Comprehensive Weight Loss Program Guide

Lazar Medical Group and Hush Medical Spa

This adult patient guide explains medical weight-loss options, medication safety, nutrition, and long-term maintenance. Use it with your prescribing clinician to build a plan that supports your health, strength, and daily life. Medication changes require your prescriber's guidance.

Your care at Hush

Care starts with a physician consultation to review your health history, medicines, previous weight-loss efforts, and goals. Lab testing may be recommended when appropriate. Your physician discusses suitable treatments, risks, costs, and follow-up needs; follow-up visits assess progress and side effects. Your prescribing clinician manages medication decisions. Record your own plan on page 7. [23]

How the medicines work

Semaglutide (Wegovy) acts on the GLP-1 receptor, a gut-hormone pathway involved in appetite and blood sugar. It reduces hunger and increases fullness. Tirzepatide (Zepbound) acts on GLP-1 and GIP receptors and also reduces hunger and food intake. Eligibility and the prescribed product depend on an individual medical assessment. [1, 2, 6]

Average weight loss in clinical trials

These trials enrolled adults without diabetes who had obesity, or overweight with a weight-related condition where eligible. Participants also received nutrition and activity guidance. Results are averages, not guarantees. These are separate trials with different methods; use the direct comparison below to compare medicines. Findings concern the studied manufactured products, not compounded preparations.

Medication and study dose	Duration	Average weight loss
Semaglutide 2.4 mg weekly injection STEP 1 [3]	68 weeks	14.9% vs 2.4% with placebo
Semaglutide 7.2 mg weekly injection STEP UP [4]	72 weeks	18.7% vs 3.9% with placebo
Semaglutide 25 mg daily tablet OASIS 4 [5]	64 weeks	13.6% vs 2.2% with placebo
Tirzepatide weekly injection SURMOUNT-1 [6]	72 weeks	15.0% (5 mg), 19.5% (10 mg), 20.9% (15 mg) vs 3.1% with placebo

These are study or maintenance doses, not starting doses or personal dosing instructions. The higher-dose semaglutide injection and tablet are approved formulations; your prescription determines which product, if any, is appropriate. [18]

Direct comparison. At 72 weeks in SURMOUNT-5, average weight loss was 20.2% with tirzepatide and 13.7% with semaglutide at the highest tolerated study doses (10 or 15 mg and 1.7 or 2.4 mg weekly, respectively). The 7.2 mg injection and tablet were studied separately. [7]

In pounds. From 200 lb, a 15% loss is 30 lb and a 20% loss is 40 lb.

Before starting medication

Review your medical history and all prescription medicines, over-the-counter products, and supplements with your prescriber. These medicines are not suitable for everyone. Read the Medication Guide supplied with your exact product. [18, 19]

Conditions your prescriber needs to know about

Do not use these medicines if you or a family member has had medullary thyroid carcinoma (MTC), if you have multiple endocrine neoplasia syndrome type 2 (MEN2), or if you have had a serious allergic reaction to that medicine or its ingredients. Thyroid C-cell tumors occurred in animal studies; the risk in humans is unknown. [18, 19]

Tell your prescriber about pancreatitis, gallbladder disease, severe stomach-emptying problems such as gastroparesis, kidney problems, diabetic eye disease, or planned procedures. Report a neck lump, persistent hoarseness, or trouble swallowing. Discuss any current or past eating disorder so nutrition and monitoring can be adapted. [18, 19, 22]

Pregnancy and breastfeeding

Do not use these medicines for weight loss during pregnancy. Stop treatment and contact your prescriber if pregnancy occurs. Stop semaglutide at least 2 months before a planned pregnancy. Discuss pregnancy plans and breastfeeding before treatment; breastfeeding is not recommended with Wegovy tablets. [18, 19]

Tirzepatide can reduce the effectiveness of oral hormonal birth control. Switch to a non-oral contraceptive method or add a barrier method for 4 weeks after starting tirzepatide and for 4 weeks after every dose increase. Discuss the method with your clinician. [19]

Other medicines and procedures

Insulin and sulfonylureas can increase low blood sugar risk when used with these treatments. Your clinician may adjust those medicines and provide a glucose-monitoring and treatment plan. Learn your symptoms, which can include shaking, sweating, dizziness, or confusion. [18, 19]

Do not combine semaglutide with another semaglutide product or another GLP-1 medicine; do not combine tirzepatide with another tirzepatide product or a GLP-1 medicine. These treatments slow stomach emptying and can affect oral medicines. Ask about medicines that require close monitoring. [18, 19]

Tell the surgery, anesthesia, or sedation team that you take this medicine before any procedure. Follow their individualized instructions about eating, drinking, and medication timing; do not decide on a stopping interval yourself. [18, 19]

Agree on your treatment plan

Before the first dose, confirm the exact product, starting dose, dose-increase schedule, administration technique, storage, and next review. The doses in the research table are not instructions for starting treatment. Use page 7 to record the plan your clinician gives you.

Using medication and managing symptoms

Follow the prescription and the Instructions for Use for your specific pen, syringe, vial, or tablet. Do not increase, switch, or restart a dose on your own. The guidance below describes the named approved products and does not replace your own prescription. [18, 19]

Taking a dose and handling missed doses

Product	Key instructions
Wegovy weekly injection [18]	Inject under the skin as instructed and rotate sites. If a dose is missed and the next dose is more than 48 hours away, take it as soon as possible; if less than 48 hours away, skip it. Ask the pharmacist if timing is unclear. After 2 or more missed doses, contact the prescriber about restarting.
Wegovy daily tablet [18]	Take whole on an empty stomach in the morning with plain water, up to 4 oz. Wait at least 30 minutes before food, other drinks, or oral medicines. If missed, skip that dose and resume the next day; do not double up.
Zepbound weekly injection [19]	Inject under the skin as instructed and rotate sites. Take a missed dose within 4 days (96 hours); after that, skip it. Keep at least 72 hours between doses. Ask the prescriber how to restart after a longer interruption.

Never share pens, needles, or syringes. Use a new needle/syringe as directed and dispose of sharps safely. For vials, obtain written instructions showing the dose in mg and the matching volume in mL for that concentration, plus syringe markings. Do not transfer “units” from an old concentration to a new one. [18–21]

Storage and product instructions

Storage and discard dates differ by device and whether it has been opened. Follow the label for your exact presentation, protect injections from freezing, and ask the pharmacist about heat exposure or temperature uncertainty. Keep Wegovy tablets dry in their original bottle. Record storage and discard instructions on page 7. [18, 19]

Current official guides and device instructions: Wegovy | Zepbound

Mild symptoms

Nausea, diarrhea, constipation, and vomiting can occur, especially during dose increases. Try smaller meals, eat slowly, stop when comfortably full, and sip fluids within your fluid allowance. Contact the care team if symptoms persist or interfere with eating or drinking; check before another increase. [18, 19, 22]

When to get help

Call 911 for trouble breathing, swelling of the face or throat, fainting, or severe low blood sugar with inability to swallow or loss of consciousness. [18, 19]

Seek urgent medical care for severe or persistent abdominal pain, repeated vomiting with inability to keep fluids down, dehydration, or sudden loss or decrease of vision. Stop the medicine and seek prompt medical advice for severe persistent abdominal pain. Do not wait for a routine office reply. [18, 19]

Maintaining results and choosing a pharmacy

Understanding weight regulation

Body weight is influenced by hormones, metabolism, appetite, sleep, stress, genetics, and the environment. After weight loss, the body may defend a higher weight by increasing hunger and using less energy. This physiologic response helps explain why ongoing support can matter; it is not a personal failure.

Plan for long-term treatment

Reaching your goal is a time to review your medication, target weight range, nutrition, strength, and follow-up plan. Continued treatment may be needed to maintain results. Choose a dose you tolerate with your prescriber, and check in before reducing, spacing, stopping, or restarting treatment. [8–10]

What happened when treatment stopped. In STEP 4, over 48 weeks, participants who continued semaglutide lost another 7.9% on average; those switched to placebo regained 6.9%. In SURMOUNT-4, over 52 weeks, participants who continued tirzepatide lost another 5.5%; those switched to placebo regained 14.0%. These changes are measured from the point of continuation or withdrawal, not the original starting weight. [8, 9]

What happened with a lower tirzepatide dose. SURMOUNT-MAINTAIN studied selected participants after 60 weeks of tirzepatide treatment. After another 52 weeks, average weight was 16.6% below the original baseline with 5 mg, 21.9% below with continued 10 or 15 mg, and 9.9% below with placebo. This does not show that every patient can reduce their dose without regain; decisions require individual follow-up. [10]

Agree on when to check in and what changes should prompt a call. Keep regular meals, adequate protein, and strength training. If comfortable, weigh weekly under similar conditions. Contact your care team if hunger returns, weight rises steadily, symptoms worsen, or eating becomes difficult.

Medication quality and pharmacy safety

Compounded medications are not FDA-approved. FDA does not review them for safety, effectiveness, or quality before marketing. FDA recommends them only when a patient’s medical needs cannot be met by an FDA-approved drug. They should not be assumed equivalent to the products studied in clinical trials. [20]

Use a prescription and a state-licensed pharmacy. If a compounded product is proposed, ask the prescriber why an approved product cannot meet your needs, what is being dispensed, and which pharmacy prepares it. A certificate of analysis alone does not establish the quality of each finished prescription. Pharmacy licensing and testing documents do not make a compounded drug FDA-approved. [20, 21]

Avoid unknown online sellers and products labeled “research use only.” Check the pharmacy name, product, concentration, instructions, and expiration or beyond-use date before use. Ask the pharmacist about any mismatch or unclear instructions. [20, 21]

Nutrition that supports strength and health

Protein and your personal target

Adequate protein, together with strength training, helps preserve muscle during weight loss and can improve fullness. Protein alone does not guarantee muscle preservation or prevent metabolic slowing. [22]

Ask your clinician or dietitian to set a daily target based on body size, age, intake, activity, kidney function, and other conditions. A target based only on sex may not fit your needs. Spread protein across meals and record your assigned daily and meal targets on page 7. [22]

Protein options include eggs, Greek yogurt, cottage cheese, fish, poultry, lean beef, tofu, beans, and lentils. A protein shake may help when food intake is limited; discuss the product and need with your care team.

A Mediterranean eating pattern

Build meals around vegetables, fruit, beans, whole grains, fish or other lean proteins, olive oil, nuts, and seeds. Limit sugary beverages, frequent fried foods, highly processed snacks, and large portions of refined carbohydrates. Choose foods you enjoy and can sustain. [22]

Sample day with practical portions

This example shows portions, not a calorie prescription. Adjust amounts and protein choices to your personal target. Protein content varies by product; use labels or ask your clinician/dietitian to confirm your total.

Meal	Example portions
Breakfast	¾–1 cup plain Greek yogurt with ½ cup berries
Lunch	3–4 oz cooked chicken with about 2 cups salad vegetables and an olive-oil dressing
Dinner	3–4 oz cooked salmon, 1 cup roasted vegetables, and ½ cup cooked quinoa
Snack if needed	½ cup cottage cheese, or 1 oz almonds with another protein food if needed for your target

Cottage cheese and almonds are not equivalent protein portions. Check labels and choose the option that fits your nutrition needs and appetite. Meat, fish, and dairy can be replaced with suitable plant proteins.

Foods that support steadier blood sugar

Choose fiber-rich carbohydrate foods such as beans, oats, barley, berries, apples, and pears. Pair these with protein and healthy fats. Non-starchy vegetables such as broccoli, spinach, peppers, and cucumbers can add volume and nutrients.

Glycemic index describes carbohydrate-containing foods. Eggs, fish, poultry, and oils are not usefully classified by it. Portions, preparation, and the whole meal affect blood sugar. If you use diabetes medicines, follow your glucose-monitoring plan.

Avoid letting appetite suppression lead to skipped meals or consistently inadequate intake. Tell the care team if you cannot meet food or protein needs, feel unusually weak, or are losing strength. [22]

Fiber hydration movement and sleep

How fiber helps

Some gel-forming fibers increase fullness. Across 62 randomized trials, adding viscous fiber produced a modest average weight reduction of about 0.7 lb (0.33 kg) versus control groups. Fiber supports health but is not a substitute for a complete treatment plan. [11, 12]

Clinical trials found improvements in total cholesterol and systolic blood pressure with higher fiber intake. Long-term studies linked higher intake with lower rates of heart disease, type 2 diabetes, and colorectal cancer. Some supplements, especially psyllium, can improve chronic constipation. [13, 14]

General adult fiber targets

The Dietary Reference Intake is 14 g per 1,000 calories. These age-based reference amounts are general goals; your clinician may adapt them for your intake or medical needs. [15]

Age	Women	Men
19–50 years	25 g per day	38 g per day
51 years and older	21 g per day	30 g per day

Food examples: ½ cup cooked lentils has about 8 g fiber; ½ cup raspberries has about 4 g; a medium pear or 1 cup cooked broccoli has about 5 g. Add beans, lentils, whole fruit, vegetables, oats, or barley across meals. [16]

Increase gradually. Try one change at a time, such as berries at breakfast or beans at lunch. Drink water regularly within your clinician's fluid limit. Ask before adding fiber supplements, and contact the care team for persistent constipation. Severe pain or vomiting needs urgent assessment rather than simply more fiber. [17–19]

Hydration that fits your health

Ask your clinician for a daily fluid target. There is no single water target for everyone; needs vary with health conditions, activity, weather, and food intake. Follow any kidney, heart, or other fluid restriction. Record your own target on page 7. [22]

Movement and muscle strength

Pair resistance training with regular aerobic movement such as walking, cycling, or swimming. Start at a level you can safely manage and build gradually; adapt exercises for pain, balance, mobility, and medical conditions. Ask your clinician or exercise professional to set the weekly plan. Adequate protein and training work together to support muscle. [22]

Daily habits

Eat slowly, pause when comfortably full, and keep regular meals. Prioritize a consistent sleep routine, with 7–9 hours as a general adult goal when feasible. Tell your clinician about poor sleep, snoring, low mood, or stress that interferes with your plan. [22]

Your personal goals and follow-up plan

Complete this page with your prescribing clinician. Your prescription label and written instructions control dosing. Keep this plan current whenever the product, concentration, dose, or follow-up needs change.

Medication and pharmacy

Prescribing clinician _____ Date reviewed _____

Product and form _____ Pharmacy _____

Starting/current dose in mg _____ Frequency _____

If using a vial: concentration in mg/mL _____ Volume per dose in mL _____

Syringe type and matching marking _____

Dose-increase plan and next review _____

Storage and discard/beyond-use instructions _____

Missed-dose and restart instructions _____

Nutrition movement and monitoring

Daily protein target _____ g Meal targets _____

Fiber target _____ g/day Fluid target _____ oz/day Restrictions _____

Strength/activity plan _____

Target weight range or other health goals _____

Next appointment _____ When to contact us sooner _____

Tracking can help you and your care team assess progress. Choose useful measures: symptoms, energy, mood, sleep, strength, activity, food/fluid intake, and, if appropriate, weight or waist measurements. If weighing, use similar conditions about weekly. Adapt or avoid weight/food tracking if it increases distress or conflicts with eating-disorder care.

Contact and urgent care

Routine questions and appointments: (570) 993-5507 or contact@hushmedicalspa.com. Ask the office how to obtain after-hours advice and record the instructions below. Do not use email or wait for an office callback for an emergency.

After-hours instructions _____

Call 911 for breathing difficulty, facial/throat swelling, collapse, or severe low blood sugar with inability to swallow. Seek urgent care for severe persistent abdominal pain, repeated vomiting, dehydration, or sudden vision loss. See page 3.

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This guide is for patient education and does not replace your clinician’s assessment, prescription, or the Medication Guide for your product. Updated November 22, 2026.

Research references

The numbered sources support the clinical-trial, mechanism, maintenance, and fiber sections. Official prescribing and patient resources continue on page 9.

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2. Martin CK, et al. Tirzepatide and eating behavior. Nat Med. 2025. 10.1038/s41591-025-03774-9

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4. Wharton S, et al. STEP UP. Lancet Diabetes Endocrinol. 2025. 10.1016/S2213-8587(25)00226-8

5. Wharton S, et al. OASIS 4. N Engl J Med. 2025. 10.1056/NEJMoa2500969

6. Jastreboff AM, et al. SURMOUNT-1. N Engl J Med. 2022. 10.1056/NEJMoa2206038

7. Aronne LJ, et al. SURMOUNT-5. N Engl J Med. 2025. 10.1056/NEJMoa2416394

8. Rubino D, et al. STEP 4. JAMA. 2021. 10.1001/jama.2021.3224

9. Aronne LJ, et al. SURMOUNT-4. JAMA. 2024. 10.1001/jama.2023.24945

10. Horn DB, et al. SURMOUNT-MAINTAIN. Lancet. 2026. 10.1016/S0140-6736(26)00656-2

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13. Reynolds A, et al. Carbohydrate quality and human health. Lancet. 2019. 10.1016/S0140-6736(18)31809-9

14. van der Schoot A, et al. Fiber and chronic constipation. Am J Clin Nutr. 2022. 10.1093/ajcn/nqac184

Prescribing information and patient resources

Use the current instructions for your exact product and device. Links were checked November 22, 2026.

15. National Academies. Dietary Reference Intakes. Dietary fiber.
Fiber reference intake

16. USDA and HHS. Dietary Guidelines for Americans. Food Sources of Dietary Fiber.
Food sources of fiber

17. National Institute of Diabetes and Digestive and Kidney Diseases. Eating, Diet, and Nutrition for Constipation.
Constipation nutrition guidance

18. Novo Nordisk. Wegovy prescribing information, Medication Guide, and Instructions for Use. Current product labeling.
Wegovy official product instructions

19. Eli Lilly and Company. Zepbound prescribing information and patient information. Current product labeling.
Zepbound official product instructions

20. FDA. Concerns with Unapproved GLP-1 Drugs Used for Weight Loss.
FDA guidance on unapproved GLP-1 products

21. FDA. Dosing errors associated with compounded injectable semaglutide products.
FDA dosing-error alert

22. Mozaffarian D, et al. Nutritional priorities to support GLP-1 therapy for obesity. Joint advisory. Obesity Pillars. 2025;15:100181.
Joint nutrition advisory

23. Hush Medical Spa. Medical Weight Loss. Physician consultation and follow-up overview.
Hush medical weight loss program