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After bariatric surgery: your care guide

For adults after sleeve gastrectomy or gastric bypass. Use this guide alongside your hospital discharge plan. After revision surgery or complications, follow your surgeon’s individual recovery plan.

Start here when you get home

- **Sip small amounts throughout the day.**
- **Follow the food stage on your discharge plan.**
- **Take your discharge medicines and supplements as prescribed.**

Warning signs: when do I need emergency care?

Your discharge plan sets the dates and doses

Before leaving hospital, check that you have your current food stage and transition date, every medicine’s name, dose, timing and duration, and your first follow-up appointment. If you are home and any detail is missing, call the clinic today. Do not advance your food stage or change medicines yourself.

1. How should I drink?

- Take small, frequent sips while awake. Do not gulp a full glass or wait until you feel thirsty.
- A common goal is around 2 litres of permitted fluids daily, reached gradually as tolerated. Follow any individual fluid restriction for heart or kidney disease.
- Use a marked bottle or record your intake. Water and nourishing liquids allowed at your stage count towards the total.
- Avoid fizzy drinks, including diet versions, fruit juice, sweetened drinks and alcohol. Choose caffeine-free drinks during early recovery.

Dark or scant urine with dizziness needs contact with the team today. If every sip comes back up or you cannot keep fluids down, seek urgent assessment now.

2. Your first-month food timetable

This is a common general schedule after uncomplicated sleeve gastrectomy or gastric bypass. Follow your discharge plan if its dates differ. Do not advance while experiencing pain, vomiting or swallowing difficulty.

Day 1 to day 30

Day 1 means the first day after surgery, not the day you leave hospital. On the operation day, drink only once the hospital team allows it.

Days after surgery	Food texture and suitable examples	How to take it
1–14 | Weeks 1 and 2	Completely smooth liquids without pieces. Start with the clear fluids authorised in hospital, then add nourishing liquids once allowed: low-fat or lactose-free milk, a low-sugar protein drink, and blended, strained soup.	Take frequent small sips. No solid food or soup pieces. Do not spend both weeks on water and broth alone.
15–28 | Weeks 3 and 4	Smooth purée without pieces: plain yoghurt, blended cottage cheese, or cooked chicken or fish blended to a yoghurt-like consistency.	Start with 1–2 tablespoons, increasing as tolerated. Eat protein first, stop at fullness, and keep drinking between meals.
29–30 | Start of week 5	Begin soft food if purée is well tolerated and your discharge plan permits it: soft thoroughly cooked egg, moist boneless fish, or tender minced meat that mashes with a fork.	Take small bites and chew well. If the team has not cleared soft food, continue purée and contact them. Day 29 alone is not clearance to advance.

> During month one, avoid bread, rice, pasta, dry foods, nuts and fizzy drinks. Regular food does not start automatically when the month ends. Repeated vomiting or inability to keep fluids down needs urgent assessment.

Source for stage timing: NHS

Food texture at each stage

Stage 1

Liquids

Completely smooth liquid without pieces, skins or seeds.

Suitable examples: If only clear liquids are authorised: water and clear low-fat broth. The team determines this brief stage; do not prolong it yourself. Once nourishing liquids are allowed: low-fat or lactose-free milk, a low-sugar protein drink, and blended, strained soup at the permitted consistency.

Remember: Milk and yoghurt are not clear liquids. Soup containing pieces is unsuitable for the liquid stage.

Stage 2

Smooth purée

An even yoghurt-like texture without pieces needing chewing.

Suitable examples: Plain yoghurt without pieces, smoothly blended cottage cheese, or cooked chicken or fish blended with permitted liquid until completely smooth.

Remember: No pieces of meat or chicken, bread, rice or pasta at this stage.

> Broth alone does not provide enough protein. Do not spend weeks living on water, tea and clear soup.

Later food stages and eating technique

Stage 3

Soft food

Moist food that mashes easily with a fork.

Suitable examples: Soft thoroughly cooked egg, tender boneless fish, soft cheese, and moist tender minced meat as tolerated.

Remember: Avoid dry or hard foods, skins, seeds, nuts and tough meat.

Stage 4

Gradual return to regular food

Once your team agrees, introduce one new food at a time in small amounts.

Suitable examples: Eat protein first, followed by permitted vegetables. Discuss persistent difficulty with a food with your dietitian.

Remember: Bread, rice and pasta do not return automatically when a stage ends; your nutrition plan sets their timing and portions.

3. Portions and eating technique

- Start very small when beginning purée, for example 1–2 tablespoons, and increase only as tolerated within your team’s portion plan. Stop at the first fullness, pressure or nausea; do not force yourself to finish.
- Take small mouthfuls and chew until smooth. Allow around 20–30 minutes for a meal and sit upright.
- Once eating purée or soft food, do not drink with meals. Wait 30 minutes afterwards before drinking, and spread fluids between meals.
- Prioritise protein. Many plans aim for 60–80 grams daily; your dietitian sets your individual target. This means grams of protein, not the weight of the food itself. Check the protein amount on drink labels.
- Do not deliberately skip meals to speed weight loss. Avoid sugary and high-fat foods. Stop a food that causes pain or vomiting, and contact the team if this recurs.

4. Medicines: what to take and avoid

This explains medicine groups; it is not a prescription. Do not start a medicine because it appears here. Your discharge prescription states what you need, with the dose and duration.

Stomach protection / acid suppression

If prescribed, take it regularly at the written time and in the specified way. Finish the course even if you have no heartburn.

Injections to prevent blood clots

If prescribed, use your own dose for the stated number of days. Learn the technique before discharge. Contact the team about a missed dose; do not double the next one.

Pain relief and anti-sickness medicine

Use prescribed medicines only. Do not combine two products containing paracetamol. Persistent pain or vomiting despite treatment needs urgent advice, not extra doses.

Diabetes and blood pressure medicines

Follow the written changes and monitor as instructed. Do not automatically return to old doses. Do not stop insulin yourself, especially with type 1 diabetes.

Weight-loss and some diabetes medicines

Restart Mounjaro, Ozempic or similar medicines, or dapagliflozin or empagliflozin, only with explicit instructions on the restart date and dose.

Antibiotics and other medicines

Take them only if prescribed and follow the instructions. Do not use another patient’s prescription or leftover treatment.

> Do not self-medicate with ibuprofen, diclofenac or naproxen: they can cause ulcers or bleeding. Do not stop prescribed cardiac aspirin without medical advice. Ask a pharmacist before crushing tablets or opening capsules, especially modified-release or coated medicines.

5. Vitamins and supplements

- After sleeve gastrectomy or gastric bypass, supplements and nutritional follow-up continue long term, usually for life. Do not stop because you can eat or have lost weight.
- Your plan may include a bariatric-appropriate multivitamin and mineral supplement, calcium and vitamin D, iron, and vitamin B12. The team sets products, doses and the B12 formulation using your operation and blood results.
- If prescribed both iron and calcium, take them at least 2 hours apart. Do not swap your supplement for gummy vitamins or another product without checking its contents with the team.
- Repeated vomiting with poor intake can cause serious vitamin B1 deficiency. Seek urgent assessment; do not wait for blood tests or a routine visit.

6. Movement, wounds and everyday life

- Take short gentle walks several times daily and build up as able. Avoid prolonged sitting or bed rest. Use prescribed stockings and breathing exercises.
- Avoid heavy lifting, abdominal exercise and gym training until cleared. Do not drive while taking sedating painkillers or if pain prevents safe movement and braking.
- Follow your wound-specific dressing and showering instructions. Do not pick off glue or adhesive or apply unprescribed creams. Avoid swimming and soaking wounds until healed.
- Avoid smoking, shisha and nicotine. For constipation without severe pain or vomiting, discuss treatment with the team; do not assume severe abdominal pain is ordinary constipation.

7. When should I seek help?

Go to emergency care immediately

- Severe or worsening abdominal or chest pain, breathlessness or fainting.
- Vomiting blood, significant bleeding, or black stools with dizziness or deterioration.
- Repeated vomiting that prevents you keeping fluids down, or rapid deterioration with palpitations.

Contact the team now for urgent assessment today

- Temperature of 38°C or higher, shivering, a persistently fast heartbeat or new swallowing difficulty.
- Pain or swelling in one leg, scant urine with dizziness, or repeated vomiting even if you can still drink.
- Increasing wound redness, pus or an opening wound.

> If the team cannot be reached promptly, go to emergency care. Do not wait for WhatsApp or a website form response with warning signs. Tell the emergency clinician which operation you had and when.

8. Follow-up: do not wait for a problem

- Keep the first appointment written on your discharge plan. If none is arranged, call the clinic today.
- Bring your medicine list, fluid and protein records, symptoms, and glucose or blood pressure readings if requested.
- Continue surgical, nutritional and blood-test follow-up. Nutrition and blood tests are usually reviewed several times in year one, then at least annually for life, or more often for your needs.

A question about food or your prescription?

Call the clinic to clarify your current stage or an unclear dose. Do not guess or wait for routine follow-up if you cannot drink or keep vomiting.

Call the clinic · 01039274004 **Specialist nutrition follow-up**

Medical references

These sources support the general principles. Discharge prescriptions and diet-stage dates depend on the operation and the individual.

- ASMBS: life after bariatric surgery
- NHS: recovery after weight-loss surgery
- Chelsea and Westminster: diet after sleeve or bypass
- UCSF: dietary guidance
- Mayo Clinic: food textures after gastric bypass
- University Hospitals Plymouth: protein and eating technique
- North Tees: eating and drinking after surgery
- BOMSS: postoperative medicines
- BOMSS: supplements and monitoring
- BOMSS: ongoing review and vomiting
- Gloucestershire Hospitals: type 1 diabetes and insulin
- North Bristol: discharge and recovery
- NHS: warning signs after surgery

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