgery. Many programs will ask you to wait at least a year.
 - Untreated mental illness may delay acceptance for bariatric surgery. It will be important for you to get mental health care and make progress in developing healthy coping skills before having bariatric surgery.

HANDOUT 9. Activities That May Help You Manage Your Emotions

It is often helpful to know what has helped you in the past and keep a list of things that you can do to help yourself. The following are examples of things that you can do to help yourself:

- Get help from a dietitian or mental health professional to address emotional eating.
- Make an appointment with your therapist/counselor.
- If emotional eating is part of an eating disorder, complete an eating disorder treatment program at least 1 year before seeking bariatric surgery. An eating disorder is a psychological disorder that includes disturbed eating, such as binge eating disorder or bulimia. Talk to your healthcare team about diagnosis and treatment options if you think you have an eating disorder. Listed below are possible eating disorders:
 - Binge eating disorder is a potentially life-threatening condition that includes eating large amounts of food and experiencing loss of control, followed by shame and guilt. It may be hard for some people to tell the difference between this type of eating disorder and the regular over-eating that people sometimes do.
 - Bulimia is a potentially life-threatening condition filled with secrecy when people binge (eat large amounts of food and feel a loss of control) then do something unhealthy to try to get rid of the extra calories (purge), like force themselves to throw up or use laxatives in a way that was not intended.
- Practice mindfulness or other forms of meditation. The VA has developed an app to practice mindfulness meditation. It is free and called the “Mindfulness Coach.” Visit the following website to learn more: mobile.va.gov/app/mindfulness-coach.
- Practice mindful movements like yoga or Tai Chi. Ask your healthcare provider about a referral to your local Whole Health program. There might be in person or video appointments available. You can also find a Tai Chi video at the following web address: www.mirecc.va.gov/visn16/veterans-tai-chi-video.asp
- Call or visit a friend.
- Read a book or magazine.
- Go for a walk.
- Work on arts and crafts projects.
- Clean your home.
- Work in your yard or garden.
- Play games or do puzzles
- Journal, or write, about the things that have been bothering you.
- Take a long, relaxing bath or shower.
- If you are a religious or spiritual person, pray or read religious or spiritual books that are important to you.

HANDOUT 10. The Golden Rules for Eating After Bariatric Surgery

These “golden rules” have been established to help bariatric surgery patients increase their chances of meeting and maintaining their weight-loss goals and reducing post-surgery complications. The checklist below has been adapted³ for purposes of this Veteran guide.

Note: It may be helpful to print these golden rules and have them where you eat as a reminder for healthy eating behaviors.

- Take very small bites by using either a teaspoon or child’s eating utensils. Small bites will ensure that your food is properly chewed before you swallow it and give your brain time to process signals from your stomach to tell you when you are feeling satisfied.
- Chew your food at least 20 times before swallowing. Your food should feel like puree (i.e., consistency of applesauce, mashed potatoes, or pudding) in your mouth before you swallow it.
- Take a few 1-minute breaks during your meals. Try physically setting your cutlery down on the table or on your plate between bites.
- Stop eating after 20 minutes, making sure that you are taking your time and eating slowly.
- Avoid drinking and eating at the same time. Don’t drink for 10 minutes before eating, and then wait for 30 minutes after eating. This will help you avoid overfilling your stomach pouch and your food coming back up (i.e., regurgitation, indigestion, etc.). If you eat and drink at the same time after surgery, you will flush food through your stomach, which means you are less likely to feel full, and it can therefore trigger hunger.
- Sit down to eat. This will help you avoid grazing.

REFERENCES

1. Arterburn DE, Telem DA, Kushner RF, Courcoulas AP. Benefits and risks of bariatric surgery in adults: a review. *Jama*. 2020 Sep 1;324(9):879-87.
2. Neff KJ, le Roux CW. Bariatric surgery: a best practice article. *Journal of clinical pathology*. 2013 Feb 1;66(2):90-8.
3. Denise R. *Living with Bariatric Surgery: Managing your mind and your weight*. Routledge; 2018.
4. Heriseanu AI, Hay P, Corbit L, Touyz S. Grazing in adults with obesity and eating disorders: A systematic review of associated clinical features and meta-analysis of prevalence. *Clinical psychology review*. 2017 Dec 1;58:16-32.
5. Smith DE, Marcus MD, Eldredge KL. Binge eating syndromes: A review of assessment and treatment with an emphasis on clinical application. *Behavior Therapy*. 1994 Sep 1;25(4):635-58.
6. Orcutt M, King WC, Kalarchian MA, Devlin MJ, Marcus MD, Garcia L, Steffen KJ, Mitchell JE. The relationship between childhood maltreatment and psychopathology in adults undergoing bariatric surgery. *Surgery for obesity and related diseases*. 2019 Feb 1;15(2):295-303.
7. Dawes AJ, Maggard-Gibbons M, Maher AR, Booth MJ, Miake-Lye I, Beroes JM, Shekelle PG. Mental health conditions among patients seeking and undergoing bariatric surgery: a meta-analysis. *Jama*. 2016 Jan 12;315(2):150-63.
8. Kalarchian MA, King WC, Devlin MJ, Hinerman A, Marcus MD, Yanovski SZ, Mitchell JE. Mental disorders and weight change in a prospective study of bariatric surgery patients: 7 years of follow-up. *Surgery for Obesity and Related Diseases*. 2019 May 1;15(5):739-48.
9. Müller A, Hase C, Pommnitz M, de Zwaan M. Depression and suicide after bariatric surgery. *Current psychiatry reports*. 2019 Sep;21(9):1-6.
10. Kinzl JF, Schrattecker M, Traweger C, Mattesich M, Fiala M, Biebl W. Psychosocial predictors of weight loss after bariatric surgery. *Obesity surgery*. 2006 Dec;16(12):1609-14.

11. Substance Abuse and Mental Health Services Administration. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2020. Retrieved from <https://www.samhsa.gov/data/>
12. Neovius M, Bruze G, Jacobson P, Sjöholm K, Johansson K, Granath F, Sundström J, Näslund I, Marcus C, Ottosson J, Peltonen M. Risk of suicide and non-fatal self-harm after bariatric surgery: results from two matched cohort studies. *The lancet Diabetes & endocrinology*. 2018 Mar 1;6(3):197-207.
13. Godfrey CM, Harrison MB, Lysaght R, Lamb M, Graham PO. (2011). Care of self-care by other-care of other: The meaning of self-care from research, practice, policy and industry perspectives. *Int J Evid Based Healthc*. 2011; 9(1):3-24.