



SIERRA BARIATRIC SURGERY

“My Old Active Life”
A Patient’s Story ... page 6

NEWS

Julie Adcock, RD
Presents “Dining Out”
4/20 SAFH Room A, 7pm

Volume 3 Issue 4 – April 2006

TIPS FOR DINING OUT

Auburn, CA – Whether it’s fast food, sit-down, or take-out, this region of California offers a plethora of options for dining out. Dining out can be a time-saver or it can be a social event. Either way it can and should be enjoyable and serve to provide you with a wholesome meal. Post-operative Weight Loss Surgery patients can find something appropriate at every venue. With some knowledge and some planning you can dine out and still meet your nutritional needs.

Remember these simple tips for an enjoyable meal:

- ✓ **Return the breadbasket.** Eating bread will fill you up before you’ve had a chance to eat the meal. If somebody else in your party would like bread, maybe they wouldn’t mind keeping it next to them.
- ✓ **Say no to the appetizer course.** You only have room for an entrée, so wait-out this time by bringing up a good topic of conversation or distracting yourself in other ways.
- ✓ **Say yes to an appetizer entrée.** Non-fried, protein rich, items from the appetizer menu make a perfect entrée. Try shrimp cocktail, smoked salmon, or chicken satay (on a skewer).

- ✓ **Share an entrée.** If you agree on a choice, ask for a separate plate, and ask to split it yourself. This way you can avoid taking extra side dishes, and get enough of the protein entrée.
- ✓ **Choose grilled, not fried.** Sometimes fancy words are used to describe how something is cooked. Ask how it is cooked. Choose baked, sautéed, grilled or steamed. Avoid breaded, fried, and tempura. Not only will this help you cut down on calories it will help you avoid dumping syndrome.
- ✓ **Ask for sauces and dressing on the side.** Many sauces are high in fat and many dressings are mayonnaise based, and/or high in sugar. Dip the tines of your fork in sauce before stabbing a bite. Again, by avoiding these or limiting these, you will not only reduce your calories but will avoid dumping syndrome.
- ✓ **Hold the starch, steam the vegetables.** You really have no need for potatoes or rice on your plate. If you feel you must get your money’s worth ask for extra steamed vegetables or fresh fruit.
- ✓ **Eat your protein first.** Since you have avoided the appetizer course you have probably developed a healthy appetite for your protein entrée. Plan to eat your entrée slowly until BEFORE you feel full. Add a bit of vegetables at the end.
- ✓ **Choose fresh fruit for dessert.** Add artificial sweetener or low calorie whipped topping for an extra treat.

It’s all about what you choose. Restaurants of all varieties are catering to healthy needs. If they won’t accommodate you don’t go back.

Follow these guidelines and enjoy your meal while staying on track. Be sure to share your ideas with the group by adding your tips to this list. **Bon Appetite!**

Jeffrey R. Jenkins, MD, FACS

SIERRA BARIATRIC SURGERY

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% Excess Body Weight Loss (%EBWL)

1. FIND IDEAL BODY WEIGHT (IBW)

How tall are you?

Females add 100 for 5 feet of height and 5 for every inch over.
Males add 106 for 5 feet of height and 6 for every inch over.

FEMALE: $\frac{100}{\text{height}} + \text{inches over 5 feet} = \text{IBW}$

MALE: $\frac{106}{\text{height}} + \text{inches over 5 feet} = \text{IBW}$

2. FIND EXCESS BODY WEIGHT (EBW)

weight at surgery: $\text{weight at surgery} - \text{IBW} = \text{EBW}$

3. FIND WEIGHT LOSS (WL)

$\text{weight at surgery} - \text{current weight} = \text{WL}$

4. & 5. $\frac{\text{WL}}{\text{EBW}} \div \frac{\text{EBW}}{\text{EBW}} = \text{before conversion}$
 $\frac{\text{WL}}{\text{EBW}} \times 100 = \text{%EBWL}$

How many pounds will you have to lose to reach **65%EBWL**?

GOAL $\frac{\text{EBW}}{\text{EBW}} \times .65 = \text{lbs to achieve 65\%EBWL}$

How many pounds will you have to lose to reach **55%EBWL**?

ALARM $\frac{\text{EBW}}{\text{EBW}} \times .55 = \text{lbs to achieve 55\%EBWL}$

Shop Our - eStore

GO TO

www.SierraBariatrics.com and click on the orange eStore button.

Make secure purchases of vitamins, books and more! Items are shipped directly to your home.

www.SierraBariatrics.com
Join the MESSAGE BOARD!

Calendar of Events

ALL EVENTS HELD AT SUTTER AUBURN FAITH HOSPITAL UNLESS OTHERWISE NOTED

For EVERYONE: Patients, Family & Friends

(Participants are encouraged to maintain one another's confidentiality.)

April 20th, 2006 7pm (Thursday)

Support Group Meeting

Special Presentation By:

JULIE ADCOCK, REGISTERED DIETITIAN

May 18th, 2006 4:30-6:30pm (Thursday)

Hospital Preoperative Education Class

Call 530-823-0701 to register

May 18th, 2006 7pm (Thursday)

Support Group Meeting

Special Presentation By:

LORI COCHRANE, BEHAVIOR ANALYST

June 15th, 2006 4:30-6:30pm (Thursday)

Hospital Preoperative Education Class

Call 530-823-0701 to register

June 15th, 2006 7pm (Thursday)

Support Group Meeting

Special Presentation By:

SCOTT GREEN, MD, PLASTIC SURGEON

June 24th, 2006 10 am – noon (Saturday)

***FREE Informational Seminar**

Call 530-823-0701 to register

September 16th, 9am – noon

WALK FOR THE HEALTH OF IT

Support Group Meetings are held the third Thursday of each month at 7pm in conference room A at Sutter Auburn Faith Hospital.

Sutter Hospice Thrift Shop – Clothing Exchange

To set-up a one-to-one clothing exchange arrangement, please request a letter to bring to Sutter Hospice Thrift Shop. The arrangement is for a one year period beginning anytime after you undergo surgery. The Thrift Shop is located at 13342 Lincoln behind KFC. You must present a letter to participate.

The Surgeon's Point of View

Jeffrey R. Jenkins, MD, FACS



How is my Weight Loss?

encore presentation

One of the most common questions I get is “how is my weight loss?” This is a natural question and one that is obviously on most patients’ mind following gastric bypass surgery. The answer is a little complex, but for the most part weight loss is fairly consistent from patient to patient. The following formula is a simple way of viewing weight management:

Energy in (food) – Energy out (exercise, metabolism) = Weight loss or Weight gain

In other words, the more you eat and the less you exercise the more weight you will gain. This, of course, also works the opposite way for weight loss. This is important in understanding weight loss following surgery.

As a general rule of thumb, weight loss in the first month is about one pound per day. There are several reasons for this. First, the body is using a tremendous amount of energy to repair the “surgical trauma”. Second, the patient is not able to take in much nutrition. Part of this is the result of the reduction in the size of the stomach, but part of this is the body’s natural reaction to surgery which causes a decrease in appetite. As a result, the amount of energy going into the body is less than that which is being used by the body. The result is rapid weight loss!

After the first month, weight loss predictably slows to a rate of one to two pounds per week. This is often frustrating to the patient because the rapid results of the first postoperative month are so gratifying. The reason weight loss slows is also related to the above “equation”. After about one month, the patient is able to eat more consistently and the body’s need for energy becomes less as the surgical trauma is healed. Therefore, the equation above becomes more balanced and the weight loss slows. It is at this point there is a natural tendency to wonder what is “wrong”. If you are prepared for this transition, it will be much easier to accept the slower rate of weight loss.

Once you reach this “steady state” of weight loss, it is important to establish good exercise and dietary habits. Even though you continue to lose weight at a continuous rate, it is possible to influence this in a positive or a negative way. For instance, if you do not exercise, the amount of energy expended by the body will be lower. To the contrary, if you eat too much, the equation will tilt back toward weight gain. As you can see, I can give you the “tool” for weight loss, but it is up to you to use it correctly.

Weight loss will reach a maximum between one and two years after surgery. By using the tool that your surgeon has given you, weight loss can be maintained over the long run. If you have been doing routine exercise and practicing good eating habits, the rewards will become obvious at this point.

~ Jeffrey R. Jenkins, MD, FACS

Lori Cochrane's Book, "SUCCESS TOOLBOX" -- \$22.95
Resource® Beneprotein® -- \$10.99
Nectar™ Protein in several fruit flavors -- \$29.95
(also sold in single serving packets)

www.SierraBariatricsEstore.com

We sell a wide variety of Revival Soy products and all BARIATRIC ADVANTAGE products!

Who Can You Call?

FOR MEDICAL CONCERNS or
TO MAKE AN APPOINTMENT:

*Call Dr. Jenkins' Office 530.823.0701

FOR SUPPORT (NOT FOR MEDICAL CONCERNS):

Jeffrey Jenkins, MD, Bariatric Surgeon
DrJenkins@SierraBariatrics.com (Call the office with
medical concerns; Email may be checked infrequently.)

David H. Black, Ph.D.
Clinical Psychologist
916.922.8050

Jan Haemmig, Fellow Patient, Support Group Volunteer
530.265.2931 or Volunteer@SierraBariatrics.com

Lori Cochrane, Bariatric Consultant
Patient Education & Support
916.705.7309 or Lori@SierraBariatrics.com

Pam Kesler, MFT, Bariatric Therapist
Kesler, Elliott & Associates
530.888.7958

*DIRECT ALL MEDICAL CONCERNS TO THE OFFICE

Sign up to post messages on the Sierra Bariatrics Message
Board! Go to www.SierraBariatrics.com, click "Online
Community" and walk through the self-guided steps to
register.

WLS Website Resources

www.SierraBariatrics.com

www.SierraBariatricsEstore.com

www.obesityhelp.com

For patients by patients

www.asbs.org

The American Society for Bariatric Surgery

www.BariatricBehavior.com

Learn more and become motivated about lifestyle
changes required for long-term success

www.obesity.org

Information from the American Obesity Association

www.FitDay.com

Track your intake, exercise, weight loss and goals

www.MyPyramid.com

Information about food intake and physical activity

www.EatRight.org

Nutrition and health information from the American
Dietetic Association.

www.AceFitness.org

The American Council on Exercise

WHILE THE INTERNET CAN BE AN EXCELLENT RESOURCE, BE
CAUTIOUS OF ADVICE OBTAINED THROUGH UNKNOWN SOURCES.

EXERCISE FOR LIFE - article will return next month!



By

Kristin Jenkins

(530) 320-4376

ACE Certified Personal Trainer



By Lori Cochrane

Journaling In-Take: Getting a Baseline

Is it as easy for you as it is for me to forget about the extra items we ate yesterday? To be truly accurate we have to write down what we eat as we go. Consider journaling a tool for you to assess the behaviors that may be contributing to or undermining the results you are attempting to achieve. At first you will need to journal all in-take so that you can have a baseline of data for you to analyze. Your baseline data should be taken from a period of time that is as normal as possible for your situation, over about four consecutive weeks.

Journaling any behavior is a three part process. Here is a sample of a journal page with a description below:

Antecedent Time <u>7 pm</u>	Behavior <u>Ate Snack</u>	Consequences
Environment: <i>cold, TV on</i>	What: <i>crackers, cheese pepperoni stick</i>	Environment: <i>TV on</i>
Physical: <i>stomach full, body cold</i>	How Much: <i>2 cups of crackers, 2 oz cheese, 2 oz of pepperoni</i>	Physical: <i>stomach very full</i>
Social: <i>all alone, nobody coming</i>	Other:	Social: <i>alone, nobody coming</i>
Emotional: <i>bored, unsatisfied</i>		Emotional: <i>sad, disappointed</i>
Other:		Other: <i>GUILT = I wasn't hungry!</i>

You will fill-in the details of each A, B, and C every time you take-in anything, food or liquid. You may use one set of ABC blocks for each episode of the behavior. See the sample above for journaling one meal.

The **A (antecedent)** is a description of what happened right before the behavior. The behavior is a response to the antecedent, so it helps us to know all about what happened that may have been a stimulus for the behavior. In the A box you will list anything pertinent about the environment you were in, what you perceived physically, information about what was going on socially, and any prominent emotions that you felt at the time.

The **B (behavior)** that you actually performed or exhibited is what you document in the B box. If the behavior was that you "ate" write down specifically what you ate and about how much. If the behavior was that you "drank" write down specifically what you drank and about how much.

The **C (consequences)** are what happened right after the behavior. For tracking this data, we go back to the antecedent to compare how things have changed.

Your **environment** is important to journal because you may recognize a pattern in the location that triggers something.

Journaling **physical** sensations will help to point out if you are physically hungry or not and if you tend to eat to soothe a physical pain.

Social information will help you to see if you lose your edge when you are alone, or if you tend to make undesirable choices when you are with a group of people, or a person.

Your **emotions** are important to note because you need to know what place you are in emotionally that may lead to either a desirable behavior or to a behavior that goes against your goal.

Next month in "Oh, Behave!" we will describe how to analyze your baseline data in order to begin developing a plan. The more accurate data you have accumulated the better. In time we will consider other factors in order to begin setting positive goals.

Journaling is the foundation for all work that involves behavior change. Other forms of monitoring these variables can be just as effective. Find a way to track your behaviors that you will stick to and make it part of your lifestyle. Hone this skill and have it available whenever you need it.

TO READ MORE ABOUT JOURNALING BUY LORI'S BOOK "SUCCESS TOOLBOX" AVAILABLE AT SIERRA BARIATRIC SURGERY.

My Old Active Life

April, 2005

One year post surgery:

Hello, my name is Viki. I never had a weight problem until one weekend in my mid-20s. In one weekend I stopped doing ski patrol and started cooking for 100 people. I went from my life revolving around skiing 60 days a year and being extremely active to cooking for 100's of people a year and hardly any exercise, and voila! Fat happened.



A couple of miscarriages and several surgeries later, I was well wrapped-up in a fat cycle and no exercise at all. Forget skiing, I could barely walk! My hips, knees and feet started screaming at me especially while I cooked, standing on my feet 10 hours a day, and even at night, which affected sleep. I developed plantar fasciitis of the right heel, which prohibited any walking, and I looked forward to the frequent cortisone shots in my heel to help with the pain.

About the same time as Carnie Wilson and Al Roker on TV had their surgeries, two of my girlfriends had weight loss surgery and were very successful. I reached a point that I decided I wanted my old active life back, as well as long-term future life with my husband and kids. I decided my kids deserved to have a mother that was around for more than their teen years. So, I started the process of going to seminars, internet research and physician inquiries and referrals.

When I finally found Dr. Jenkins, I weighed 295 with a BMI of 48 or something awful like that. Dr. Jenkins performed my gastric bypass surgery on April 13, 2004, and as of today, one year later, I have lost 120 lbs., and I weigh now less than what I weighed at my wedding. I love being active again and I started back this year training for National Ski Patrol at Soda Springs snow Resort at Donner Summit. My husband even bought me a new pair of shaped skis for Christmas to celebrate me hitting the slopes again. I'm continuing to cook at our camp, Grizzly Creek Ranch, a camp for special needs children in Portola, California, owned by the Sierra Health Foundation.

I do a lot of walking the one mile to the dining hall and back to my house. I have an unbelievable amount of energy and positive attitude about life that I haven't felt in many years. All my hip, knee and feet problems are gone, including the plantar fasciitis. I sleep really well now, and I don't sweat like a horse in the kitchen anymore, which is quite a pleasant feature when working around food and professional people. I can actually tolerate heat well now. The worst problem was being always chilled this winter, but what a problem to have!!

My husband and children are very proud of me and have enjoyed watching my transformation this year. They love being able to hug me and wrap their arms all the way around me! My husband calls me his "incredible shrinking wife" and loves watching people react to the new me. One of our friends emailed him after receiving our family Christmas card picture and teased my husband about being "sad to seeing that you and Viki split up, but the new wife is a hottie."

Update, April 2006

Two years post surgery: Life just seems to have a way of just getting busier! My husband and I bought a pizza restaurant here in Portola, the Portola Pizza Factory. We've been busier than busy. We took over an existing restaurant March 1, so we've been swimming (literally!) in pizza sauce.

I'm so amazed at the last two years since my life-changing surgery. I've lost a total of 140 pounds and I've kept at this same weight for several months now. Sometimes I still lose a little, but I'm quite comfortable where I am now. I wear size 10 or 12 in clothes. I did some ski patrol again this year, but not as much as last year. Taking over the restaurant has taken quite a bit of my spare time, but I'm planning on doing more ski patrol days next year.

I've been so happy with the "new me" and everything that has happened for me, including feeling so much healthier. I love my Bariatric Advantage vitamins that I get from the estore now -- what a great system! I still count my protein everyday, which still includes a couple of yogurts a day. I still drink a protein shake every now and again, as well, but I've maintained perfectly well with small meals and no sugar or soda. I find that I don't even like potatoes or bread anymore, and I actually prefer proteins.

For all of this, I thank you, Dr. Jenkins, for giving me my old active life back.