

Surgery-Ready After Weight Loss

A guide for GLP-1, sleeve and bypass patients thinking about body contouring

You did the hard part. Whether you got here with Ozempic, Wegovy, Mounjaro or Zepbound, a sleeve, a bypass, or plain hard work, losing a lot of weight changes your life. For many people it also leaves loose skin that diet and exercise can't fix. That's where body contouring comes in.

I hear this every week: "Doc, I lost the weight. I'm ready to get rid of this skin." I love that. But the way you prepare matters as much as the surgery itself. Patients who come in well-nourished and at a stable weight heal better and are happier with their results. This guide walks you through how to get there.

*Dr. Nicholas Jones, MD, FACS
Double board-certified plastic surgeon*

1. Are you ready? The timing checklist

Surgery works best when your body has settled. Most surgeons look for these milestones:

- **Your weight is stable** for about 3 to 6 months. If you're still losing, your skin will keep changing after surgery.
- **After bariatric surgery**, it's usually 12 to 18 months before you're ready for contouring.
- **On a GLP-1**, you've reached (or are close to) your goal and your weight has leveled off.
- **You're nicotine-free.** That includes cigarettes, vapes, pouches and gum. Nicotine narrows blood vessels and is one of the biggest causes of wound problems.
- **Your nutrition and labs are in a good place.** That's what the rest of this guide is about.

2. Why nutrition matters so much

Your body heals with protein. Protein is what builds collagen (the scaffolding of new skin), grows the tiny blood vessels that feed an incision, and powers your immune system. Body contouring after major weight loss often involves long incisions, so your body has a lot of healing to do.

The research: a 2026 review in *Plastic and Reconstructive Surgery* found that protein deficiency is a key risk factor for poor wound healing after weight loss. Guidelines call for 60 to 120 grams of protein a day, but many patients fall short, especially those losing weight on GLP-1s.

3. If you're on a GLP-1

GLP-1 medications are great tools for weight loss, but they make it hard to eat enough protein:

- **You're not hungry.** The medication turns down your appetite, so you eat less of everything, protein included.
- **Food sits in your stomach longer.** You feel full after a few bites and skip the next meal.
- **Meat and heavy foods often stop sounding good.** Many people drift toward crackers, toast and smoothies, which are mostly carbs.
- **You can lose muscle along with fat.** Low protein makes that worse, and muscle is part of what you're trying to keep.

Important: tell your surgeon and anesthesia team that you take a GLP-1, and the exact dose and day you take it. Because these medications slow your stomach, your team may adjust your medication or your eating plan before surgery. **Don't stop or change your medication on your own.** Follow your care team's instructions.

4. If you had a sleeve or a bypass

	Sleeve gastrectomy	Gastric bypass
What changed	Smaller stomach. Your intestines are left intact.	Small stomach pouch, and food skips the first part of the intestine.
Effect on nutrition	You eat less, but you absorb food normally.	You eat less <i>and</i> absorb less.
What we watch	Iron, B12 and protein	Iron, B12, protein, calcium, vitamin D and other vitamins, often more closely

Either way, smaller portions and less stomach acid can push iron, B12 and protein low. Keep taking the vitamins your bariatric team prescribed. They matter even more before surgery.

5. Your protein playbook

Your surgeon will set your exact target. For most patients it's somewhere between **60 and 120 grams a day**. Here's how to actually hit it when you're not hungry:

- **Protein first.** Eat the protein on your plate before anything else.
- **Small and often.** Aim for 4 to 6 small meals or snacks a day, each with 15 to 30 grams of protein.
- **Drink it if you can't eat it.** A protein shake is one of the easiest ways to close the gap.
- **Track it for a week.** Most people are surprised by how little they're really getting. A free app or a notes list works fine.

- **Stay hydrated**, but sip fluids between meals so they don't fill you up at mealtime.

Easy protein sources (approximate)

Food	Serving	Protein
Protein shake (ready-to-drink)	1 bottle	20–30 g
Chicken, turkey or fish	3 oz (size of a deck of cards)	20–26 g
Plain Greek yogurt	1 cup	about 20 g
Canned tuna or salmon	3 oz	about 20 g
Cottage cheese	1/2 cup	about 12 g
Eggs	2 large	about 12 g
Lentils or beans	1/2 cup cooked	7–9 g
String cheese	1 stick	6–7 g

Values vary by brand. Check the label.

6. The labs we check before surgery

Blood work tells us whether your body is ready to heal. Depending on your history, we typically look at:

- **Complete blood count (CBC)** to check for anemia
- **Iron and ferritin**
- **Vitamin B12**, and vitamin D for many bariatric patients
- **Albumin or prealbumin**, which reflect your protein status
- **Metabolic panel**, plus **A1c** if you have diabetes or prediabetes

If anything is low, we fix it first. Sometimes that means a few extra weeks of preparation. That time is worth it, because correcting a deficiency before surgery is much easier than treating a wound problem after.

7. Questions to ask at your consultation

- Is my weight stable enough for surgery right now?
- What should I do with my GLP-1 before and after surgery?
- What's my daily protein target?
- Which labs do I need, and what happens if something is low?
- Which procedures fit my goals, and should they be done together or in stages?
- What does recovery look like week by week?

Ready for your next chapter?

After major weight loss, patients most often ask about body lifts, tummy tucks, arm lifts, thigh lifts and breast lifts. Every body is different, and the right plan starts with an honest conversation.

Book your consultation: drnipandtuck.com/consultation | 404-777-TUCK

Nip & Tuck Plastic Surgery, 3280 Howell Mill Rd NW, Suite 200, Atlanta, GA 30327

This guide is for general education only and is not medical advice. It does not replace an in-person evaluation. Follow the instructions of your own surgeon, anesthesia team and prescribing doctor. Individual results vary. A consultation is required to determine the safest, most appropriate plan for you.

*Reference: Mehta M, Rometo D, Gusenoff J, Rubin JP. Nutritional Challenges in Post-Massive Weight Loss Body Contouring: Guidance for Plastic Surgeons on GLP-1 Agonists and Sleeve Gastrectomy. *Plast Reconstr Surg.* 2026;158(3):398–413. doi:10.1097/PRS.00000000000012672*