



Dietary advice after your bariatric surgery

This leaflet is for patients who have undergone a bariatric (weight loss) surgery. It provides advice for food reintroduction and eating well after surgery. Please see the separate leaflet for pre-op advice.

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Bariatric surgery and diet

Bariatric surgery does not guarantee weight loss. Bariatric operations are tools that you should work with to maximise and maintain your weight loss. This means you will still need to make changes to your diet and lifestyle. You will also need to maintain these changes to keep off the weight you have lost.

Red flag symptoms to look out for after bariatric surgery

If you have any of the symptoms below, in the weeks after surgery, please contact the ward that you were discharged from via telephone, or in an emergency go to your nearest Emergency Department (A&E):

- A constantly high fever
- Sudden shortness of breath, chest pain or a rapid pulse
- Pain, redness or swelling in one or both of your legs
- Difficulty in swallowing that does not settle after changing to clear fluids for a few hours
- Constipation that does not respond to laxatives
- Severe abdominal pain
- Uncontrollable vomiting

If you have other significant concerns, you should seek urgent medical advice from your GP or NHS 111 and explain that you have had a recent bariatric surgery. If it is not urgent, you can contact the Bariatric Team for advice.

Reintroducing foods after bariatric surgery

After your surgery it is essential that you follow the recommended diet reintroduction stages to reduce the risk of complications. **It is important to slowly progress through each stage and not rush or skip stages.** This will allow your stomach and intestines to heal as well as reducing discomfort and a risk of vomiting. It may take you longer to progress through each stage and this is not a concern as each person is different. It is only a concern if you are not progressing at all.

Your diet will progress from fluids to soft foods, through to regular texture foods in four stages:

- **Stage 1:** Fluids
- **Stage 2:** Pureed
- **Stage 3:** Soft / mashable
- **Stage 4:** Regular texture.

Stage 1: Fluids only (liquid diet)

How long you should follow the liquid diet will depend on what type of operation you had:

- Laparoscopic Roux-en-y Gastric Bypass: Follow for 1 week
- Laparoscopic Sleeve Gastrectomy: Follow for 1 week
- Endoscopic Sleeve Gastroplasty: Follow for 6 weeks

*Immediately after surgery you will be required to have clear fluids only. This stage should be completed before you leave the hospital. Examples include: water, diluted squash, tea without milk, clear broth, diluted apple juice, ice lollies, ice cubes, and sugar free jelly. **You will be told when you can move onto the liquid diet.***

Liquid diet

Your liquid diet must be smooth and would be able to be sucked through a straw, although it is recommended to avoid drinking through a straw. It is important that you get a variety of liquids at this stage, including liquid sources of protein. You may only be able to manage a few sips at a time. **Laparoscopic (keyhole) procedures: you can start to introduce runny pureed foods after a few days of liquid diet, if you feel you are able to.**

Examples of a liquid diet include:

- Milk (skimmed or semi skimmed)
- Fortified milk (2tbsp. skimmed milk powder added to 1 pint milk)
- Fruit juice (diluted 50:50 with water)
- Tea
- Smooth broths or creamed soups
- Yogurt and yogurt drinks (add milk if too thick)
- Meal replacement drinks, e.g. Slimfast / Meritene / supermarket own brands

General advice for a liquid diet:

- Drink very slowly, take small sips, and try not to gulp.
- Avoid fizzy drinks and avoid drinking through a straw – these can introduce air into your sleeve / pouch and make you feel uncomfortable.
- Have plenty of non-caffeinated drinks, as caffeine has a slight dehydrating effect.

Sample menu plan for liquid diet:

Breakfast	Meal replacement drink or glass of fortified milk
Mid-morning	1 glass fruit juice or tomato juice or milk
Lunch	Meal replacement drink or glass of fortified milk or creamy soup
Mid-afternoon	1 glass fruit juice or tomato juice or milk
Evening	Meal replacement drink or glass of fortified milk or creamy soup
Supper	1 glass fruit juice or tomato juice or milk

Stage 2: Pureed diet

How long you should follow the pureed diet will depend on what type of operation you had:

- Laparoscopic Roux-en-y Gastric Bypass: Follow for 2 weeks
- Laparoscopic Sleeve Gastrectomy: Follow for 2 weeks
- Endoscopic Sleeve Gastroplasty: Follow for 3 weeks

Your pureed diet should be a smooth consistency with no chunks like a smooth yogurt. Start with pureed foods that are runnier, with a custard-like consistency. Over a few days you should build up the thickness of the puree consistency, but make sure the foods are still smooth.

Examples of a pureed diet include:

- Thick creamy soups / rice pudding / custard
- Smooth yogurts
- Softly cooked and blended vegetables / smooth mashed potato
- Cereals such as Ready Brek / Weetabix / ground rice
- Blended fruits
- Blended meats with gravy or other sauces
- Blended casseroles / soups

General advice for a pureed diet:

- Eat slowly and stop eating once you feel satisfied. Try not feel full as this can cause discomfort and regurgitation of food.
- You may only manage 2-3 tablespoons of food at this stage.
- Wait at least 30 minutes before and after meals to have a drink.
- You will need a blender, liquidizer or food processor to make your own pureed foods.
- When making pureed meals, avoid blending all your food together. Serve items separate on your plate.
- If you are struggling to blend a food, cook until it is very soft and add extra liquids.

Sample menu plan for pureed diet:

Breakfast	Smooth, very milky Weetabix or Ready Brek with milk or yogurt and fruit juice
Mid-morning	Low calorie yogurt or smooth rice pudding
Lunch	Blended creamy soup or blended macaroni cheese or blended cauliflower cheese
Mid-afternoon	Mashed banana or pureed stewed fruit
Evening	Blended chicken casserole or blended fish in white sauce, with smooth mashed potato and blended carrots.

Stage 3: Soft / mashable diet

How long you should follow the soft / mashable diet will depend on what operation you had:

- Laparoscopic Roux-en-y Gastric Bypass: Follow for 2 weeks
- Laparoscopic Sleeve Gastrectomy: Follow for 2 weeks
- Endoscopic Sleeve Gastroplasty: Follow for 3 weeks

Your soft diet should be foods that can be easily mashed with a fork. At this stage, you no longer need to blend your foods. Aim to create balanced meals and a regular meal pattern.

Examples include

- Tender meat / minced meat / fish / Quorn or other soya alternatives
- Soft pasta in a cheese or tomato based sauce
- Boiled potatoes / sweet potato / yam
- Soft omelette / scrambled egg
- Fish pie / cottage pie / shepherd's pies
- Soft vegetables / cauliflower cheese
- Slow cooked casseroles / stews / curries

General advice for a soft / mashable diet:

- Continue to eat slowly, chew well and stop eating when feeling satisfied.
- Have small mouthful sizes of a 20 pence piece, or smaller if you are struggling.
- Wait at least 30 minutes before and after meals to have a drink.
- **If you are now managing a tea plate sized portion**, you should have 3 meals a day with no snacks in between.
- **If you are still only managing a few tbsp. of foods**, you should continue to have snacks between meals.

Sample menu plan for soft / mashable diet:

Breakfast	Weetabix or Ready Brek with milk
Mid-morning	Low calorie yogurt or rice pudding
Lunch	Scrambled egg or macaroni cheese or cauliflower cheese
Mid afternoon	Banana or tinned soft peach or pear without skins
Evening	Shepherd's pie or fish pie with soft vegetables

Stage 4: Regular texture diet

Continue with regular texture, healthy eating. Your regular diet should consist of a regular eating pattern of healthy and nutritious foods. You should not focus on only eating small amounts to lose weight. It is very important that the food you choose is of high nutritional value, and you are getting enough protein and fibre in your diet.

General advice for a regular texture diet:

- You may find it easier to start with crispy / crumbly foods that break down in water, such as crispbreads, crackers and breadsticks. You should then introduce varied textured foods.
- Ensure you are following the '20-20-20' approach (see section "eating techniques" below for more details).
- Aim to have 3 meals a day, limit snacking to only when you are genuinely hungry.

Sample menu plan for regular diet:

Breakfast	<ul style="list-style-type: none"> • 1 slice toasted brown bread or small toasted bread roll with 1 portion low fat cheese spread or 1 egg or 50g lean meat • 50g breakfast cereal with semi skimmed milk or low fat yogurt • Coffee made with 200ml skimmed milk or 200ml vegetable or fruit juice
Lunch	<ul style="list-style-type: none"> • 50g grilled fish or 50g grilled chicken or meat alternative with 2 tbsp. Cooked vegetables or a small mixed salad with 1 tbsp rice or 1 tbsp mashed potato or 1 small boiled potato
Evening meals	<ul style="list-style-type: none"> • 50g minced meat or 50g minced meat alternative in a bolognese sauce with 35g boiled spaghetti plus 1 tsp parmesan cheese and 1 grilled tomato • 1 slice of brown bread toasted with 3 small slices of low fat cheese or 1 tbsp tuna and small salad • Small baked potato with 25g grated cheese and 25g ham with small salad • Chicken casserole made with 50g chicken breast, 35g potatoes and vegetables

For more ideas on meals for after bariatric surgery, consider purchasing the 'Recipes for life' booklet from 'Nutrition & Diet Resources UK'.

Eating techniques ('20/20/20')

You should follow the '20/20/20 approach' after surgery. It will help you avoid complications and continue with small portions. The 20/20/20 approach is:

- Each bite size / mouthful the size of a **20p coin**.
- Chew foods at least **20 times** or, until smooth consistency.
- If you are still eating at **20 minutes**, your portion size is likely too large. You should stop and leave the remaining food, if you are no longer hungry.

Healthy eating

There are five main food groups; a healthy diet includes a mix of them all. You should try to limit sugary foods as these typically increase your calories without increasing your nutrients.

1. Protein foods:

- Such as meat, fish, eggs, dairy, beans and meat alternatives
- Include 2 to 3 portions per day (a portion is 60-90g / 2-3oz)
- You must be particularly careful to chew well when eating meat, fish and nuts
- Base your meals on mostly protein and eat the protein part of your meal first

2. Milk and dairy:

- Choose low-fat cheese
- Choose skimmed milk and low fat yogurt varieties
- Dairy products can also be used as a protein source in your meal

3. Fruit and vegetables:

- Aim to have 4-5 portions per day
- A small glassful of unsweetened fruit or vegetable juice is one portion per day
- Having fruit or vegetables with each meal can also help manage post-surgery constipation
- Having fruit as a snack can help you feel fuller for longer

4. Carbohydrates:

- Such as bread, potatoes, rice, cornmeal and cereals
- One small portion around (50g – 60g / 2oz) at each meal will be sufficient
- There is no need to cut out carbohydrates from your diet

5. Fatty foods:

- Use a small amount of vegetable oil for cooking
- Use low fat margarine as spread

Sugary foods:

- Replace sugary desserts with a diet yoghurt or stewed fruit
- Beware of the soft, calorie dense foods such as chocolate, sweets or ice cream due to Dumping syndrome(see section “Dumping Syndrome” below for details)
- These are also called ‘slider foods’ and can cause weight gain / limit your weight loss

The importance of protein

After bariatric surgery, it is essential to have a good protein intake. Protein helps to maintain smaller portions by increasing the feeling of fullness when eating. It also helps your body to heal, preserve your muscle and keep your blood sugars stable.

By three months after your surgery, you should be trying to have at least 60g of protein a day. By six months after your surgery, you should aim to eat **60g to 80g of protein a day**. To achieve this goal, you should aim to have **mostly protein** at each of your three meals a day, and **always eat the protein part of your meal first**. Try to only use protein supplements on a short term basis as they often contain additional calories and / or sugar that will limit your weight loss.

Use the table below to help you identify protein foods in your diet. This is not an extensive list, and you can still have other sources of protein. Make sure to still choose low fat versions of foods and avoid foods high in fat and sugar.

Food	Portion	Protein (g)
Meat & Fish		
Chicken / turkey	1 small breast (100g)	30
Wafer thin cooked meat	4 slices (48g)	10
White fish / salmon / fresh tuna	1 small fillet (60g)	14
Tinned tuna / tinned sardines	Whole tin (70g)	25
Rump steak / lamb steak	1 small steak (68g)	19
Roast beef / roast lamb	2 slices (75g)	22
Pork chop / gammon (fat trimmed)	1 small chop (70g)	21
Eggs & Dairy		
Egg	1 medium egg (60g)	7
Cottage cheese (plain)	3 tablespoons (100g)	13
Feta / mozzarella	5 cubes (30g)	5
Light soft cheese	1 tablespoon (30g)	3
Skimmed milk	1/2 pint (280ml)	10
Yogurt (0% fat)	150g pot	8
Plant based		
Unsweetened soya milk	1/2 pint (280ml)	10
Tofu / Quorn pieces	4 tablespoons (80g)	19
Tempeh	3 tablespoons (70g)	15
Baked beans / kidney beans	Half large tin	10
Chickpeas / lentils	4 tablespoons (80g)	7
Mixed unsalted nuts	Cupped handful (50g)	9
Mixed seeds	1.5 tablespoons (25g)	7

Caution foods

There are some solid foods that you may not tolerate after surgery. These foods are more likely to make you be sick. However, if you can manage these foods there is no need to avoid them. It may be easier to slowly introduce these foods:

- Bread, particularly soft bread
- Plain boiled pasta and rice
- Meats that are tough and dry
- Nuts
- Pips, seeds, skins and piths from fruit and vegetables
- Stringy vegetables such as green beans
- Sweetcorn
- Dried fruits
- High sugar foods may cause dumping syndrome

Fluids / drinks

- Aim for 8-10 glasses (2 litres) of fluid a day.
- Choose non-carbonated fluids. Avoid fizzy drinks, even if they are sugar free. The gas produced by these can expand your sleeve / pouch and make you uncomfortable.
- Avoid using a straw to drink, as this can cause you to swallow more air or drink too much / too quickly at once.
- The best drink for you to choose is water as it is most hydrating while being naturally sugar- and calorie-free.
- You can also have diluted sugar-free squash, sugar-free flavoured still waters, coffee or tea, herbal teas, clear soups and diluted unsweetened fruit juice.
- Read the labels of your drinks. Some drinks are marketed as healthy but contain a lot of sugar and / or calories.
- Do not forget that alcoholic drinks can be high in calories and increase your appetite, so moderate your intake.

Alcohol

Alcohol can irritate your sleeve / pouch and if carbonated, can expand your sleeve / pouch, causing discomfort. It is also high in calories and can slow down weight loss or cause weight regain. Alcohol is an appetite stimulant so you may find that you are tempted to snack or eat more when you drink alcohol.

After your bariatric surgery, it is likely that your alcohol tolerance will significantly reduce. If you do decide to drink alcohol, make sure you pace your drinking and assess how you are feeling during each alcoholic drink. It is not safe to drink alcohol for the first 6 months after surgery.

10 steps to success

- 1. Limit portion sizes:** for meals, use a side plate or serve about half of a regular portion. Measuring your food portions can help initially. It will take time to get used to what your smaller portion looks like.
- 2. Stop eating as soon as you are no longer hungry:** do not push yourself to feeling full. Overeating can lead to stretching your sleeve / pouch and can limit your weight loss. When you have eaten enough, do not return to finish the rest of your meal.
- 3. Eat slowly:** it should take 20 minutes to finish your meal. This will allow time for your sleeve / pouch to tell your brain that you are satisfied and do not need to eat more. Try placing your knife and fork down between mouthfuls to help.
- 4. Chew foods thoroughly:** you should chew each mouthful 20 times before swallowing, aiming for a smooth texture in the mouth. Each mouthful should be the size of a 20 pence piece or smaller if you are struggling.
- 5. Eat three small meals per day:** your meals should be mostly protein based; 50% protein, 25% carbohydrate and 25% vegetables. Eat the protein part of your meal first followed by the vegetables and carbohydrates.
- 6. Eat nutritious, solid foods:** that contain good fibre and protein to help you feel satisfied after eating. Soft foods that are high in fat and / or sugar are known as 'slider foods', these do not make you feel satisfied and can result in weight regain.
- 7. Do not drink while eating:** do not drink 30 minutes before or 30 minutes after your meal. Drinking before your meal will cause you to feel full before you have had adequate nutrition. Drinking after your meal will 'flush' the food through your sleeve / pouch causing you to feel hungry shortly afterwards.
- 8. Limit snacking between meals:** it is a common cause of reduced weight loss or weight regain. If you are hungry between meals, try to assess if it is genuine hunger or if it is thirst, or emotional hunger.
- 9. Choose zero calorie drinks:** drinks can easily increase your calorie intake and cause weight regain as they do not make you feel satisfied. You should avoid sugary juice, sugary squashes, milkshakes and fizzy drinks. Women need calcium and this can be obtained from low fat dairy in the diet. Alcohol will also increase your calories and likely cause an increase in appetite.
- 10. Regular exercise:** is beneficial for maintaining weight loss. A mix of both cardio and weight bearing exercises is the most effective. Make sure the physical activity you do, is within your own safe limits per your individual abilities.

Other considerations after bariatric surgery

Common general post-op symptoms:

- Feeling full very quickly when eating
- Feeling sick (nausea) and vomiting
- Abdominal (tummy) pain or discomfort
- Heartburn / reflux

For the majority of people these symptoms will resolve 6 to 9 months after surgery. However, some people can experience these symptoms on a long term basis. There are ways to manage some of these issues, to reduce the impact on your daily life. If you are struggling, please discuss with your Bariatric Team.

Difficulty in swallowing / feeling full too quickly:

You may experience a difficulty in swallowing, often described as a feeling of food becoming stuck. You may also get a feeling of fullness very quickly and this can last for over 2 hours. These symptoms can be mild or severe and often do not occur with every meal.

If you are experiencing these symptoms, you may find these tips helpful:

1. Instead of 3 meals a day, try smaller, more frequent meals. This means there is less food in your stomach and it will be easier to pass through your digestive system.
2. Try soft and / or liquid foods as these are easier to digest. Some people also find it easier to swallow foods that are 'crumbly'.
3. Chew foods well before swallowing (remember the '20/20/20' technique).

It may also help to limit high fibre foods that are harder to digest. Choosing lower fibre foods is a good short term option. However, as they lack fibre, they can lead to constipation.

Low fibre foods	Higher fibre foods
Low fat cheese & skimmed milk Plain yogurt or fromage frais	Yogurts and fromage frais containing fruit pieces or nuts
Tender meat, poultry and offal Fish without bones Eggs	Tough or stringy meats Fish with edible bones, e.g. tinned salmon Ready meals containing vegetables Pulses, beans, lentils and peas Nuts and nut butter
Plain milk puddings and ice cream	Items containing fruit and / or nuts
Soups without vegetables beans or pulses Seasoning and spices Most fluids	Soups containing vegetables, beans or pulses Pickles or chutney

Constipation:

You may experience some changes to your usual toilet habits. You may find your bowels open less regularly, i.e. every two to three days. This is because your food intake is much smaller. This can also be commonly caused by a low fluid intake; aim to drink 8-10 cups of fluids a day.

By including some of the higher fibre foods listed below, your constipation can improve:

- Wholewheat breakfast cereals, e.g. All Bran, Shredded Wheat, Weetabix, Porridge.
- Pulses, e.g. baked beans, kidney beans, lentils, chickpeas.
- Wholewheat crackers, e.g. Ryvita, wholemeal crispbreads.
- Fruit and vegetables. e.g. cauliflower, broccoli, carrots, salad, green beans, fruits.

If constipation persists, try taking a laxative such as lactulose, available from your local pharmacy. If this does not help, talk to your GP or one of the Bariatric Team.

Hair loss and loose skin:

Hair loss and loose skin after bariatric surgery are quite common, due to the significant and rapid weight loss. It is important you take your vitamin and mineral supplements as suggested but unfortunately, extra vitamins will not prevent hair loss or loose skin.

Hair loss usually happens 3 to 4 months after surgery and can continue for 12 months. You may notice your hair thinning and hair coming out when you brush or wash your hair. The hair loss does stop, and the hair will re-grow. The amount of loose skin will be different for each person and can occur anywhere that you have lost weight off your body. Unfortunately, the Royal Berkshire Hospital do not provide loose skin removal surgery.

Dumping syndrome:

This can occur if you eat too much sugar, as the body can produce too much insulin for your smaller food portions, causing your blood sugar to quickly drop. You may feel light-headed, sweaty, shaky, nauseous and have abdominal pain. It is not dangerous but can be very unpleasant. If this happens to you, lie down and have some sugar-free fluids until the feeling passes. Try to stick to low sugar foods – look at labels for food that contain 5g or less of sugar per 100g.

If you are persistently experiencing the above symptoms after eating, please let the Bariatric Team know. Some people experience 'secondary dumping', which can happen a couple of hours after eating. Secondary dumping may require more strict diet changes or even medications to manage the symptoms.

Dumping syndrome can also happen if you eat too much fatty food, drink too close to eating, eat too quickly or if you don't chew your food properly. Ensure you are following the '20/20/20' technique and avoid any foods that you identify as triggering dumping syndrome.

Vitamin and mineral supplements

You will need to take vitamin and mineral supplements for the rest of your life. The table below contains all of the supplements you will need to take:

Vitamins	Comments
Vitamin B Complex	TAKE DAILY for 3 months You will need to buy over the counter Only needed for the first 3 months after surgery Take 1 a day
Complete A-Z vitamin & minerals tablet	TAKE DAILY for life You will need to buy over the counter You may need to take 2 tablets to achieve the below Total of 2mg Copper Plus total of 15mg Zinc Plus total of at least 400mg Folic Acid
Combined supplement of Calcium + Vitamin D3 tablet	TAKE DAILY for life Your GP should prescribe 1000/1200mg calcium 20/22µg Vit D3 per day
Iron supplement tablet	TAKE DAILY and adjust after blood tests if necessary Your GP should prescribe 1 tablet a day (210mg) 1 tablet twice a day (420mg) for pre-menopausal women Dose may be adjusted or stopped if no iron deficiency
Vitamin B12 injections	INJECTION EVERY 3 MONTHS for life (NOT REQUIRED for Endoscopic Sleeve Gastroplasty) Should be given at your GP surgery 1mg injection Starting 6 months post-surgery

Suggested time to take your supplements:

Morning	A-Z multivitamin Calcium + Vitamin D3
Mid-day	Iron
Evening	Vitamin B Complex 2 nd A-Z multivitamin (if needed)
Before bed	2 nd Iron (if needed)

What happens if you don't take them?

Malnutrition is a serious complication of bariatric surgery. Without adequate vitamin and mineral supplements, you can experience:

- Anaemia (low blood cells)
- Poor bone health and osteoporosis
- Ulcers
- Fatigue
- Poor immune system
- Poor wound healing
- Muscle weakness
- Vision disturbances
- Infertility
- Neurological issues

Blood tests

You will need to have bariatric blood screening for the rest of your life. You can take this list to your GP to make sure you get all of the right blood tests taken:

Blood test	After surgery			
	At 3 months	At 6 months	At 1-year	Annually for life
Full blood count	✓	✓	✓	✓
Urea and electrolytes	✓	✓	✓	✓
Liver function test	✓	✓	✓	✓
Ferritin	✓	✓	✓	✓
Folate	✓	✓	✓	✓
Vitamin B12	✓	✓	✓	✓
Corrected calcium	✓	✓	✓	✓
Vitamin D	✓	✓	✓	✓
Parathyroid hormone (PTH)	✓	✓	✓	✓
Zinc	x	x	✓	✓
Copper	x	x	✓	✓
Selenium	x	x	bypass only	bypass only

Follow-up appointments

After your surgery you will receive the following appointments:

- Surgical review 6 to 8 weeks after surgery
- Dietetic group session 12 to 16 weeks after surgery
- Dietetic 1:1 review at 8 months with follow-up appointments as needed
- Surgical review at 1 year and 2 years after surgery
- Discharged back to the care of your GP around 20 to 24 months after your surgery

Contacting us

If you have any questions, please contact the Bariatric Dietitians.

Telephone: 0118 322 7116 or Email: rbb-tr.dietitians@nhs.net

Useful websites

- Weight Loss Surgery Information: www.nhs.uk/conditions/weight-loss-surgery/
- NHS Better Health: www.nhs.uk/better-health/

Useful books

- Living with Bariatric Surgery: Managing your mind and your weight. Author: Denise Ratcliffe. Published 2018.
- The Weight Escape: How to Stop Dieting and Start Living. Authors: Ann Bailey, Joseph Ciarrochi and Russ Harris. Published: 2014

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Bariatric Dietitians, reviewed: February 2025

Next review due: February 2027