

# Dietary advice for after your bariatric surgery (sleeve and bypass)

This leaflet gives dietary advice for after bariatric surgery, and has been developed by the bariatric dietitians. If you have any questions or concerns, please contact the nutrition and dietetics department (details at the end of this leaflet).

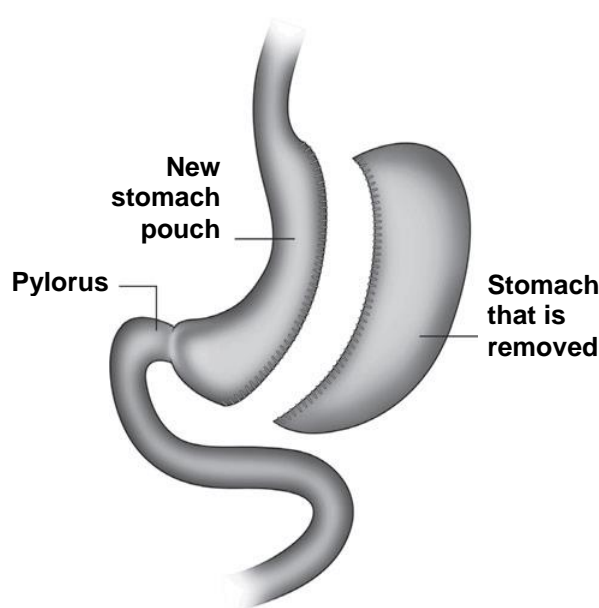
## Details of surgical procedures

### Sleeve gastrectomy

A sleeve gastrectomy is a weight loss operation. The outside part of the stomach is removed, leaving a new smaller stomach pouch (see picture below). The volume of the stomach is reduced by about three-quarters (75-80%) leaving a volume of about 100mls.

The main aim of the surgery is to dramatically reduce the amount of food that you can eat. Also, the operation may make you less hungry as part of the stomach that is removed produces a hunger hormone called ghrelin. Many patients are surprised to find that they do not want food as they used to, and some also notice changes to the taste of food and their food preferences.

Although this surgery is a tool to help you lose weight, you are still in control of the food choices you make. While the surgery will help you to eat less, you need to make healthy choices, and exercise regularly, to get the best weight loss result.



### Roux-en-Y gastric bypass

The gastric bypass is a combined restrictive and malabsorptive procedure. This means that the stomach is restricted in terms of how much food it can hold, and nutrient absorption is reduced because food bypasses the duodenum (the first section of the small intestine).

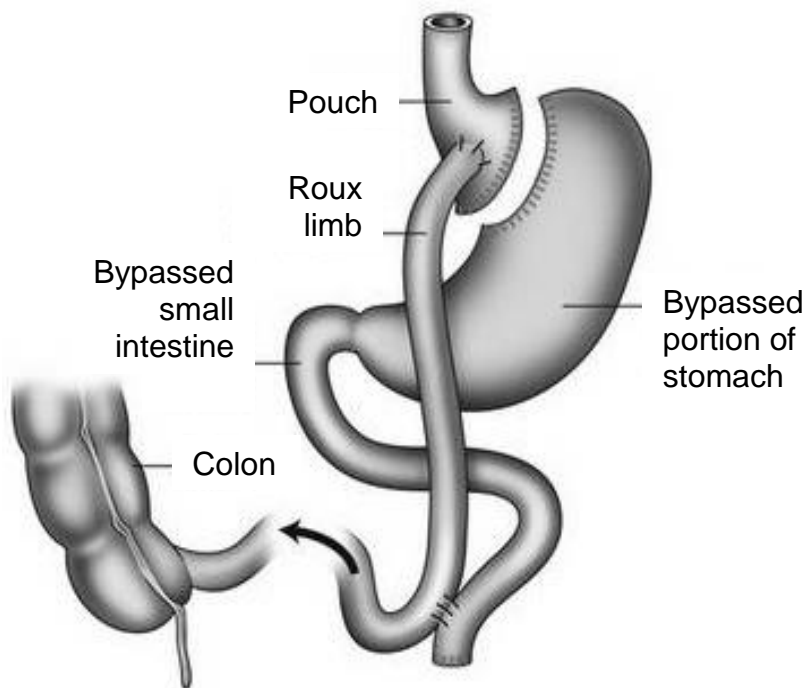
In the first step of the procedure, the surgeon uses metal staples (like stitches) to create a small pouch out of a portion of the stomach. The stomach will be cut through so that the pouch is no longer attached to the rest of the stomach. The top section of the stomach (pouch) will hold your food. The surgeon will then divide part of your small intestine in two, bringing up the lower end of the intestine and attaching it to your stomach pouch. Food will now travel from the pouch straight into the lower part of the small intestine.

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Guy's and St Thomas' NHS Foundation Trust  
King's College Hospital NHS Foundation Trust

The main part of your stomach is left inside your abdomen (tummy) and continues to have a blood supply. There is no food passing through this part of the stomach, but it still produces digestive juices. It is attached further down the small intestine to allow these juices to mix with your food.

The main effect is that the amount of food you are able to eat is reduced. You will fill up quickly and stay full for longer, after only a few mouthfuls of food. Most people find that they do not get the same feeling of hunger that they did before the surgery. The bypassed portion of stomach and intestine may reduce the amount of protein, vitamins and minerals that you absorb.



## Food reintroduction after bariatric surgery

After your surgery you will need to go through several stages, slowly progressing from liquids through to solid food. This is to avoid putting pressure on your wounds as they heal, and will help you adjust to your new, smaller stomach.

At first you will find that you feel full very quickly and do not feel hungry, so you will only be able or want to eat very small amounts. The surgery creates a reduced stomach size and some temporary swelling. You might not manage to eat much food in the few days after surgery, but this is quite normal. Your appetite will improve over the next few weeks. As the swelling goes down and the stomach recovers, you should progress to be able to eat three small meals a day.

To avoid complications, such as nausea (feeling sick) and vomiting (being sick) or a nutrient deficiency after surgery, it is very important that you follow the dietary advice recommended. You also need to take the vitamin and mineral supplements prescribed for you every day, for the rest of your life.

## Clear fluids

Once you are in recovery, you will be encouraged to have small sips of clear fluids. Clear fluids include water, black tea/coffee, and diluted no-added-sugar cordial or squash.

It is important to stay well hydrated and you should aim to drink around 2 tablespoons of clear fluids each hour. Most people only manage a few sips at a time and it is common to feel some discomfort and wind on the first day. When you feel full, **stop**, as drinking too much could cause vomiting.

Once the surgical team have said you are ready, you can move onto stage 1 (liquid diet).

Stage	Time	Diet type	Definition
1	Weeks 1 and 2	Liquid diet	Smooth liquid, no lumps, thin enough that it runs off a spoon.
2	Weeks 3 and 4	Pureed diet	Smooth, no lumps, similar to texture of yoghurt.
3	Weeks 5-8	Soft diet	Can be mashed with fork.
4	After 8 weeks	Normal diet	All textures, but low in fat and sugar.

**Important:** If you find you are having difficulty tolerating the texture of the foods at any stage, go back to the previous stage for a couple more days, then try again. Everyone heals and progresses at different speeds.

## Stage 1: Liquid diet (weeks 1 and 2 after surgery)

Food type:	Liquid (smooth, no lumps, runs off a spoon)
Amount:	Aim to have at least 2 litres (3½ pints) of fluid each day to avoid becoming dehydrated. At least 1-1.5 litres of this should be <b>high protein liquids</b> (see below).
Duration:	2 weeks
Protein:	60-80 grams each day

- Start with sips and, if these feel comfortable, gradually increase the amount you take in one go. Be careful not to gulp your drinks as this can cause vomiting. Aim for 1-2 small cups of fluid per hour.
- It is fine to drink (for example, tea, coffee, squash, water), but you should make sure these are in addition to high protein liquids and not **instead of** them.

### High protein liquids:

- Milk with added milk powder (make at home by mixing 1 pint of semi-skimmed or skimmed milk with 4 tablespoons of dried skimmed milk powder).
- Meritene™ shakes and soups (available in pharmacies).
- Complan™ shakes and soups (available in supermarkets and pharmacies).
- Meal replacement shakes
  - Slimfast™ (powders or ready to drink - available in supermarkets)
  - Tesco Slim™ or Asda Great Shape™
  - Exante™ or Lighter Life™ (available online).
- Smooth soup (homemade or tinned) with an added 1-2 tablespoons skimmed milk powder or unflavoured protein powders. Avoid instant cup-a-soups.
- Smoothies (fruit or vegetables blended with milk with added milk powder, high protein yoghurt or protein powder). Homemade will be better as shop-bought varieties may be high in sugar. See example recipe below.
- High protein milkshakes (such as, Ufit™, Arla™, For Goodness Shakes™, Urban Active™).
- Protein water (such as, Asda™, Vievé™, Upbeat™ or +PW™).
- Whey, soya or pea protein powders, made into a shake as in instructions (available in health food shops and some pharmacies).

## Example meal plan (Stage 1: Liquid diet)

Breakfast	Milk with added milk powder (200ml)
Mid-morning	Fruit smoothie made with yoghurt (200ml)
Lunch	Homemade or tinned soup blended with 1-2 tablespoons dried skimmed milk powder
Mid-afternoon	Meal replacement shake (200ml)
Dinner	Complan™ or Meritene™ (shake or soup)
Supper	Milk with added milk powder (200ml)

Extra fluids, such as water, tea, coffee and diluted sugar free drinks, should be taken throughout the day between these meals. You will be aiming for 2 litres of fluid per day (including the high protein, nourishing liquids).

## Recipe ideas

### **Milk with added milk powder – makes 3 servings** (14g protein per serving)

2oz / 60g / 4 tablespoons skimmed milk powder

1 pint / 570ml cold skimmed milk

Vanilla extract or unsweetened cocoa powder (optional)

**Method:** Mix the milk powder and flavouring (if using) with a little of the milk to form a paste. Stir in a pint of cold skimmed milk, and serve.

### **Fruit smoothie – makes 2 servings** (15g protein per serving)

½ pint / 285ml milk with added milk powder

¼ pint / 140ml low fat yogurt

3oz / 100g fresh soft fruit, such as bananas, berries, peaches

**Method:** Combine all ingredients in a blender and blend until smooth. Add extra milk or water as needed. Serve chilled on ice, or freeze to make an ice lolly.

### **Fruit punch** (10g protein per serving)

1/3 pint / 170ml sugar-free non-carbonated drink (such as no-added-sugar squash)

1oz / 30g skimmed milk powder

4 ice cubes

**Method:** Combine all ingredients in a blender until smooth.

### **High protein custard** (10g protein per serving)

Make as directed on the packet using milk with added milk powder.

Homemade and ready-made custards are also suitable as long as they are thin enough to pass through a straw. Add extra milk as needed.

## Stage 2: Puree diet (weeks 3 and 4)

<b>Food type:</b>	Puree (smooth, no lumps, similar to texture of yoghurt)
<b>Amount:</b>	Have 4-6 small pureed meals a day
<b>Duration:</b>	2 weeks
<b>Protein:</b>	60-80grams each day
<b>Fluid:</b>	1.5-2 litres of fluid

- The texture of your foods at this stage should be completely smooth (no lumps) and runny enough to be poured off a spoon (like a thin, smooth yoghurt).
- Blend foods until smooth using a hand blender or a food processor. You may need to add extra liquid to achieve the right texture. Try using stock, gravy, cooking water from vegetables or low fat sauces for savoury foods. A sieve can be used to remove any seeds or pips after blending.
- Have 4-6 small meals a day. Start with about 2-3 tablespoons per meal and increase this gradually, if and when this feels comfortable to about 4-6 tablespoons. If you can only manage very little (less than 4 tablespoons) then try to have something every 2 hours (this is at the beginning only). Chew well and eat slowly. **Stop as soon as you feel full/satisfied.**
- Make sure you include a **protein** source at each meal. This is important to help your recovery and to keep you feeling full. You should aim for 60-80g protein per day.
- You can slowly build up to thicker purees if tolerated.
- You still need to make sure you drink a minimum of 1.5-2 litres of water or other low calorie liquids every day. Take it in small 100–200ml glassfuls and drink between meals, not with your meals.

You should aim to balance your meals according to the 'Bariatric plate' (page 6), with half of your meal being protein, a quarter vegetables/fruit and a quarter carbohydrate.

Good high protein meal options are:

- pureed minced beef/turkey/ Quorn™/soya mince with tomato sauce or gravy
- pureed casserole/stewed/curried meat in a sauce or gravy
- pureed fish in sauce or fish pie
- pureed pulses (such as baked beans)
- pureed lentils/dahl
- pureed scrambled egg
- soup from stage one
- light cream cheese/pureed cottage cheese
- thin high protein yoghurt (Skyr™) or mousse (such as, Arla™, Isey™, Graham™, Siggi's™)
- low fat custard made with milk with added milk powder
- hummus or bean dips.

Serve these with small amounts of pureed vegetables, and carbohydrate (such as smooth mashed potato) to make a complete meal.

## Example meal plan (Stage 2: Puree diet) –

### Choose one from each group below

Remember to puree with a hand blender or food processor first.

<b>Breakfast</b>	Low fat, high protein yoghurt Weetabix® or Ready Brek® (add warm milk with added milk powder) Homemade fruit smoothie (fruit blended with yoghurt or milk) Protein or meal replacement shake
<b>Morning snack</b>	Low fat, high protein yoghurt (half a pot) Fruit puree (a few tablespoons)
<b>Lunch</b>	Thick, smooth, high protein soup (blend lumps into the soup) Fish in sauce (pureed) with pureed vegetables and smooth mash Bolognese sauce (with minced meat or vegetarian mince) pureed Pureed baked beans Pureed fish in sauce or fish pie with mashed potato Scrambled egg (pureed)
<b>Afternoon snack</b>	Milky drink or protein shake (half a serving) Low sugar custard
<b>Dinner</b>	Meat stew (pureed), with pureed vegetables and smooth mash Lentil dhal (try different recipes) Cauliflower cheese (pureed) with smooth mash Minced beef (pureed) in gravy with pureed vegetables and smooth mash Shepherd's/cottage pie (pureed) Chicken casserole (pureed) with pureed vegetables and smooth mash Chicken/meat and vegetable curry (pureed)

## Stage 3: Soft diet (weeks 5–8)

Food type:	Soft (can be mashed with a fork)
Amount:	3-4 small soft meals a day
Duration:	4 weeks
Protein:	60-80g per day
Fluid:	1.5-2 litres of fluid

Food at this stage should be soft enough that it will fall apart when pressed with a fork or spoon. You should continue to eat the same sorts of foods you were eating during stage 2 (pureed diet), but they no longer need to be pureed.

You should continue to eat small quantities of these foods, spread out over 3-4 meals or snacks. Start to follow a regular meal pattern, and avoid grazing throughout the day. Make sure you still take small mouthfuls and chew each one well before swallowing. Listen to your body and when you feel satisfied, **stop**.

You should aim to balance your meals according to the Bariatric plate (page 9), with half of your meal being protein, a quarter vegetables/fruit and a quarter carbohydrate. Choose a high protein option and add small amounts of soft vegetables and carbohydrate – see examples below.

## Example meal plan (Stage 3: Soft diet)

Choose one from each group below

### Breakfast

- Low fat, high protein yoghurt with soft fruit
- Weetabix<sup>®</sup> or other cereal softened with milk with added milk powder
- Porridge or Ready Brek<sup>®</sup>
- Soft cooked egg (poached, scrambled) with a tinned tomato
- Homemade fruit smoothie (fruit blended with yoghurt or milk)
- Protein or meal replacement shake

### Main meals (two a day – lunch and evening meal)

- Crackers or crispbreads with high protein topping (tinned fish, cottage cheese, mashed egg, low fat soft cheese, hummus). **Chew crackers to a paste**
- Omelette (1-2 eggs) with cheese
- Lasagne, ravioli or spaghetti bolognese (soft pasta dishes)
- Shepherd's or cottage pie
- Fish in sauce or fish pie with soft cooked vegetables
- Tuna pasta bake (with soft cooked pasta)
- Meat/chicken stew with vegetables and boiled/mashed potato/cassava/plantain
- Mince in gravy with vegetables and boiled/mashed potato
- Baked beans with boiled/mashed potato
- Chunky, high protein soup (such as, minestrone, pea and ham, Tuscan bean)
- Lentil dhal
- Meat/chicken and vegetable curry (avoid rice or bread for now)
- Cauliflower cheese or macaroni cheese

### Snacks (1-2 a day during stage 3)

- Low fat, high protein yoghurt (half a pot)
- Soft or tinned fruit
- Sugar-free jelly
- Protein shake (half a serving)

## Stage 4: Regular diet (after 8 weeks)

You are now ready to continue on your long-term eating plan. Remember that you are not just eating small amounts to reduce your calorie intake and lose weight. You should also be aiming for a healthy nutritious eating plan. Each person is different in the foods they can eat, but there are eight rules that you should follow if you are dedicated to maximising the benefit of your weight loss surgery:

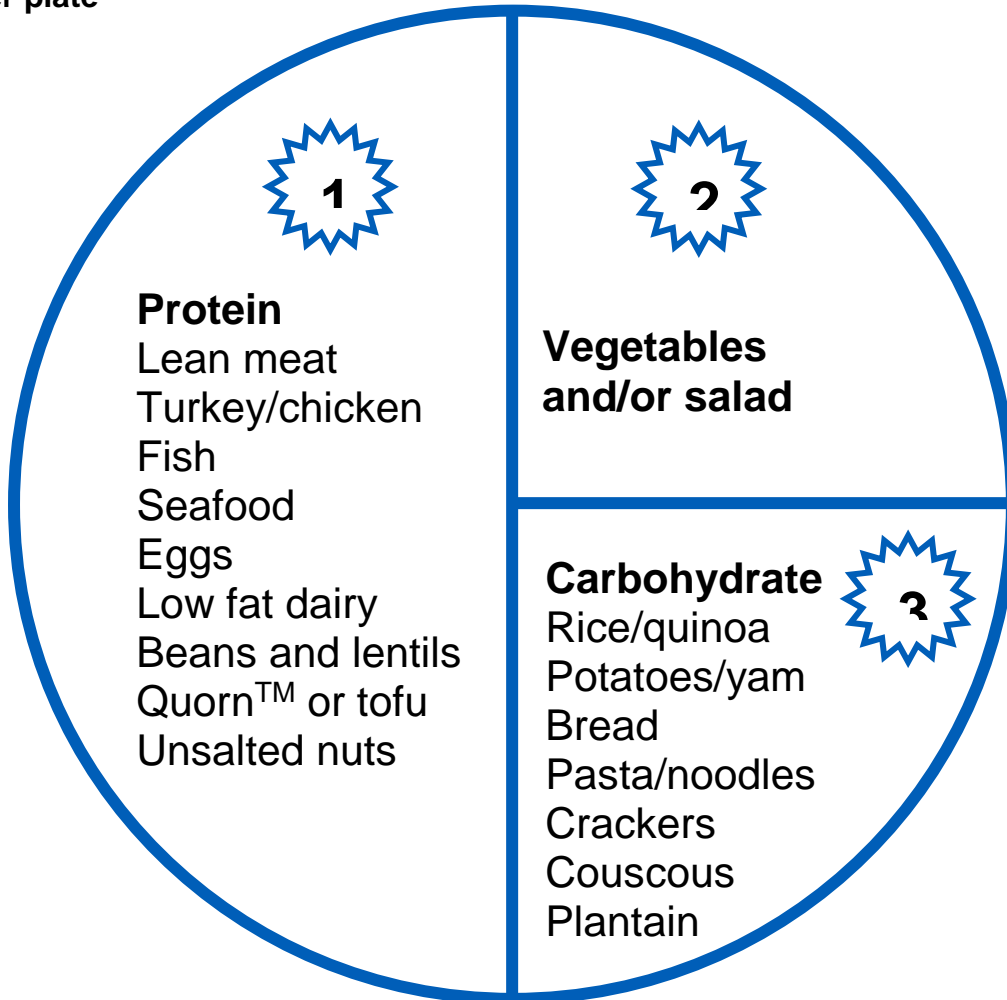
- 1. Eat three meals each day.** Your new smaller stomach size and the reduction in hunger hormones should mean you are satisfied by eating three meals a day. Avoid skipping meals, even if you don't feel hungry, as going for long periods without eating can actually slow down weight loss.
- 2. Eat slowly and stop as soon as you feel full.** Rushing your meals can lead to overeating as there is a delay between eating and your brain realising that you are full. Eating too quickly often means you won't be chewing your food properly.
  - a. Take small bites (the size of a 20p).
  - b. Chew each bite at least 20 times or until it becomes a paste.
  - c. Aim to wait one minute between mouthfuls.
  - d. Try putting cutlery down between mouthfuls.
  - e. Eat at a table without distractions.
- 3. Protein, vegetables, carbohydrates.** This is the order in which you should eat from your plate. Protein is the most important part so eat that first in case you become full before you clear the whole plate. Carbohydrates are least important so eat these last and don't worry if you cannot finish them.
- 4. Eat a healthy, balanced, solid diet.** Choose solid foods (such as lean meat or fish with vegetables) as these stay in the stomach for longer and are more satisfying. You will eat less overall and stay fuller for longer. Follow a diet, based on Healthy Eating, guidelines that is low in fat and sugar, and rich in lean protein and fibre.
- 5. Small portions.** Your meals should be no larger than the size of a 'side plate' or 'tea plate'. We suggest that you switch to using one of these plates long-term to help you control your portions. Use the Bariatric plate diagram to guide you.
- 6. Be cautious of unplanned snacking.** Try not to develop a 'grazing' pattern of eating small meals throughout the day.
- 7. Avoid eating and drinking at the same time.** Try to drink half an hour before and after meals but not at the same time. There is not enough room in your new stomach for food **and** drink, and this may make you feel sick and mean you cannot finish your meal. Aim to sip fluids throughout the day between meals instead.
- 8. Choose low calorie drinks (non-carbonated).** Liquids pass through your stomach quickly and easily, and high-calorie drinks will add calories to your daily intake without filling you up. High-calorie drinks include alcohol, fruit juices, smoothies, sweetened (sugar-containing) squash/cordial, non-diet soft drinks, sports drinks, milk and milk-based drinks such as milkshakes. Milk is a good source of calcium and low fat milk in reasonable quantities is fine, but other high-calorie liquids should be limited. **Avoid all** fizzy drinks as these can create pressure in the stomach and cause discomfort and possibly lead to the stomach stretching.



## Bariatric Plate

The picture below shows you how to balance your main meals once you have returned to a normal diet. You should use a side plate (6-7 inches in diameter). You should try to eat food roughly in the order 1, 2, 3 (protein, followed by vegetables, followed by carbohydrates).

### Small dinner plate



For best weight loss, limit the following foods:

- High calorie drinks (alcoholic drinks, fruit juice or smoothies, full-fat milk or milky drinks such as hot chocolates, milky coffees or milkshakes, sugar-sweetened soft drinks, energy drinks).
- Chocolate, ice-cream, cakes, sweets, biscuits and desserts rich in sugar or fat.
- Added fats and fatty foods – butter, oils, cream, full fat dairy, fried foods, fatty meats.
- High fat savoury snacks foods such as crisps, pastries and nuts.

## Cooking tips

- Remove all fat and skin from any meat or chicken **before** cooking.
- Use low fat cooking methods such as grilling, baking (wrap in foil to keep things moist), steaming or boiling.
- Limit oil or butter to vegetables or salads. If you need extra flavour, add seasoning or a little bit of low calorie dressing or vinegar.
- If you need to use oil to stop food from sticking, use a spray oil.
- Add flavour using herbs, spices, seasonings, lemon juice, ginger, onions, and garlic.
- Do not add any oil or butter to carbohydrates – keep them simple.
- Choose high fibre carbohydrate options wherever possible as these will keep you fuller for longer and help to prevent constipation (try wholegrain bread, pasta, rice, crackers and keep skins on potato).

## Possible problems and solutions

It is normal to experience some difficulties with eating and drinking after weight loss surgery. These problems usually happen during the early stages after surgery as you are healing and adapting to a new way of eating which can take time.

Important – If you are vomiting all foods or fluids, or have tried the tips below and continue to vomit, contact your surgeon or GP as soon as possible. In an emergency you should go to an Emergency Department (A&E).

Complaint	Common causes
Pain or discomfort	<ul style="list-style-type: none"> <li>• Eating or drinking too fast or too much at one time. Try taking smaller mouthfuls (size of a 20p), avoid gulping, and wait for each mouthful to go down before taking the next.</li> <li>• Failing to chew food to a paste before swallowing.</li> <li>• Eating or drinking beyond the point of feeling full. Stop as soon as you feel full, but before you become uncomfortable</li> </ul>
Vomiting or regurgitation	<ul style="list-style-type: none"> <li>• Eating or drinking foods that are too high in sugar or fat</li> <li>• Failing to chew food to a paste before swallowing (see point above).</li> <li>• Eating or drinking beyond the point of fullness (see point above).</li> <li>• Moving on to the next stage too soon, before you are ready.</li> <li>• Eating and drinking too close together. Try to avoid drinking 30 minutes before and after eating.</li> </ul>
Diarrhoea	<ul style="list-style-type: none"> <li>• Eating or drinking foods that are too high in sugar or fat</li> </ul>
Constipation	<ul style="list-style-type: none"> <li>• Not getting enough fluids and becoming dehydrated. Aim for 2 litres of fluid each day.</li> <li>• Eating less than your body is used to (this is unavoidable).</li> <li>• Eating less fibre than normal. Speak to your dietitian or healthcare provider if you want more information on how to increase your fibre intake.</li> <li>• You may need to have medication (stool softener or laxative). Use as directed by your surgeon.</li> </ul>

## Multivitamins and minerals after bariatric surgery

After your surgery, it is unlikely that you will be able to get all the vitamins and minerals essential for good health from your food alone. So it is important that you take a multivitamin and mineral supplements, every day, for the rest of your life.

- **Multivitamin and mineral (A-Z)** – choose from:
  - Forceval™ (available on prescription) - one capsule each day
  - Over-the-counter supplement (2 tablets each day) such as, Sanatogen A-Z™, Centrum A-Z™, Tesco A-Z™, Lloyds A-Z™
- **Calcium with extra Vitamin D**
  - AdCalD3™ (2 tablets each day)
  - Desunin™ (2 tablets each day)
- **Iron**
  - Ferrous sulphate 200mg (1 tablet each day)
  - Women who are menstruating should take 400mg (2 tablets each day)
- **Vitamin B12** – three-monthly injection (1mg) or one tablet each day (1mg) – arrange with your GP

### Long-term nutritional monitoring

It is also important that you have regular blood tests to monitor for nutritional deficiencies (you not having enough in your body). Appointments will be made for you at the hospital for two years after your surgery. After this, you should arrange to see your GP for a blood test once a year.

If your blood test indicates a vitamin or mineral deficiency, you may be prescribed extra supplements to resolve this.

## Frequently asked questions

### Dumping syndrome

Around three quarters (75%) of people who have had a gastric bypass experience dumping syndrome. This is a condition which occurs if you eat or drink too much sugar, consume large amounts of food, or eat and drink together. Dumping syndrome can happen shortly after eating (10-30mins) or later (1-3 hours after eating). The symptoms can be very unpleasant and can include nausea, vomiting, diarrhoea, sweating, faintness, weakness and increased heart rate. These usually pass after 2-3 hours.

To avoid these symptoms, you should avoid sugary foods and drinks (including fruit juice), eat smaller portions and avoid drinking with meals. Try keeping a food and symptom diary to identify triggers, and contact your dietitian if the problem persists. Some patients experience symptoms similar to dumping syndrome with alcohol and fat.

## **Pregnancy after bariatric surgery**

It is important to remember that, as you lose weight, your fertility may increase so you should make sure that during this time you are taking appropriate contraceptive precautions.

Women are advised to avoid pregnancy for 12-18 months after surgery, until their weight has stabilised. This is because the effects of rapid weight loss on a developing baby are not yet fully understood. Pregnancy in women who have had bariatric surgery is thought to carry less risk than pregnancy in women with morbid obesity.

If you do become pregnant after bariatric surgery, you should undergo nutritional screening every trimester and have more regular appointments with your obstetric team to monitor the growth of your baby.

As part of pre-conception care, women are advised to avoid vitamin and mineral preparations which contain vitamin A (retinol form) in the first 12 weeks of pregnancy. Your bariatric team can advise you on a multivitamin that is safe to take during pregnancy.

Extra folic acid is recommended in pre-conception and the first 12 weeks of pregnancy. The amount you need to take will depend on your BMI and current health conditions. Please discuss this with your health professional.

If you do become pregnant at any point after bariatric surgery you should:

- tell your midwife you have had bariatric surgery
- contact the bariatric surgery team as soon as possible.

## **Are there any foods you should avoid after bariatric surgery?**

You should be able to eat most foods, and the diet we recommend you follow in the long term is a healthy, balanced diet with plenty of lean protein and dietary fibre.

For best weight loss, limit your intake of foods that are high in fat or sugar.

We also recommend that you avoid fizzy (carbonated) drinks as they can create pressure in the stomach causing discomfort and possible stretching. This includes avoiding low calorie versions (such as diet/zero versions) and sparkling water.

## **Are some foods more difficult to eat after bariatric surgery?**

You may find that there are certain foods that are difficult to tolerate after surgery, even when you are following the recommended eating behaviours (chewing well, eating slowly). Everyone is different, and it is important to take a 'trial and error' approach. Some foods that you cannot tolerate soon after surgery you may be able to tolerate later.

The most commonly reported problem foods are bread, pasta, rice, red or white meat and certain vegetables and fruit. Some tips to manage these include:

- trying toast, pitta breads, wraps or crackerbread
- experimenting with different types of pasta or rice
- choosing tender cuts of meat or moist chicken or try slow cooking
- slicing or shredding vegetables or fruits into small pieces, and removing skins if they are difficult.

## Can you drink alcohol after bariatric surgery?

It is not recommended that you drink more than the maximum limit recommended for health (14 units each week). You will probably feel the effects of the alcohol much more quickly than before surgery. Take special care when driving, as it may affect your legal limit and your reaction speed.

Remember that alcohol is very high in calories (particularly alco-pops and stronger wines or lagers) and contains few other nutrients ('empty calories'). It can also make you hungry.

If you notice you are drinking alcohol more often after your surgery, contact a member of the bariatric team.

## Where can you get more information?

If you are concerned at any time, contact one of the dietitians and they will call you to discuss things further. If you feel that you may need extra support, you can make an appointment to come into the hospital.

## British Obesity and Metabolic Surgery Society

**w:** [www.bomss.org.uk](http://www.bomss.org.uk)

### Contact us

If you have any concerns or queries, please contact your dietetic team:

If you are under **Guys and St Thomas'** bariatric dietitians, please contact the nutrition and dietetics department, 1st Floor Tower Wing, Guy's Hospital, London SE1 9RT,  
**t:** 020 7188 4128, **e:** [BariatricDietitians@gstt.nhs.uk](mailto:BariatricDietitians@gstt.nhs.uk)

If you are under **King's** bariatric dietitians, please contact:

**e:** [kch-tr.kingsbariatricdietitians@nhs.net](mailto:kch-tr.kingsbariatricdietitians@nhs.net), **t:** 020 3299 2584

## Your comments and concerns

### Guys and St Thomas NHS Foundation Trust

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS)      **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**t:** 020 7188 3514 (complaints)      **e:** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

### King's College Hospital Foundation Trust

The Patient Advice and Liaison Service (PALS) offer support, information and assistance to patients, relatives and visitors. They can provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. PALS at King's College Hospital, Denmark Hill, London SE5 9RS, **t:** 020 3299 3601, **e:** [kch-tr.pals@nhs.net](mailto:kch-tr.pals@nhs.net)

Leaflet number: 5030/VER1

Date published: August 2020

Review date: August 2023

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