



Y Weight?

March, 2005

A support group newsletter for gastric bypass patients

† Catholic Health Initiatives

St. Joseph's
Area Health Services

The mission of the Y Weight gastric bypass support group is to provide a supportive learning environment for pre- and post-surgical patients and their families and friends. We exist to help, with kindness and compassion, those who have completed or are contemplating gastric bypass surgery (GBPS).

Knowing that GBPS is a life-changing operation, Y Weight promotes lifestyle changes which enhance the holistic health of its members. Through meetings where education, affirmation, inspirational and socialization occur, the following personal growth tools are provided:

- ▶ Open forum discussion
- ▶ Supportive relationships
- ▶ Special guest lectures
- ▶ Success celebrations
- ▶ Small group discussion



St. Joseph's Area Health Services
600 Pleasant Ave.
Park Rapids, MN 56470

On the Web:
www.sjahs.org

Kirk wanted his daughter to have a father

Kirk lost weight for one reason and one reason only; a girl.

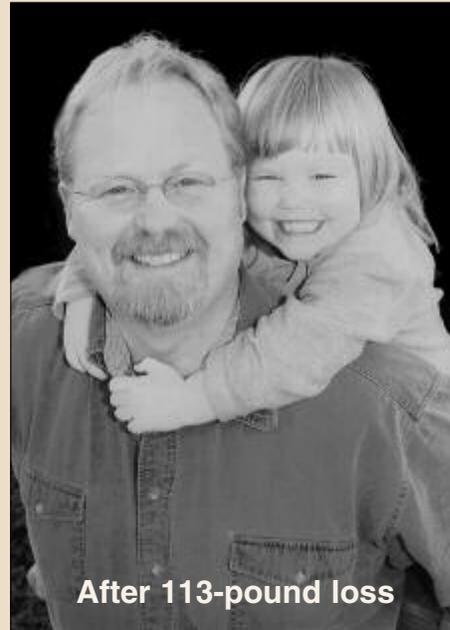
A beautiful, strawberry-blonde with gorgeous blue eyes gave him all the motivation he needed to choose gastric bypass surgery as a final option in controlling his weight.

A single parent, he wanted to live to watch his 3-year-old daughter grow and graduate from high school. At 360 pounds he didn't think his chances were good that he would get to see her in her graduation gown.

He was fortunate in that, for someone with his sizeable girth, he had normal to low blood pressure, no joint problems and normal blood sugar readings. His lower back would give him problems, but that was about it. It concerned him, however, that his mother was a diabetic and there was a history of diabetes in the family.

Dr. Dan Smith agreed that it was a matter of time before the weight would catch up to his 45-year-old frame.

"Having surgery was no decision at all for me," Kirk says. "I'm a single dad, and I have a 3-year-old daughter I'm raising alone. I don't think I ever would have seen her graduate if I didn't have the surgery done. I still might not, but I think my chances are a heck of a lot better now than they would be if I didn't have surgery."



After 113-pound loss

Kirk



Before



After losing 118 pounds in more than 9 months, Kirk has more energy for the important parenting stuff like playing together, taking walks, snowmobiling or wrestling around the house.

Being overweight has been a fact of life for Kirk practically his entire life. As a ninth grader he weighed 200 pounds. He graduated from high school at 230. He tried many diets which worked until he went off of them, then he would gain the weight right back.

"Weight was never a depressing thing for me because I was always heavy," Kirk says. It was a pain to go clothes shopping, though, and big and tall clothes for men aren't cheap or found readily where he lives.



Testimony / from cover

And while Kirk has always had a good outlook on life, he really didn't realize how bad he was feeling because, pound by pound, he had learned to live with the extra weight. "I didn't feel bad, I just knew it wasn't good for me," he says. It wasn't good for his deer hunting either. "If my four-wheeler didn't go there, I didn't go there. I didn't walk, didn't drag my own deer, didn't gut my own deer. I huffed and puffed."

Kirk has played rhythm guitar and sung vocals in a band for 25 years. "The last couple of years I had to play sitting on a stool

because holding a guitar and standing made my back hurt. I thought something was wrong with my back."

Insurance denied

Kirk knew he wanted the surgery, but it took two tries with his insurance company to get the green light. He didn't have the life-

threatening co-morbidities. It wasn't until he went to his chiropractor for his back problem that a letter from the chiropractor convinced his insurance company the surgery was vital. He got the okay by the skin of his teeth; by the time he came home from the hospital his insurance company gave notification that bariatric surgeries would no longer be covered in their policy.

He went in for surgery April 20.

Dr. Smith informed Kirk from the get-go that his would be an open surgery rather than being performed laproscopically. Six weeks out he had a dilatation and another one five months later. "No big deal," he says, and he doesn't expect to have any more done.

Forced diet

"The first few weeks it's hard to change your eating habits," Kirk says. He longed for the textures and flavors he enjoyed so much. While the prime rib meals called, his new stomach refused to allow it. But he was

forced to stick to the plan "because if you try to eat some of those things you throw up." Getting used to the chewing also took some adjustment. To curb his cravings he went to his favorite restaurant and ordered some jus to sip on so at least he could taste the prime rib flavor. It satisfied that craving.

"This is a forced diet plan," he admits. "It forces you to change your habits."

Soon Kirk was on his way to a steady weight loss. He gets weighed at the same time every week to chart his progress, something he recommends to others. Sometimes he would lose four pounds a week, other times two pounds, but he's consistently lost weight.

He's not bothered by lactose intolerance, he can eat most of his favorite foods, he just eats a lot less. If he and his daughter are having pizza, he'll simply eat the topping. He can eat prime rib, but he doesn't eat much. He and his daughter split a meal while dining out. A bowl of chili easily satisfies him.

"This whole experience has been so easy," he says. "I'm embarrassed to say that almost. My lifestyle hasn't changed that much. Life is good." He has more energy, he's eating less and he's more active. For the first time in his life the snowball effect is to his advantage.

Friends tell him how good he looks. Lifetime acquaintances fail to recognize him. He drives with the seat closer to the wheel. He's had to shorten his guitar strap because it had gotten loose to the point he was missing chords. "Hunting this year was just a joy," he says. He went without a four-wheeler. He cut wood for the hunting shack and actually initiated the chore. "I could walk and make drives. I'm more ambitious. It's unbelievable."

He goes to support group meetings for himself as well as to help others who are contemplating or have just gone through the surgery. He appreciates the follow-up care and support the hospital provides. "It's a program not just a procedure. It's the full-meal deal," he says.

"You have a skinny tummy now, Daddy," he hears from his daughter. She's unaware of the impact she's had on his life.

"Dr. Smith said I could expect to be at 200 pounds by my one-year anniversary. I weighed 200 pounds in ninth grade. It's hard to conceive being that weight some 20 years later."

Kirk



Medicare Advisory Panel concludes weight loss surgery safe, effective for morbidly obese patients

In November 2004, The American Society for Bariatric Surgery issued the following notice in regard to weight loss surgery and Medicare coverage:

“We are pleased to report that the Medicare Coverage Advisory Committee (MCAC) concluded that there is significant scientific evidence supporting the safety and effectiveness of open and laparoscopic weight loss surgery and its ability to improve a number of life-threatening obesity-related conditions including diabetes, high blood pressure and high cholesterol in the general adult population. We hope this will have a positive impact on private carriers.”

They added that more research is needed, however, in

individuals 65 and older, without limiting the access to care for people who are morbidly obese.

“The MCAC recommendations will not affect current Medicare policy, which covers weight loss surgery for morbidly obese patients with a co-morbid condition. A change in Medicare coverage criteria requires a request for a new National Coverage Decision, which the Society will be submitting to improve the consistency of coverage,” they say.

Source: American Society for Bariatric Surgery, Gainesville, FL

Walters takes on expanded role in bariatrics

Leah Walters, RD, LD, CDE, was appointed to the position of Bariatric Program Coordinator at St. Joseph's Area Health Services (SJAHS) recently.

(Note her new “Q&A” column which will be a new featured item in the Y Weight newsletter.)

She has been employed as a registered dietitian and diabetic educator at SJAHS since 1996 and has participated in the surgical weight loss program since 2001, providing pre-surgery education and follow-up care to surgical weight loss patients. In her position as Program Coordinator, Leah will continue to provide services to patients at SJAHS and Dakota Clinic as well as coordinate SJAHS efforts to become accredited as a Center of Excellence by the American Society for Bariatric Surgery. Congratulations, Leah!

Question: I've had my surgery. When can I start eating fruits and vegetables?

Answer: We recommend starting fruits and vegetables slowly. This is because of the texture of the food.

On Step 2, after discharge from the hospital, smooth apple or fruit sauce in its own juice is great. Remember, however, that we like patients to concentrate on fluids and high protein foods, especially in the early weeks after surgery.

On a Step 3 diet, fruits and vegetables that squeeze through a fork easily are acceptable.

After Dr. Smith has okayed a Step 4 diet, all fruit and vegetables can be added. Be sure to chew all of them well, especially raw vegetables.



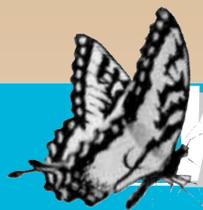
By Leah Walters,
RD, LD, CDE

St. Joseph's Bariatric Program Coordinator answers some of your most-asked questions.

“(On Step 2) Remember, however, that we like patients to concentrate on fluids and high protein foods, especially in the early weeks after surgery.”

The vitamins, fiber, and phytochemicals in these foods are an important part of all healthy diets and should not be excluded for long periods of time.

We recommend individual diet therapy with a Registered Dietitian one to two months after surgery, and as directed after that.



“The toughest thing about success is that you’ve got to keep on being a success.”

Irving Berlin

Drop down, don’t drop out

It’s that time of year again. All of us have made New Year’s resolutions, always dealing with eliminating eating and earnestly exercising, right?

We start out with all of this enthusiasm to conquer, finally, our old, bad habits. Then January wanes, and February begins its descent. Cold is getting old, and every “thaw day” takes our focus off winter and draws our attention to spring.

We begin to lose the energy to maintain the effort, because we never succeed anyway, right?

And now we don’t even have time to “get slim” before summer; our lives are frantic with activity. (Remember all those wintertime projects we had to accomplish?) And so . . . so goes our determination to adhere to our resolutions.

It has been three and a half years since I had bariatric surgery. I lost 100 pounds and have kept 85 off by the grace of God! I’m not happy with this gain of mine. I bought clothes that are tight now. I had a sense of pride that is lost somewhere. While others seem to accept me, I cannot

From the Outside In



By Cheryl Mickunas

“I can’t depend on New Year’s resolutions to maintain a lifestyle.”

accept myself. I can’t depend on New Year’s resolutions to maintain a lifestyle.

With that in mind, I am hitting the fitness center, drinking more water, gobbling up my protein and trying not to graze.

Grazing is my nemesis. It trails me everywhere. Always before me is that picture of the Holstein cow contentedly cogitating while chewing her cud. Wish I were more like the chickadee only eating to live.

Since I’m not, I have to dig in, and we have to be determined to “drop down” and not “drop out.”

The Woman in the Mirror

Walking past the mirrored glass,
I take a timid peak;
I see a woman staring back,
I’m too choked up to speak.

The puffiness, at last, is gone,
The skin pink and glowing,
The many pounds that melted off,
Finally, now is showing.

Hard to believe until recently,
This same woman was dying,
Stuffing the food to ease the pain,
Heartbroken and crying.

Life evolved around each snack,
She lived for every meal,
Anything to numb the hurt,
She didn’t want to feel.

When did she get so pretty?
When did God remove the grief?
How did this miracle happen?
Who provided this relief?

What a gift! A second chance!
I thank God everyday
For His grace in showing me
There is a better way.

I walk, I dance, I make love too,
My heart is filled with gladness,
I’m out of bondage, I’m out of pain,
There is no room for sadness.

This woman in the mirror,
Smiles softly back at me,
She has good cause to be so pleased,
She’s finally been set free!

----Author Unknown



Group notes

▶ Please note that the Detroit Lakes Support Group is now meeting in the Family Room on the 2nd floor of the nursing center.

The group is still meeting the first Tuesday of the month at 5:30 p.m.

▶ If you purchased the book "The Success Habits of Weight-Loss Surgery Patients" by Colleen Cook from Arlys Hess and did not receive the disclaimers regarding information SJAHs teaches, the disclaimers are as follows:

Disclaimers for The Success Habits of Weight-Loss Surgery Patients

Page 58: No liquids at least 15 minutes before, during, and after meals.

Page 75: Fifth paragraph - Proteins to use sparingly include whole milk, ice cream, and meats with excess gravy. We routinely recommend use of eggs, beans, legumes, and nuts.

Page 77 & 78: Fruits are also good sources of Vitamin A, Vitamin C, and Potassium.

Page 82: If we don't use calories (fat, protein, and carbohydrates), they are all stored as fat. Any excess calories will be stored as fat. "Fat free" does not mean "calorie free."

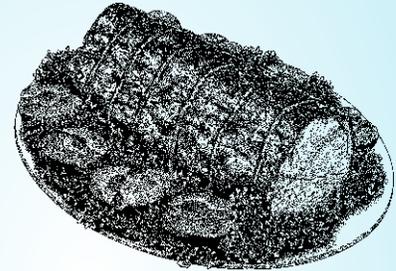
Page 147: The last statement on the page is subjective and unsubstantiated.



Nutrition Nugget

Granny's Pork Roast

1 1/2 lbs. boneless pork loin roast
 1/2 c. finely chopped onion
 1/4 c. water
 1/4 c. lime juice
 2 large cloves garlic, minced
 2 T. olive oil
 1 t. paprika
 1/2 t. dried thyme
 1/4 t. salt
 1/4 t. pepper
 1 c. beef broth
 1/4 t. dried thyme
 1 T. cornstarch
 2 T. snipped parsley



Marinade:

Combine onion, water, lime juice, garlic, olive oil, paprika, the 1/2 teaspoon thyme, salt and pepper. Place pork loin in a plastic bag. Pour marinade over meat. Tie shut; place in bowl and refrigerate 4 to 6 hours.

Cooking Pork Roast:

Remove meat from marinade, reserving marinade. Place loin on rack in roasting pan. Roast in 350 degree F. oven for 40 to 50 minutes or until 165 degree F. internal temperature. Remove meat from pan and let stand for 10 minutes.

Meanwhile, strain remaining marinade. Pour 1/2 cup of the beef broth into roasting pan and, using a whisk, loosen all the caramelized pieces from the bottom of the roasting pan and pour into a small saucepan. Add the strained marinade and remaining 1/4 teaspoon thyme to saucepan. Combine remaining broth with cornstarch; add to saucepan. Cook and stir until thickened and bubbly. Cook and stir 1 minute more. Stir in parsley. Slice meat to serve; serve with sauce.

We appreciate your input

Y Weight invites you to submit articles, questions, stories, your personal profile or any information you feel would benefit other gastric patients, to Arlys Hess, social worker, at 218-237-5588. Or write her at St. Joseph's Area Health Services, 600 Pleasant Ave., Park Rapids, MN 56470. Or e-mail: arlyshess@catholichealth.net



CATHOLIC HEALTH
INITIATIVES

St. Joseph's Area Health Services

600 Pleasant Avenue Park Rapids, MN 56470
 Phone: (218) 732-3311 Fax: (218) 732-1368



For more information about bariatric services call 218-237-5588.

If you choose to no longer receive this newsletter please call 218-237-5711 or 1-800-566-3311 ext. 588 and ask to have your name removed from the mailing list. Thank you.

St. Joseph's Area Health Services

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Weight?

B a r i a t r i c s

Group notes

SJAHS program vitamin recommendations:

- ▶ 500-1000 micrograms of sublingual (under the tongue) B12 daily.
- ▶ Children's chewable complete formula multivitamin/mineral two times per day at different times and preferably right before a meal.
- ▶ Calcium (citrate or carbonate) in chewable, powder, or liquid form in two or three 500 milligram doses per day, preferably 30 minutes or more after your multivitamin.
- ▶ Iron during menstrual cycle and two days after cycle in 325-milligram dose, and as directed by patient's primary care physician.

Note: Bariatric Advantage is a company selling vitamins. Quotes from them without published research should not be taken as fact.

Curious about the protein value in some of the 'unusual' animal sources

Animal	Serving Size	Protein	Calories	Fat
Buffalo	3.0 oz.	22.8g	111	1.5g
Ostrich	3.3 oz.	26.9g	140	2.8g
Venison	3.5 oz.	22.9g	120	2.4g
Rabbit	3.0 oz.	24.7g	167	6.8g
Tongue, beef	4.0 oz.	16.8g	253	18.2g

Our Bariatric
Website
is complete!

Visit us
at
www.sjajs.org

