

Everything you need for a *bariatric clinic* — in one PDF.

Pre-op to lifelong. Surgery types · staging · lifelong supplementation.
Built on ASMBS · BOMSS · IFSO · ESPEN.

Inside this preview: the Clinical Guide cover, contents page and a chapter sample, the Patient Handout Pack cover and 2 handout samples, and a complete contents map of the full bundle.



SWIPE TO EXPLORE

Volume

Nº 03

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SPECIALTY CATALOG
EDITION · 2026.06

A CLINICAL GUIDE

The *Bariatric* Nutrition Handbook

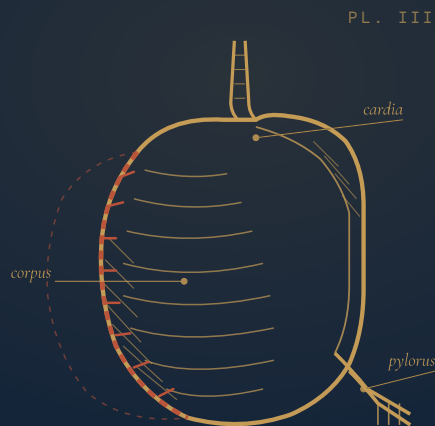


Fig. iii · Vertical sleeve gastrectomy
SECTIO LONGITUDINALIS

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01 Introduction to Bariatric Nutrition

Surgery types · Nutritional consequences · The dietitian's role

02 Pre-Operative Nutrition

Pre-op diet · VLCD/LED · Liver shrinkage · Baseline screening · Education checklist

03 Post-Operative Dietary Staging

Stage 1–5 progression · Timelines · Textures · Volumes · Common problems

04 Protein: The Priority Nutrient

Targets · Sources · Supplements · Distribution · Protein-first eating

05 The Micronutrient Masterclass

Deficiency risk by procedure · Best forms · Timing · Interactions · Monitoring · Daily schedule

06 Dumping Syndrome & Food Intolerance

Early vs late dumping · Dietary management · Common intolerances · Troubleshooting

07 Long-Term Nutrition Management

Weight regain prevention · Eating behaviours · Exercise · Pregnancy after surgery · Alcohol

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References & Abbreviations

The Micronutrient Masterclass

EVIDENCE NOTE

This chapter is based on ASMBS (2017), AACE/TOS (2020), BOMSS (2020), and IFSO guidelines. Micronutrient deficiency is the **most common long-term complication** of bariatric surgery, affecting up to 70% of RYGB and 50% of sleeve patients within 2 years.^{1,2}

The Complete Micronutrient Guide

This is the most comprehensive section of the handbook. For each nutrient, we cover: **why it's at risk**, **recommended supplement dose**, **best-tolerated form**, **when to take it**, **what interferes with absorption**, and **what to monitor**.

NUTRIENT	DAILY DOSE (RYGB/SG)	BEST FORM	WHEN TO TAKE	KEY INTERACTIONS & TIPS	MONITORING
Multivitamin / Mineral	2 × daily (bariatric-specific MVM if available)	Chewable or liquid for first 3 months. Then capsule/tablet if tolerated.	Morning + Evening (split dose improves absorption of water-soluble vitamins).	Must contain: iron, folate, B12, zinc, copper, vitamin D. Bariatric-specific formulas (e.g., Celebrate, BariVie) are dosed higher than standard MVMs. Standard over-the-counter MVMs are NOT sufficient — they contain too little of everything.	Baseline + 3, 6, 12 months post-op, then annually lifelong. Full panel at every check.

PATIENT HANDOUT PACK

The *Bariatric* Handout Pack

PL. IV

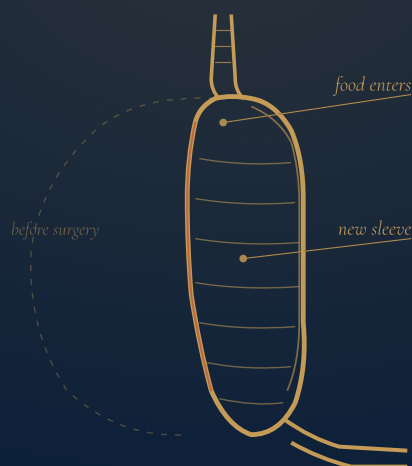


Fig. iv · Your stomach after surgery

SLEEVE GASTRECTOMY · POST-OP

Dietary Stages: From Liquids to Normal Food

Your step-by-step eating plan after surgery

STAGE	WHEN	WHAT TO EAT	HOW MUCH & HOW
Stage 1 Clear fluids	Day 1–2	Water, clear broth, sugar-free jelly, herbal tea, diluted clear juice	Tiny sips only (30 mL every 10–15 min). No straws. No gulping.
Stage 2 Full fluids	Day 2–14	Protein shakes (3–4/day), smooth soups (no lumps), smooth yoghurt, custard, milk	60–90 mL per sitting. Sip slowly. Aim ≥60 g protein from shakes. Start supplements.
Stage 3 Pureed	Week 2–4	Pureed meat/fish in gravy (blended smooth), hummus, cottage cheese, mashed avocado, scrambled egg (mashed)	2–4 Tbsp per meal. Protein first. 3 small meals + protein shakes between.
Stage 4 Soft & moist	Week 4–8	Soft fish, tender shredded chicken, soft-boiled egg, soft cooked vegetables, canned fruit	¼–½ cup per meal. Chew 20–30 times per bite. Stop at first sign of fullness.
Stage 5 Regular foods	Week 8+	Gradually introduce normal textures. Last to try: tough meat, bread, rice, raw salad	½–1 cup per meal (by 6–12 months). Protein first. Always. Forever.

Your Daily Supplement Schedule

Print this, put it on your fridge, and follow it every day

Your dietitian will fill in the specific products and doses for YOU. Follow this schedule **every day for the rest of your life**. Timing matters — some supplements block each other if taken together.

TIME OF DAY	WHAT TO TAKE	YOUR PRODUCT & DOSE	IMPORTANT NOTES
MORNING With breakfast	Bariatric Multivitamin (dose 1) Vitamin B12 (sublingual)		Chewable or liquid MVM. B12: let dissolve UNDER tongue.
MID-MORNING 2 hrs after breakfast	Iron + Vitamin C		NOT with calcium, tea, coffee, or dairy. Take with orange juice or vitamin C tab.
LUNCH With meal	Calcium Citrate (dose 1) Vitamin D3		Calcium CITRATE only. Max 500–600 mg per dose. Vitamin D with food.
AFTERNOON 2 hrs after lunch	Calcium Citrate (dose 2)		Separate from iron by at least 2 hours.
DINNER With meal	Bariatric Multivitamin (dose 2)		Take with food for best absorption.
BEDTIME	Calcium Citrate (dose 3, if needed)		Optional 3rd dose if your total target is 1500 mg/day.

The *Bariatric* Nutrition Handbook

You have just previewed 6 pages. Below is what's in the full bundle.

PART ONE

Clinical Guide

10 CHAPTERS · ~65 PP

- Pre-op VLCD protocol
- Surgery comparison: SG · RYGB · OAGB · DS
- Post-op staged diet algorithm
- Protein 60–120 g/day prescription
- Lifelong micronutrient monitoring schedule
- Dumping syndrome management
- Pregnancy · weight regain · revision
- Worked case studies + ADIME templates

PART TWO

Patient Handout Pack

12 PRINT-READY HANDOUTS

- Pre-op 2-week liquid plan
- Week 1 post-op
- Purée stage · soft food stage
- Lifelong eating rules
- Protein cheat sheet
- Daily supplement schedule
- Dumping syndrome action plan
- Weight regain plan · pregnancy · travel

PART THREE

Recipe Collection

35 STAGE-LABELLED RECIPES

- Stage 2 full liquid (~9 recipes)
- Stage 3 puréed (~9 recipes)
- Stage 4 soft & moist (~9 recipes)
- Stage 5 regular textures (~8 recipes)
- Per-serve protein, energy, carbs, fat, fibre
- Bariatric portion sizes called out on every recipe

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