

A large, light purple sunburst graphic with many thin lines radiating from the center, set against a darker purple background.

Dr. Feiz
AND ASSOCIATES

(310) 855-8058

INTRODUCTION

TABLE OF CONTENT Dr. Michael Feiz

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INTRODUCTION



BIOGRAPHY Michael Feiz, MD, FACS

Dr. Michael Feiz is widely regarded as possibly the finest practitioner of bariatric medicine in the United States. Dr. Michael Feiz is a Board Certified, Fellowship trained Weight Loss Surgeon. He is an expert in weight loss surgery including the Sleeve Gastrectomy, Lap Band, Gastric Bypass and Band to Sleeve Conversion.

Since opening his Beverly Hills, California practice, he has pioneered improved weight loss surgeries and has performed countless successful weight loss procedures.

A world class surgeon, Dr. Feiz has received praise from countless grateful patients for their outstanding outcomes as well as for his compassionate bedside manner. Dr. Feiz, whose practice boasts a zero mortality rate, understands the often touchy issues surrounding excess weight and weight loss; he is happy to discuss whatever concerns patients might have before and after their weight loss procedures.



Before starting his current practice, Dr. Feiz completed his internship and residency in Surgery at the world famous Los Angeles County USC Medical Center. He performed his fellowship work at Cedars Sinai Medical Center, where he received specialized training in Bariatric and Minimally Invasive Surgery. He is an active Member of the American Society for Bariatric Surgeons, the American College of Surgeons and The American Medical Association. A superb communicator in three languages, Dr. Feiz is fluent in Spanish and Farsi, as well as English.

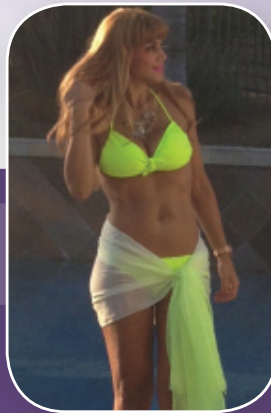
INTRODUCTION

PATIENT STORY



PATIENT: **Milleley Sandoval, Band to Sleeve Surgery**

Milleley originally had the Lap Band with Dr. Feiz after experiencing some discomfort and symptoms with the band, Dr. Feiz recommended the Band to Sleeve Conversion. Milleley had her Band to Sleeve surgery on February 21, 2012 and has now lost over 110 pounds. She's gone from wearing a size 10-12 to a size 00!



"I have reached my goal weight of 122 lbs in less than 6 months and have been able to keep the weight off! The whole experience was so easy. Dr. Feiz changed my life and if I had to do it again, I would do it in a heartbeat!"

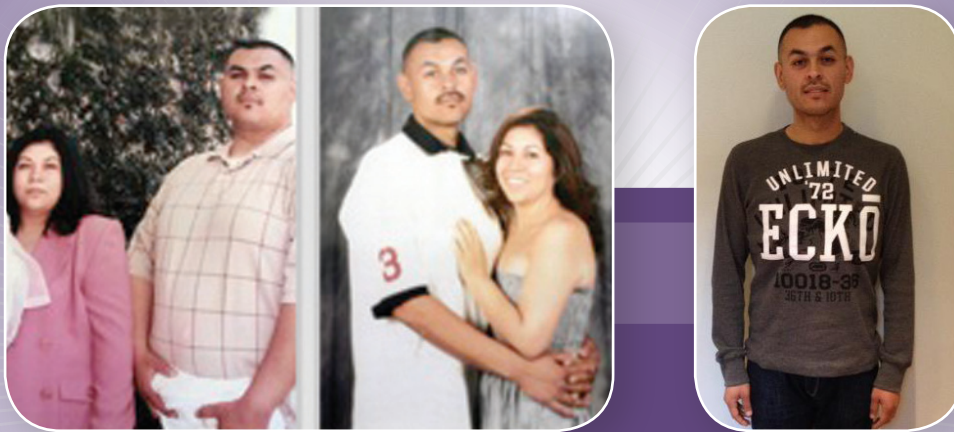
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PATIENTS: **Mayra & Roger Rosales, Sleeve Gastrectomy Surgery**

Husband and wife Roger and Mayra received sleeve gastrectomy surgeries from Dr. Feiz in December 2011. A year later, Roger has lost 150 pounds and Mayra has lost 80 pounds! Both have experienced more energy and a happier home life in the past year. With the gastric sleeve, husband and wife have experienced personal benefits as well as improvements within the entire family unit.



“We are so thankful for the incredible support Dr. Feiz and his staff has given to our family along the way!”

INTRODUCTION

PATIENT STORY

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PATIENT: **Tyneda Dosek, Lap Band Surgery**

Tyneda had the Lap Band Surgery on September 28, 2010, and has successfully lost over 100 lbs!



"I tried to embrace my obesity and live with being 'big boned'. Once the scales tipped at 278 pounds, and almost 6 years away from being 40 years old, I knew I needed to make a drastic change. Today I am loving life! I have lost 113 lbs and continue to lose more! I truly feel like a new person and I thank Dr. Feiz and his team for all their support along my life journey."

SLEEVE GASTRECTOMY SURGERY



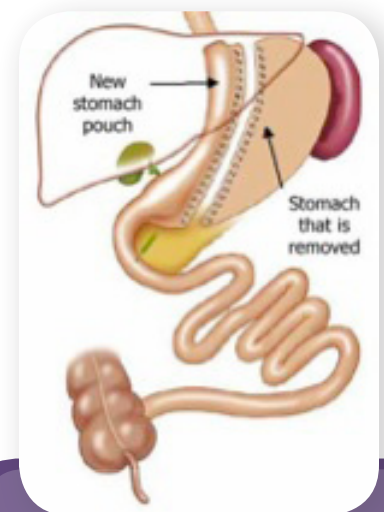
Sleeve Gastrectomy, also known as vertical sleeve gastrectomy or a gastric sleeve operation, involves removing 75-85% of the stomach, and then reshaping the remaining portion into a sleeve-like structure. The reduced stomach effectively restricts the flow of food particles to the intestines, leading the patient to experience a faster-acting and longer-lasting sensation of satiety. As a result, the patient eats less in each sitting.

Gastric sleeve surgery is the only proven bariatric method to address the hormonal aspect of hunger. While the Lap Band depends more on behavioral modification, sleeve gastrectomy actually suppresses the appetite by dramatically **reducing** the patient's **ghrelin levels**. Ghrelin is a hunger-stimulating hormone that lines the fundus area of the stomach - an area that is removed during the gastric sleeve procedure. By reducing this hormone, patients who undergo sleeve gastrectomy achieve that satiated feeling much faster, resulting in less food intake and subsequent weight loss. You genuinely feel full, so over-eating isn't a problem.

Gastric sleeve surgery is NOT a cure for obesity. It is simply a tool to help you begin your weight loss to improve your health. It will not make things simple. You will still have to rise to the challenge of choosing healthy foods. Even with surgery, it is possible to consume enough calories to prevent weight loss. Eating foods high in calories and sugar, and constant snacking or "grazing" throughout the day will result in unsuccessful weight loss or even weight gain.

After the surgery, you must drastically change your eating habits to achieve and maintain weight loss, avoid stomach pains and maintain good nutrition. This is why you should learn that changes are expected now to promote best outcomes.

Following the guidelines in this booklet will help ensure that you are consuming a balance diet. After your initial pre-surgery nutrition counseling sessions, quarterly follow-up visits with the dietitian are strongly recommended.



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CONVERT LAP BAND TO SLEEVE

The Lap Band is considered a very safe and effective weight loss method. Dr. Michael Feiz and his team of medical professionals have had enormous success helping patients lose weight with this approach. That said, no single bariatric method is the optimal choice for every patient, and there are various reasons why a patient might be interested in removing the Lap Band and undergoing a sleeve gastrectomy procedure. One reason a patient might want to **convert Lap Band to sleeve** is a failure to lose weight. This may be because the patient lacks the metabolism needed to take advantage of a restrictive weight loss surgery.

It may also be because the patient is unable to eat in the manner required to fully take advantage of the Lap Band. Another reason a patient might want to **convert Lap Band to sleeve** is because



Gastric sleeve surgery is the only proven bariatric method to address the hormonal aspect of hunger.”

the patient is actually experiencing physical symptoms as a result of the Lap Band. The Lap Band could slip, leading to an acute condition. The Lap Band could also erode, leading to chronic nausea, vomiting, and infection. These are not common results with the Lap Band, but as with any major surgery, there are potential complications.

The increasingly popular and extremely effective **sleeve gastrectomy surgery**, involves removing approximately 75-85% of the stomach and shaping what remains into a sleeve-like structure. Gastric sleeve surgery is the only proven bariatric method to address the hormonal aspect of hunger. While the Lap Band depends more on behavioral modification, **sleeve gastrectomy** actually **suppresses the appetite** by dramatically **reducing the patient's ghrelin levels**.

Ghrelin is a hunger-stimulating hormone that lines the fundus area of the stomach - an area that is removed during the gastric sleeve procedure. By reducing this hormone, patients who undergo sleeve gastrectomy achieve that satiated feeling much faster, resulting in less food intake and subsequent weight loss. You genuinely feel full, so over-eating isn't a problem. You also don't experience food blockage, so your days of regurgitating are behind you.

Dr. Feiz has performed this revisional bariatric procedure many times, and can help you determine the best course of action to take.

PRE-OPERATIVE INSTRUCTIONS



AUTHORIZATION PHASE

We are excited to start your weight loss journey with you and are happy that you have chosen Dr. Feiz & Associates! We promise to work as a team to get you authorized for your surgery as soon as possible! Here are the steps involved:

STEP 1: Nutritional & Psychological Evaluation

Once you have attended a free seminar, your consultant will give your information to our dietician and our psychologist who are part of our staff. Both will contact you via phone to set up your evaluations. Our staff is in contact with our dietician and psychologist on a daily basis. Once our staff receives your evaluations from both professionals, we will put together a letter of medical necessity to send to your insurance agency to get authorization for surgery.

STEP 2: Schedule your Upper GI Endoscopy (EGD)

An upper endoscopy, often referred to as an EGD, is a procedure that allows a physician to directly examine the upper part of the gastrointestinal (GI) tract, which includes the esophagus, the stomach, and the duodenum (the first section of the small intestine). This is so we can determine if there is anything that needs treating before surgery.

**** Your consultant will call you after receiving your nutritional and psychological evaluations to schedule your EGD.**

STEP 3: Medical Records

It is imperative to supply to our staff your primary care physician's contact information if we need to obtain necessary medical records to get your surgery authorized. Our staff will handle this for you.

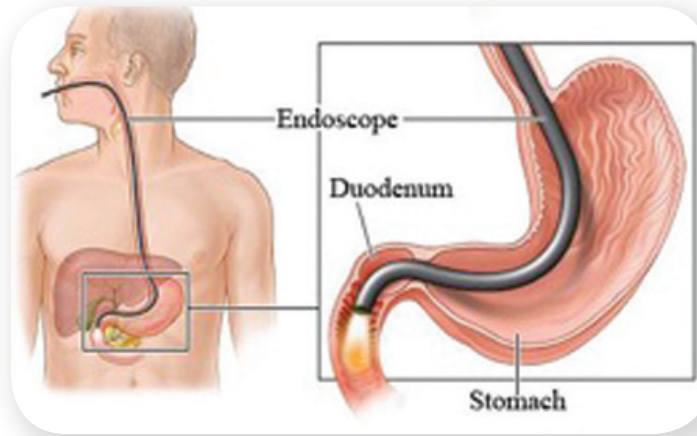
STEP 4: Obtain Authorization from your Insurance

This involves no work from your end! Your consultant will deliver all necessary documents to your insurance company to get your surgery authorized for surgery. This process will usually take 2-3 weeks. Your consultant will contact you first thing once your insurance has authorized your surgery to set up a surgery date!

PRE-OPERATIVE INSTRUCTIONS

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UPPER ENDOSCOPY Instructions



ONE WEEK PRIOR TO PROCEDURE

Please **DO NOT TAKE** the following:

Aspirin, Motrin, Advil, Aleve, Ibuprofen (or other anti-inflammatory drugs), Ticlid, Vitamin E, Ginkgo Biloba, St John's Wort, or any supplements containing iron.

Instructions regarding **Coumadin or Plavix** should be supplied by your doctor. If you accidentally take one of the above medications call your doctor.

ONE DAY PRIOR TO PROCEDURE

Take nothing by mouth after midnight, and no breakfast (including water, tea or coffee) in the morning of procedure.

DAY OF PROCEDURE

Do not drive yourself. Please be sure to have someone drive you to the Surgery Center and also take you home after the procedure. No Taxi Cabs, unless you are accompanied by someone you know. No other public transportation.

PRE-OPERATIVE INSTRUCTIONS



ONE WEEK PRIOR TO SURGERY

Diet Instructions

Your pre-op diet will begin 1 week prior to surgery. Your diet will consist of a 1200 calorie diet with **one of your major meals being a protein shake**. For your liquid portion/protein shakes, Dr. Feiz recommends Bariatric Advantage® product line, which provides a complete line of nutritional supplements that have been specifically formulated to meet the unique demands of both pre-operative Bariatric surgical candidate, as well as the post-operative Bariatric surgical patient. **Note: Patients who weigh over 450lbs need to start pre-op diet 2 weeks prior to surgery.**

Dr. Feiz has put together a **Pre-op Kit with Bariatric Advantage** to meet your needs during this pre-op phase.

Kit available at: www.store.drfeiz.com



ELIMINATE FROM YOUR DIET

Cut out **ALL** fats, butter, fatty meats, fried foods, whole milk products, high sugar foods or carbonated drinks, and high carbohydrate foods, such as breads and starches.

BEGINNING ONE WEEK BEFORE SURGERY

DO NOT TAKE any aspirin, herbal medication (including St. John's Wort, Ginkgo Biloba, Garlic, Kava and Valerian Root) or NSAIDS (Motrin or Ibuprofen, Aleve or Naprosyn, Clebrex or Celecoxib, Mobic or Meloxicam, etc.) Tylenol or Tylenol Arthritis 650mg every 4 hours, as needed, is safe.

PRE-OPERATIVE INSTRUCTIONS

TWO DAYS PRIOR TO SURGERY

Cleansing Instructions

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Two Days Before Surgery

you must start a full liquid diet, which consist of protein shakes, water, broth, juices and strained soups. The Pre-op Kit Dr. Feiz has packaged together will include the liquids you need.

Kits available at: www.store.drfeiz.com



LIQUIDS THAT YOU CAN HAVE:

- Sugar-free Apple Juice
- Sugar-free Grape Juice
- Sugar-free Cranberry Juice
- Hot Broth
- Hot/Cold Tea
- Popsicle (made from clear juices and sugar free preferred)

PRE-OPERATIVE INSTRUCTIONS

ONE DAY PRIOR TO SURGERY Cleansing Instructions



Cleansing One Day Prior to Surgery

Please go to your local pharmacy and purchase 1 over-the-counter Magnesium Citrate & 1 Fleets Enema. (Substitutes are fine, please consult with pharmacist).

Please take 5oz of Magnesium Citrate at 4pm, followed by 2 glasses of water. Please take the second 5oz of Magnesium Citrate at 8pm, followed by two glasses of water.

Just before bedtime perform the fleets enema.

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.

Please do not take any medications on the day of surgery unless instructed to by Dr. Feiz & Associates.

DAY OF SURGERY INSTRUCTIONS

WHAT TO EXPECT

Day of Surgery



You will be arriving 2 hours prior to surgery. Surgery on average will be an hour to hour-an-a-half. Please be aware, this is an estimate.

Immediately After Surgery

Pain/Discomfort

You will have some pain after surgery. On a scale of 1-10 the pain will range around 5-6. Average headache is about a 1 average childbirth pain is about 4-5 post op. With the pain medication your pain will come down to about a 2-3. Your pain is worse the second day after surgery and slightly better the 3rd but noticeably better on day 4. Most of the pain will be around your left shoulder, left flank and radiating to the back between your shoulder pains because the nerves from the center of your chest runs to your left to get to your brain. Please be aware if you notice this pain... it is normal. The pain medications prescribed to you will not alleviate or eliminate the pain, however it will control the pain. We recommend you take the pain meds the first 48 hours as prescribed. You may encounter a sore throat, this is a result of instrumentation as being put on the breathing machine and undergoing endoscopy while in surgery. Throat lozenges, like Cepacol can be of help to alleviate the sore throat.

Nausea

There will be some nausea associated with the surgery. 90% of our patients, nausea will resolve after a week. For some, the nausea will persist for up to 2-3 months. For these patients, with the use of our anti-nausea medications that are given to you, will help alleviate the nausea you may encounter. A spoon of sugar-free apple sauce may help alleviate nausea you may feel from the nausea medication.



AFTERCARE INFORMATION

Recovery

Aftercare Information

With the Sleeve Gastrectomy, you will be staying overnight at an Aftercare facility or at the hospital depending on where you have surgery. Your consultant will provide you with this information. Transportation from the surgery center to the after care facility will be provided by Dr. Feiz & Associates. If you would like to have a family member/spouse/friend stay with you please let your consultant know so proper accommodations can be made. Plan on staying for only 24-hours.

****** Your consultant and the Doctor will contact you a day after surgery to check on your recovery and confirm your one week follow up appointment. It is imperative that you show up to your one week follow up appointment so we can make sure your recovery is going well.

POST-OPERATIVE INSTRUCTIONS



WHEN TO CALL DR. FEIZ

Questions will arise after surgery. The answers to many questions are available in this manual. Still, feel free to call our office anytime after surgery.

The following are **GENERALLY NORMAL** experiences after surgery

- Diarrhea while on a clear liquid diet
- Some abdominal pain or nausea
- Mild discoloration around the incisions
- Red or yellow clear fluid draining from an incision
- Weakness or feeling tired

YOU NEED TO CALL THE DOCTOR IF YOU...

- Have a body temperature over 101° or greater, at any time
- Have a heart rate more than 100 beats per minute
- Experience severe abdominal pain or pain which is progressively getting worse
- Experience persistent nausea and/or vomiting
- Experience foul-smelling or thick drainage from an incision

** Please be aware one of the risks of surgery is having blood clots. We will be giving you blood thinners for surgery. When at home, we recommend that you walk once every 3-4 hours. While in bed, please move around and flex your calf muscles on both side. Should you develop pain/swelling in any of your extremities, especially in the legs, this can be a potential emergency and you must contact Dr. Feiz.

If you cannot reach Dr. Feiz & Associates you must go to the local emergency room.

POST-OPERATIVE INSTRUCTIONS



DIET: POST-OPERATIVE

1st Day After Surgery

Stage One Diet: Water

After surgery your stomach is going to be very small, thus will have a difficult time drinking a couple of swallows of liquid. We recommend drinking an ounce of water or low/no calorie sports drinks every 5-10 minutes. As you are drinking slowly due to your stomach being swollen and drinking sips at a time, you may feel dehydrated. Dehydration can cause lethargy, headaches, constipation, anxiety and increased pain. The first week of surgery requires your work and patience. It will not be easy to stay hydrated, but you need to work on it and pace yourself.

2nd Day After Surgery (Through 4 Weeks)

Stage Two Diet: Liquid Diet

The stage two diet is high protein liquid diet. You will drink 1-2oz of a high protein fluid every 2 hours while you are awake. Dr. Feiz recommends high protein and low sugar shakes. **Dr. Feiz has put together a sample Post-op Kit to meet your needs** during this stage of diet, which can be purchased at:

Kit available at: www.store.drfeiz.com



In addition you should drink 1oz of an appropriate clear liquid (no calories, carbonation) every 15-20 minutes while you are awake.

Your primary goal is to stay hydrated, so you need to drink at least 64oz of fluid daily (no caffeine, carbonation, or alcohol).

POST-OPERATIVE INSTRUCTIONS



5-8 Weeks After Surgery

Stage Three Diet: High Protein/Pureed Diet

Foods such as tofu, white fish, thinly sliced deli turkey or ham and other luncheon meats, slices of low fat cheese, “baby food”, pureed soups, pea soup, lentils, beans, mashed yams, pureed vegetables, apple sauce, cottage cheese, Greek yogurt, oatmeal, ground meat/chicken.

9-12 Weeks After Surgery

Stage Four Diet: High Protein/Soft/Solid Diet

Foods such as unsweetened cereal with skim milk or skim plus (ie. Cheerios and Chex), fish, ground chicken/turkey, boiled chicken in broth (cut up in small pieces), lean/moist turkey and beef, vegetable burgers, soft cooked vegetables, soft fruits (watermelon, honeydew, etc.) peaches, plums, apples, and grapes (ALL must be peeled).

- **3 Months Post-op:** Rice, un-toasted bread, lean/moist meats and poultry.
- **4 Months Post-op:** Veal, crunchy vegetables including salads, and unpeeled fruits
- **6 Months Post-op:** Beef and Pork (try to choose poultry and fish, more often in view of lower fat content).

The diet should always be high in protein and low in refined carbohydrates (such as white flour). Preferably, choose protein first, then fruits and vegetables, and then whole grains. Your goal is 40-70 grams of protein daily (15-20 grams per meal).

ORDER OF PREFERENCE:

- 1 PROTEIN
- 2 FRUITS & VEGETABLES
- 3 WHOLE GRAINS

POST-OPERATIVE INSTRUCTIONS



PLEASE NOTE:

Emotional/Physical Changes After Surgery

The first 3 months after weight loss surgery is a transitional phase of your life. Both physically and emotionally. Nothing stays permanent and it is a state of flux. Everything is changing. Physically, some of our patients are only able to drink only a small amount of liquid after surgery and only 2-3 spoons of soft foods before they feel full. It's like getting a new pair of jeans ... they are tight in the beginning then later they will stretch. It's normal to feel not quite like your normal self. Psychologically, many of our patients regard food as their best friend, savior, confidant, and/or how they chose to make themselves happy. You can no longer turn to food for a solution, so many patients will take this feeling of remorse, anxiety, to begin thinking "why did I do this" or "how will I survive this", or feel sadness, depression, denial, grief ... this is all transitional and with time these feelings will pass. Please be aware that you are not alone. Our patients have encountered this and have all passed this psychological phase...

POST-OPERATIVE INSTRUCTIONS

VITAMINS



Unless you eat the “perfect” foods, you will require vitamin and mineral supplements for the rest of your life, in order to prevent deficiencies. Remember, you are eating much less food and it will be harder to get the proper nutrition each day.

Vitamins Needed 1 Month After Surgery:

- Chewable Multi-Vitamin
- Chewable Calcium
- B-12 Supplements
- Vitamin D

Dr. Feiz has worked with Bariatric Advantage and has put together a post-op vitamin kit for his patients. The kits contain all the vitamins/supplements you will need.

Kits can be purchased at: www.store.drfeiz.com



POST-OPERATIVE INSTRUCTIONS

OFFICE VISITS POST SURGERY

Future Office Visits



To help ensure health and success after surgery, follow up is essential.

At each visit, we will assess your overall physical condition, monitor nutrition and vitamin status (based upon your weight loss and ability to tolerate certain foods).

At any time, you are welcome to ask any questions that you may have about your recovery, diet or exercise.

FIRST YEAR OFFICE FOLLOW-UPS

- One week after surgery
- One month after surgery
- Every three months (for one year): 3 months, 6 months, 9 months, and 12 months
- Routine blood work will be done at every three month interval

SECOND YEAR OFFICE FOLLOW-UPS

- Every six months (twice within the second year)
- Routine blood work will be done every 6 months

THIRD YEAR OFFICE FOLLOW-UPS

- Annually (once per year)
- Routine blood work will be done every 12 months thereafter, as needed

POST-OPERATIVE INSTRUCTIONS

TIPS FOR SUCCESSFUL WEIGHT LOSS



Successful Weight Loss:

- Moisten chicken and meat with low-fat broth or gravy
- Introduce one new food each day in order to better identify which foods may cause problems: nausea, discomfort or vomiting
- Keep a food log and bring it to follow-up appointment with your dietitian and/or doctor
- Take small bites and chew food thoroughly (15-20 times)
- Use small utensils and plates
- You should feel full after maximum of 1 cup of food
- Use the 20/20 rule. Take 20 minutes to eat 20 bites of food
- Eat protein and vegetables first!!
- Stay hydrated by drinking 6-8 cups a day
- STOP Drinking: 15 minutes before meals and wait 30 minutes after meals to start drinking again
- NO CARBONATION: may cause discomfort, burping, bloating, and gas pain
- Start doing intense physical activity (4-6 weeks after surgery), such as aerobic activity and strength training

POST-OPERATIVE INSTRUCTIONS



REMEMBER SURGERY IS ONLY A TOOL

As you start learning to make healthy food choices and controlling your portions and calories it is essential that you develop good habits. You should no longer turn to food because of boredom, loneliness, stress, etc. This is your opportunity to develop new, more constructive behavior!

Please avoid these foods as much as possible:

- Fried and greasy foods
- Hot dogs and sausage
- Bologna and salami
- Ice cream
- Chips
- Cake, cookies, candy, and donuts
- Whole milk
- Biscuits, croissants, muffins, and pastries
- Syrups, jams, and honey

LAST BUT NOT LEAST

Rule of Thumb: If your grandmother wouldn't recognize it as a food, don't eat it. 😊

POST-OPERATIVE INSTRUCTIONS



SAMPLE MEAL PLAN

Puree Consistency

5-8 Weeks

MEALTIME	FOOD/LIQUIDS	RATE/AMOUNT	PROTEIN
Breakfast	<ul style="list-style-type: none"> Scrambled Egg Whites Applesauce <p><i>30 minutes later, sip of water</i></p>	1 Egg 1-2 Tbsp	7 Grams
Snack	<ul style="list-style-type: none"> Protein Shake <p><i>Sip of water</i></p>	6 Oz	14-16 Grams
Lunch	<ul style="list-style-type: none"> Puree Vegetables <p><i>30 minutes later, sip of water</i></p>	1-2 Tbsp	
Snack	<ul style="list-style-type: none"> Protein Shake <p><i>Sip water or no-calorie beverage</i></p>	6 Oz	14-16 Grams
Dinner	<ul style="list-style-type: none"> Lowfat Cottage Cheese <p><i>30 minutes later, sip of water</i></p>	2 Oz	3-4 Grams
Snack	<ul style="list-style-type: none"> Sugar-free Popsicle Protein Shake 	1 Each 6 Oz	0 Grams 14-16 Grams
			52g TOTAL

POST-OPERATIVE INSTRUCTIONS



Food Name	Portion	Protein (grams)
Peas, Chick, Cnd	1/2 cup	7
Pork Tenderloin	3oz.	21
Pork Loin Chop	3oz.	21
Protein Powder (There are many different brands which vary in amount of protein. Read labels.)	1 scoop	16
Salmon, Baked	3 oz.	21
Shrimp, Steamed	3 oz. (15 large)	18
Soybeans (edemame)	1/2 cup	14.3
Soy Flour, defatted	1/4 cup	12.8
Soy milk, plain	1 cup	6.6
Soynuts	1/4 cup	15
Steak, Sirloin, trimmed	3 oz.	26
Swordfish, Baked	3 oz.	21
Tempeh	1/2 cup	15.7
Texturized Soy Protein	1/2cup	11
Tofu	1/2 cup	10
Tuna, Cnd, Water Packed	3 oz.	25
Turkey, White Meat	3 oz.	21
Veal Loin	3 oz.	21
Veal Leg (top round)	3 oz.	21
Yogurt (sugar free), Frozen, Vanilla	1/2 cup	5
Yogurt, Fruit, Fat Free, low sugar	1 cup	8
Yogurt,w/o Fruit, Lowfat	1 cup	8

POST-OPERATIVE INSTRUCTIONS



Protein Power

Food Name	Portion	Protein (grams)
Beans, Cnd, Baked	1/2 cup	7
Beans, Kidney, Cnd	1/2 cup	8
Beef Eye of Round	3oz.	21
Beef Top Loin	3oz.	21
Cheese, American Fat Free	1 oz.	6
Cheese, Cottage, 1% Fat	1/2 cup	14
Cheese, Cottage Creamed	1/2 cup	13
Cheese, Parmesan, Grated	1/4 cup	12
Cheese, Mozzarella, Part-skim	1 oz.	8
Cheese, Ricotta, Part skim	1/2 cup	14
Cheese, Part Skim Ricotta	1/4 cup	8
Chicken, White Breast Meat w/o skin	3 oz.	26
Chicken, Leg w/o skin	3 oz.	21
Cod, White, Baked	3 oz.	21
Crab, steamed	3 oz.	17
Egg, Hard Cooked	1	6
Flounder	3 oz.	21
Halibut	3 oz.	21
Ham, Lean	3 oz.	21
Hamburger (lean ground beef)	3 oz.	21
Lobster, Steamed	3 oz.	16
Milk, Skim	1 cup	8
Milk, Skim Plus	1 cup	11

POST-OPERATIVE INSTRUCTIONS



SAMPLE FOOD LOGS

<i>Time</i>	<i>Amount</i> (tsp, oz, Tbs, cups)	<i>Food/Condiment/ Supplement</i> <small>(be as detailed as possible- brands, method of cooking, etc.)</small>	<i>Protein (grams)</i>
Breakfast			
8:00 AM	1	Hard boiled egg	
	½ piece	Whole wheat toast	
Lunch			
12:30 PM	2 oz	Tuna, canned in water	
	1 teaspoon	Light mayonnaise	
	3	Low fat Triscuits ®	
	1	Tomato, medium, sliced thin	
Dinner			
6:00 PM	2 oz	Chicken thigh, roasted, in lemon sauce, cut into small pieces	
	2 tablespoons	Carrots, steamed, cut up	
	1 tablespoon	Peas, green, cooked	
Snack(s)			
8:00 PM	½ cup	Lowfat cottage cheese	
	2 pieces	Canned (no added sugar) pears	
Beverages			
7:00 AM	4 oz	water	
9:00 AM	12 oz	Skim Plus milk	
2- 4 PM	20 oz	Crystal Light ®	
7:00 PM	12 oz	Diet Snapple ®	
9:00 PM	16 oz	water	

POST-OPERATIVE INSTRUCTIONS



FOOD LOG FORM

Please fill out below.

Name: _____ Date: _____ Amount of time Post-op: _____

TIME	AMOUNT (Tsp, Oz, Tbs, Cups)	FOOD/CONDIMENT/SUPPLEMENT (Be as detailed as possible- brands, methods of cooking, etc)	PROTEIN (Grams)
breakfast			
lunch			
dinner			
snacks			
beverages			

SOCIAL MEDIA

SOCIAL MEDIA



Here at Dr. Feiz & Associates, we are active on social media so you can get great tips & tricks on how to stay healthy, fit and be up to date with any nutritional updates.

Follow us, like us, and share your journey at the following:

