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September Bariatric Surgery



Bariatric Surgery Statistics & Facts

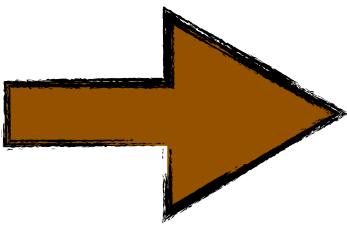
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- According to the Center for Disease Control and Prevention (CDC) data in 2016, [more than one-third \(36.5%\) of U.S. adults are obese](#) (“Adult Obesity Facts | Overweight & Obesity | CDC,” 2016).
- The WHO data showed that about **13% of the entire world populations were obese as at 2014**. The prevalence of obesity has been rising due to the interaction between our genetic make-up and environment. The environmental factors are majorly our dietary habit and sedentary lifestyle. Increased industrialization and digitization has led to machines replacing humans in most energy-demanding activities.
- On average, healthcare costs for patients suffering from morbid obesity are reduced by 29% within five years following bariatric surgery, which is related to a decrease or full elimination of **comorbidities** associated with obesity.
- Eighty percent of patients who undergo bariatric surgery, which involve procedures that either limit the amount of food that can be consumed or reduce food absorption, are female, despite equal rates of obesity among American men and women.
- Ethnic minority adults have disproportionately higher rates of obesity than Caucasians but are less likely to undergo bariatric surgery.

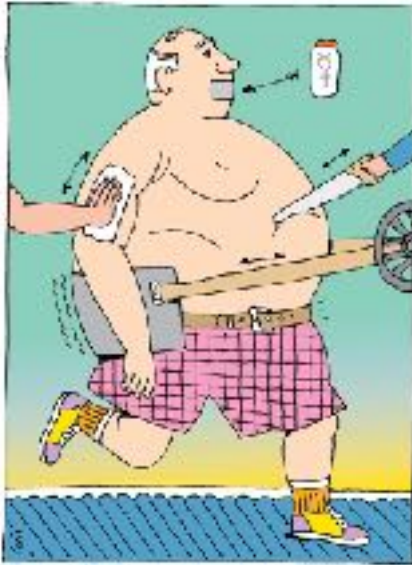
Obesity: Weight that is higher than what is considered as a healthy weight for a given height is described as overweight or obese. Body Mass Index, or BMI, is used as a screening tool for overweight or obesity.

- If your BMI is less than 18.5, it falls within the underweight range.
- If your BMI is 18.5 to <25, it falls within the normal.
- If your BMI is 25.0 to <30, it falls within the overweight range.
- If your BMI is 30.0 or higher, it falls within the obese range.

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[Adult BMI Calculator](#) - click on link



Common Changes After Bariatric Surgery

Life after weight loss surgery isn't always what patients expect. One post-surgery patient put it bluntly, "if you do not make radical changes to your mindset, you will regain (the weight)." The radical changes she refers to include changes to your diet, your lifestyle, your social life, your relationships and your emotions. Sometimes, the changes come as a surprise to patients who hoped that weight loss surgery might offer an easy way out of their weight loss predicament.

- **Hard work.** Weight loss surgery isn't an alternative to diet and exercise—it is an addition to diet and exercise. In fact, good eating habits and regular exercise become even more important after bariatric surgery. "You need to spend each day practicing healthy behavior.
- **New social habits.** The activities you enjoyed prior to surgery may not be activities that you continue to participate in after surgery.
- **Lost or difficult relationships.** Your changing social habits may frustrate and even alienate the friends you had prior to surgery. "You need to work with your family and friends to accept the new behaviors because they want life to stay what it was," explains one patient.
- **Emotional disappointment.** If you expect weight loss surgery to solve social or emotional problems and make life better, you may end up disappointed. If emotional issues are present prior to surgery, they are likely to be present after surgery as well.
- **Excess skin.** Your weight loss may provide positive results on the scale, but you still may not like what you see in the mirror. Excess skin is a problem for many patients who lose weight. [Solutions for loose skin](#) may include additional surgery and exercise.
- **Alcohol abuse.** Some patients who undergo surgery, particularly gastric bypass and sleeve gastrectomy, experience alcohol use disorders in the years after surgery. A [study](#) published by JAMA found that because the procedures alter the way alcohol is processed in the body, some patients may be at higher risk for abuse.
- **Weight regain.** While the success rates for weight loss surgery continue to improve, some weight regain in the years after bariatric surgery is very common. According to ASMBS, patients lose the most weight in the first two years after surgery. At the five-year mark, some weight regain is typical, with patients maintaining an average of 50 percent of their excess weight loss.

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What is Bariatric Surgery?



The term “bariatric surgery” applies to a number of surgical procedures that have been developed to treat [obesity](#) and surgically induce weight loss. These include [gastric bypass](#), [gastric banding](#), and [gastric sleeve \(sleeve gastrectomy\)](#) procedures, among others, which have been developed for the surgical treatment of obesity.

Gastric Banding (Lap Band):

A band is placed around the stomach, dividing the stomach into two pouches: a small upper pouch located above the band, and a larger lower pouch below the band. The small pouch limits the amount of food that one can eat at any single sitting, and thus causes a feeling of fullness with less food.

The band can be adjusted by injecting or removing saline from it, thereby decreasing or increasing the size of the opening between the two parts of the stomach. The band is removable and does not permanently alter the anatomy of the stomach or digestive tract.

Gastric Bypass:

The surgery begins with multiple half-inch long [incisions](#) in the area of the stomach. The instruments are inserted through these incisions, and the surgeon begins by creating a pouch from the area of the stomach closest to the esophagus. The pouch is completely detached from the rest of the stomach, which is stapled closed and remains in the body (although it will no longer digest food). The sphincter muscle, which holds food in the stomach, remains attached to the unused portion of the stomach; the upper stomach sphincter becomes the entrance to the pouch.

Gastric Sleeve (Sleeve Gastrectomy):

A type of bariatric surgery that isolates a small section of the stomach for processing food, limiting the size of meals to approximately one ounce after surgery. In addition to causing weight loss through food restriction, sleeve gastrectomy also decreases levels of an appetite-stimulating hormone called ghrelin -- so people feel less hungry and eat less.

The surgery has gained popularity, as its considered less radical. In fact, according to a 2013 study in *Obesity Surgery*, behind Roux-en-Y, sleeve gastrectomy was the second most common bariatric surgery worldwide in 2011.



Typical Outcomes & Drawbacks

Bypass Surgery: This procedure is more successful than restrictive procedures, such as [gastric banding](#), because it does not rely solely on behavior modification. While the pouch helps create a feeling of fullness and does not allow for large meals to be consumed, the calories that are consumed are not fully used by the body due to the bypass of part of the small intestine.

Because weight loss is not totally dependent upon the continuation of eating very small meals alone, patients typically lose at least 60% of their excess weight after surgery; over a third lose 80%. Most patients reach their lowest weight about two years after surgery.

Drawback: Many patients experience dumping syndrome, a condition where food moves very quickly from the stomach into the small intestine, causing feelings of nausea, cold sweats, chills and often severe diarrhea and chest pain. Most patients find that limiting meal size and sugar consumption prevents dumping syndrome.

Malnutrition is also a risk, as this procedure decreases the body's ability to absorb nutrients, and most patients need vitamin and mineral supplementation for the rest of their lives.

The surgery is not reversible, but the restrictive nature of the surgery can be eliminated by consistent overeating, which can stretch the pouch until the amount of food able to be digested and used by the body is far less restricted than intended by the surgeon.

Lap Band: Constipation, however, may be more likely to occur. Patients who have gastric banding may also experience dysphagia (difficulty swallowing), particularly after having the band tightened, or “adjusted.”

However, due to reduced food intake (which is, after all, the point of this procedure), nutritional deficiencies may occur, and at a minimum, it is recommended that gastric banding patients take a complete multivitamin every day.

Gastric Sleeve: Research shows the average weight loss to be over 50 percent, even after more than six years post-surgery. In addition, another bonus with the sleeve gastrectomy is that the [risk of malnutrition](#) that faces many [bariatric](#) surgery patients is not present with this surgery, as the body continues to absorb nutrients as it did prior to surgery.

The downside is that some people do regain weight after the surgery, mostly when they consume large quantities of food that stretches the pouch. Acid reflux is another potential side effect of this surgery.

The patient who undergoes this procedure must make radical changes in his food intake and lifestyle in order for the procedure to have a [successful long-term outcome](#). Because the stomach has the ability to stretch to accommodate food, the stomach can expand greatly from the one-ounce capacity the surgery allows for. Meals should be small -- less than half a cup -- and drinking fluids with meals can fill the pouch, preventing the intake of solid food at that time.

Overall, gastric bypass is the most commonly performed weight loss surgery, 144,000 procedures performed in the U.S. annually. While it is a complex surgery, with significant risks, patients have historically had better results with total weight loss, long term weight maintenance, and improved overall health than those who have opted for any other type of weight loss surgery.



How Does Bariatric Surgery Impact Mental Health?

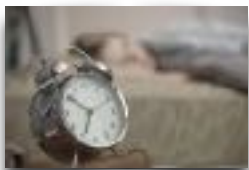
Among patients seeking and undergoing bariatric surgery, the most common mental health conditions ... were depression and [binge eating disorder](#).”

Specifically, 19% of patients were found to have depression and 17% were found to have binge eating disorder.

While neither depression nor binge eating disorder were found to be consistently associated with differences in weight outcomes following surgery, it appears that bariatric surgery itself had favorable effects on patients with depression.

The researchers found that bariatric surgery was consistently associated with lower rates of depression after the operation. Bariatric surgery was also associated with a decrease in the severity of the symptoms of depression.

The study authors concluded that “mental health conditions are common among bariatric surgery patients—in particular, depression and binge eating disorder.” They also noted the support for “an association between bariatric surgery and lower rates of depression postoperatively [after surgery].”



Signs You May be at Risk For Obesity



You get less than 7 hours of sleep at night. In addition to preventing heart disease, stroke, depression, and other disorders, getting an adequate amount of high-quality sleep every night can [prevent weight gain and obesity](#). What is the right amount? Most studies have shown that seven to nine hours of uninterrupted sleep per night are required to reap [the health benefits of good sleep](#), including those related to preventing [obesity](#).

You prepare a meal at home less than 7 times a week. We already know that we as a nation dine out too much and too often, and [the consumption of fast food, in particular, has been linked to the obesity epidemic](#). Now researchers are discovering even more benefits of eating at home. A study presented at the 2015 [American Heart Association](#) meeting in Orlando found that both women and men who prepared meals at home were less likely to gain weight. They were also less likely to develop [Type 2 diabetes](#).

You Commute to Work by Car Everyday. In one study that looked at self-reported commuting mode (categorized as private transport, public transport, and active transport) in over 15,000 residents of the United Kingdom, those who traveled to work using active and public modes of transport had significantly lower [body mass index \(BMI\)](#) than those who used private transport. Not only did those who walked or cycled all or part of the way to work--as one might do by necessity when using public transit--have lower BMIs, but they also had lower percentages of body fat compared to those who got to work using their own private cars. Both men and women were found to reap the benefits of a more active mode of transportation.

Your Parents Have Obesity. While the other four risk factors above are lifestyle factors that can be changed, this one is out of your control, and should just make you more vigilant about your own risk and your own daily habits that are within your control. Obesity has been found to be inherited in certain families.

You Eat a Southern Style Diet. The American South, as a region overall, has also repeatedly been found to have the [highest levels of obesity](#) and diabetes, both of which are risk factors for stroke and cardiovascular disease. Eating primarily fried foods, as is common in the South—think fried chicken, fried okra, fried green tomatoes, fried pickles; basically, fried everything—will take down your ticker faster and more often than just about any other style of eating, along with causing significant weight gain.



Exercise

plays a critical role in helping bariatric patients to achieve long term success in their goals to lose weight, live a healthy lifestyle and maintain their desired weight once achieved.

- Check with your **surgeon** to be sure, but **exercise** for **bariatric surgery** patients **can** generally begin within three to six weeks following **surgery**. But you should begin walking for 20 to 30 minutes per day as **soon** as you get home.
- Start slowly and work your way up
- Avoid skin problems with gels, appropriate clothing, and by drinking fluids
- Wear good shoes
- Warm up before and cool down after
- Keep Heart Rate within proper range



Boost

Weight Loss Motivation!

Coach Yourself Like a Pro: You don't need a high-priced coach or personal trainer to take advantage of the [motivational techniques](#) used by the pros. You can learn to do it for yourself using the same strategies that they use. With their methods, you can supercharge your plan to reach your weight loss goals. It takes just 30-60 minutes to learn their techniques for yourself.

Boost your self-confidence: There's a special term used by diet coaches that can make or break your entire weight loss plan. It's called "[self-efficacy](#)" and it is used to describe the way that you think about your ability to eat right and exercise. It sounds complicated, but it's not. In fact, you can boost your own self-efficacy to reach weight loss goals or any goal that you set for yourself.

Stop sabotaging your success: Simply creating awareness can help you curb your worst habits and promote the daily rituals that are likely to give you the body you deserve.

Banish Boredom: It's hard to have motivation for weight loss when you're bored. So re-invigorate your diet and exercise plan with new foods and new workouts.

* Remember to give yourself credit for starting or sticking to your weight loss program. Even if you haven't been a perfect dieter in the process, you are still making progress.

VEGGIE CRUNCH SALAD



Crunchy vegetables like broccoli and cauliflower are hardy and keep exceptionally well in prep-ahead salads. To save time, substitute prepared broccoli slaw for the broccoli and cauliflower in this simple salad base. Jicama, a root vegetable from Latin America that's similar to a turnip or radish, adds satisfying crunch to this mix. Personalize this vegetable crunch salad with your favorite toppings and a tangy vinaigrette for a simple make-ahead lunch or dinner.

Ingredients

- 2 cups of small cauliflower florets
- 2 cups of small broccoli florets
- 2 cups carrot sticks or slices
- 2 cups jicama sticks
- 1 small white onion thinly sliced

Preparation

Combine cauliflower, broccoli, carrots, jicama, and onion in a large bowl, then transfer to an airtight storage container.

Nutrition Information

Serving size: about 2 cups

- Per serving: 80 calories; 0 g fat(0 g sat); 7 g fiber; 18 g carbohydrates; 3 g protein; 78 mcg folate; 0 cholesterol; 6 g sugars; 0 g added sugars; 11,270 IU vitamin A; 77 mg vitamin C; 61 mg calcium; 1 mg iron; 71 mg sodium; 594 mg potassium
- Nutrition Bonus: Vitamin A (225% daily value), Vitamin C (128% dv), Folate

Orange, Fennel, Rosemary Water

To make orange, fennel, and rosemary water, add the following ingredients to an 8 to 16 ounce glass:

- 1 slice of orange
- 1 slice of fennel
- small piece of rosemary (about 9 leaves, attached to the stem)

Fill the rest of the glass with filtered water and allow it to sit, covered, for 12 to 24 hours.

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Strawberry, Raspberry, Mint Water

Make this delicious flavored water by placing these ingredients in a 8 to 16 ounce glass:

- 3 strawberries, cut in half
- 5 raspberries
- 3 small or 2 regular sized mint leaves

Add filtered water to fill the rest of the glass. Cover it and allow it to sit in the fridge for 12 to 24 hours.