Eating out after Bariatric SuRgery

April 7, 2016

ARAMARK Dietetic Internship

LifeBridge Health Weight Loss Surgery Center

Jennifer Trost

**Overview**

LifeBridge Health Weight Loss Surgery Center is located at Northwest Hospital in Randallstown, Maryland. The Center offers laparoscopic gastric bypass, sleeve gastrectomy and laparoscopic adjustable gastric band procedures. In the very near future, they will offer the gastric balloon. The thought of eating out after bariatric surgery can often provoke feelings of anxiety. The idea of choosing a restaurant, analyzing nutritional information, portion sizes, and many other variables can make for what should be a fun outing into an extremely stressful event. The goal of this project was to help alleviate some of the worry and concern about going out to eat post-bariatric surgery by providing helpful tips and a handout to keep for reference.

Educational classes are a requirement for the bariatric patients at this center. Three classes are presented at various times between the pre and post-op surgery periods to help patients prepare for the surgery and guidelines for living a healthy lifestyle post-surgery.

An educational lesson about eating out after bariatric surgery was provided to pre-op patients of the LifeBridge Health Weight Loss Surgery Center through a PowerPoint presentation, pre/post tests and a menu activity. The outcome of this lesson showed that 100% of the patients were able to identify cooking methods that would be recommended as well as avoided, in addition to ways to reduce portion sizes.

**Assessment**

*Food and Nutrition Related History (FH-1, 1.1, 1.1.1, 1.2, 1.2.1, 1.2.1, 1.2.2):*

Patients are required to fill out an application prior to being seen at the center. Within this application, extensive information is gathered regarding specific eating behaviors, a 24 hour food recall, beverage consumption, food allergies, and vitamin intake, eating out patterns, cravings, food intolerances, meal preparation, cooking methods, grocery shopping, meal and snack patterns and diet programs attempted within the last five years.

*Anthropometric Measurements (AD-1.1.1, 1.1.2, 1.1.4, 1.1.5)*

Lifebridge Health Weight Loss Center was able to provide data on BMI, weight, gender, age and comorbidities. The average BMI pre-surgery is 47.20 with an average weight of 290.4 lbs. The average BMI at five years post-surgery is 37.15 with an average weight of 229.2 lbs. and at ten years is 34.97 with an average weight of 211.8 lbs.

*Client History (CH-1.1.1, 1.1.2, 1.1.3, 2.1, 3.1.5):*

The average age is for bariatric surgery at this center is within the 40’s age range. The top five comorbidities seen at this center include hypertension, obstructive sleep apnea, back pain, GERD and musculoskeletal disease. The patient application also requires information regarding the patient’s family’s health history. Information regarding race/ethnicity, socioeconomic factors, culture, religion and living/housing situation were not available. The vast majority of patients are from the state of Maryland. Women account for 87.1% of the patient population with 12.9% men.

*Medical Tests and Procedures (BD- 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13, 1.14, 1.15):*

An extensive list of pre-operative lab work is required prior to surgery. Additionally, cardiology clearance, a chest X-Ray, abdominal ultrasound, Gastrografin Upper GI, Upper Endoscopy Bravo Probe, and Pulmonary Clearance are required for patients as well.

**Nutrition Diagnosis**

*PES Statement*

Food and Nutrition Related Knowledge Deficit (NB 1.1) related to bariatric surgery as evidenced by frequent patient questions about eating out at restaurants post-surgery.

**Nutrition Intervention**

The nutrition diagnosis of food and nutrition related knowledge deficit was addressed through the interventions that addressed both skill development and recommended modifications. Both interventions address the challenges faced by bariatric patients when making selections from restaurant menus.

Nutrition Education (E- 2.2) Skill development

Nutrition Education (E- 1.5) Recommended modifications

Potential varying education levels were taken into account when developing the presentation materials. Basic questions and presentation methods were used to ensure all participants could participate and understand the lesson.

**Healthy People 2020**

One of the goals for Healthy People 2020 is to promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights. An objective of this goal is to increase the proportion of adults who are at a healthy weight. The baseline for the proportion of adults who were at a healthy weight was established for the 2005-2008 timeframe at 30.8%. This number decreased to 29.5% during the timeframe of 2009-2012. The target for the year 2020 is 33.9%. Maintenance of healthy body weight is often the primary goal for patients that have bariatric surgery. The patients have the surgery which serves as a tool that aids with weight control combined with education on how to maintain a healthful diet. The Healthy People 2020 objective which is specific, measurable, attainable, realistic and timed (SMART) coincides with the objective at LifeBridge Health Weight Loss Surgery Center in that a tool is provided (the surgery) to aid in weight loss, but the center provides education to help the patients maintain a healthy body weight long-term.

**Lesson Plan**

The title of the lesson plan was “Eating out after Bariatric Surgery”. The target audience included all patients that were pre-bariatric surgery. It was decided that the lesson would be presented after the “Nutrition for Life” class as there was a little free time toward the end of the class. The duration was 30 minutes. The goal of the lesson was to provide information to increase knowledge and level of confidence in eating out successfully at a restaurant post-bariatric surgery. The information was provided through a PowerPoint presentation titled “Eating out after Bariatric Surgery”. Evaluation methods included a written pre-test and oral post-test due to time constraints. An introduction was made with a pre-test that followed to assess their knowledge on making smart choices at restaurants. After the pre-test, the PowerPoint was presented, followed by a menu activity where the participants practiced selecting an appropriate protein, starch and vegetable off the menu and wrote them down on a 6-inch paper plate. This activity was followed by questions and then an oral test for evaluation purposes.

**Marketing**

*Product:* The product was the educational lesson, “Eating out after Bariatric Surgery”. *Price:* There was not a price associated with this lesson as it was presented during a class that the patients were required to take. *Place*: The lesson plan took place in a designated conference room. *Promotion*: The center offers several classes including a “Nutrition for Life” class given several months prior to surgery, a pre-op class closer to the patient’s surgery date and a transition class post-surgery. These classes are not marketed to the public as they are only for the patients specific to the center. However, a flyer promoting the class, titled, “Eating out after Bariatric Surgery”, was made in case the center would like to promote the class in the future.

**Resources**

The materials needed included a computer, pre and post-test, eating out after bariatric surgery handout, menu, 6-inch plates and pens. The conference room needed had already been reserved for the scheduled “Nutrition for Life” class. No financial resources were needed for this lesson.

**Nutrition Monitoring and Evaluation**

Evaluation of the lesson plan was completed with a pre and post-test. The patients were given the pre-test prior to the PowerPoint presentation and the post-test once the presentation was complete. The class had 6 participants. The post evaluation showed that 100% of the participants were able to identify cooking methods that would be recommended as well as avoided, in addition to ways to reduce portion sizes.

Future plans for this lesson plan could include incorporating more menus to choose from and practice selecting dishes that could be modified to a more healthful meal. Additionally, patients are asked to follow-up annually, post-bariatric surgery. If this lesson plan is regularly implemented as part of the “Nutrition for Life” class, questions could be asked about their experiences eating out and whether they have implemented the tips suggested.

**Appendix A:** Lesson Plan Template

**Lesson Plan Template**

**Lesson Plan:** Eating Out After Bariatric Surgery

**Target Audience:** Patients pre-bariatric surgery

**Duration: 30 minutes:** 10 minute pretest**,** 10 minute presentation, 5 minute menu activity, 5 minute post oral test, 1 minute for questions.

**Goal:** Participants will increase their knowledge of how to eat out successfully post-bariatric surgery

**Specific Objectives:**

1. By the end of the session through the use of a post-test, patients will be able to identify two recommended cooking methods and non-recommended cooking methods they should look for on a restaurant menu

S: Specific to clients attending the educational session.

M: Results measurable through participant’s responses on pre/post-test.

A: Objective to be attained within educational session time-frame.

R: Improvement in the identification of recommended and non-recommended cooking methods is realistic

T: Achieving the objective within the timeframe provided (30 minutes) is possible.

2. By the end of the session through the use of a post-test, patients will be able to identify two ways to reduce their portion size in a restaurant.

S: Specific to the clients attending the educational session.

M: Results measured through participants responses on pre/post-test.

A: Objective to be attained within educational session time-frame.

R: It is realistic that clients will be able to identify 2 two ways to reduce their portion size in a restaurant.

T: Achieving the objective within the timeframe provided (30 minutes) is possible.

**Appendix**

|  |  |  |  |
| --- | --- | --- | --- |
| **Specific Objectives**  **(Use SMART criteria)** | **Procedure**  **(State how each specific objective will be met)** | **Learning Activity** | **Evaluation**  **Method** |
|  | **Introduction** |  |  |
|  | 1. Introduction 2. Purpose of the class | Verbal introduction to presentation | Pre-test |
|  | **Body of Lesson** |  |  |
| 1. By the end of the session through the use of a post-test, clients will be able to identify appropriate guidelines for eating out and the guidelines relationship to the management of their weight and health | **Review of Guidelines**   1. Types of cooking methods  * Recommended cooking methods * Cooking methods to avoid  1. Mindful eating 2. Research your restaurant 3. Portion control 4. Planning ahead 5. Beverage rules | PowerPoint presentation | Verbal Q&A |
| 2. By the end of the session through the use of a post-test, clients will be able confidently identify appropriate items to order off menu provided | **Practice with Menu**   1. Apply guidelines learned to researching menu provided 2. Select an appropriate starch, protein and vegetable from menu 3. Write items down on 6-inch plate provided 4. Dining out after bariatric surgery handout provided | Verbal education.  Educational handout.  Menu Activity, select and write down meal selection | Verbal Q & A  Post-test |
|  | **Conclusion** |  |  |
|  | Summarize what was discussed during the educational session.  Thank participants for attending. | Verbal conclusion. | Questions |

**Pre/Post Quiz**

# Eating Out After Bariatric Surgery

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructor:** | Jennifer Trost | **Name:** |  |
| **Results:** |  | **Class:** |  |
|  |  | **Period:** |  |
|  |  | **Date:** |  |

**Instructions:** Read each question carefully. Fill in the blank or circle the best answer choice.

1. **What should you research prior to choosing a restaurant?**
2. **You should skip meals/snacks prior to going out to eat at a restaurant.**
3. True
4. False
5. **Identify two ways you can reduce the portion size on your plate at a restaurant.**

a.

b.

**4**. **Name two healthy food preparation methods that you should look for on menus when eating out.**

* + 1. **Name two food preparation methods that should be avoided when eating out**

b.

* + 1. **When eating out which food group should you make a priority to eat first?**

**7. When eating out, it’s OK to order a beverage to have with my food.**

* 1. True
  2. False

1. **When eating out, it’s important to remember that your DAILY meal pattern includes all of the following except:**
   1. Eat every 4-5 hours
   2. 2 servings of fruit (carbohydrates)
   3. 4-5 mini-meals daily
   4. 2 servings of starch (carbohydrates)
2. **What should you do if unsure about how your meal is prepared at a restaurant?** 
   1. Ask
   2. Leave
   3. Order anyway
3. **We don’t recommend eating out any more than how much?** 
   1. 1-2 times per week
   2. Eating out is not allowed
   3. Twice a month

**Bariatric Presentation Flyer**



**Eating out After Bariatric Flyer Handout**





<http://www.rubytuesday.com/menu/dinner/>

**References**

1. Dining Out Tips | UCLA Metabolic and Bariatric Surgery Program. *Bariatricsuclaedu*. 2016. Available at: http://bariatrics.ucla.edu/body.cfm?id=45. Accessed April 3, 2016.
2. Healthy People 2020." *Healthy People 2020*. N.p., n.d. Web. 08 Apr. 2016.
3. Health H. Dining Out After Bariatric Surgery | Weight Loss Surgery Medford, Mass. *Hallmark Health*. 2012. Available at: http://hallmarkhealth.org/bariatric-and-weight-management-program/blog/restaurant-dining-tips/. Accessed April 3, 2016.
4. How to Enjoy Dining Out After Gastric Bypass Surgery – Gastric Bypass Surgery. *1gastricbypasscom*. 2010. Available at: http://www.1gastricbypass.com/dining/htm. Accessed April 3, 2016.
5. Top 8 Tips For Dining Out After Weight Loss Surgery. *Surgicalweightlosscentrecomau*. 2016. Available at: http://www.surgicalweightlosscentre.com.au/blog/top-8-tips-dining-out-after-weight-loss-surgery/#.VwFFsN8UW00. Accessed April 3, 2016.