



SIERRA BARIATRIC SURGERY

“The Honeymoon is Over!”
By Dr. Jenkins ... page 3

NEWS

Lori Cochrane, Behaviorist
“Analyzing Your Data”
5/18 SAFH Room A, 7pm

Volume 3 Issue 5 – May 2006

EXERCISE HAS BECOME “FUN” And Other Weight Loss Surgery Amazements

Auburn, CA – This month in “The Surgeon’s Point of View”, Jeffrey R. Jenkins, Bariatric Surgeon, humorously describes his perspective on the typical experience of the first few weeks in a patient’s life after undergoing Weight Loss Surgery. It’s probably not likely you will catch him off guard and miraculously progress to the next diet phase early. But, it is likely a lot of unexpected things will happen, such as having fun while exercising.

Weight Loss Surgery patients and practitioners alike have long been observing realizations that amaze us all. The changes that patients face can be framed into a context which will leave you giggling silly for hours! Sometimes the giggling is out of sheer joy of catching a break from all of the constraints that obesity holds.

What a relief it is not to worry any more about not being able to use the bathroom on an airplane! What about the time you realized that you blend-in with the crowd? WOW! Or, do you realize that you spend the same amount of money on a week’s worth of food than you did before for one day’s worth?

We want to hear your amazing realizations about the experience of undergoing WLS. Submit them to editor@sierrabariatrics.com and we’ll publish them for everyone to enjoy. Until then... go have fun!



Patients having fun at last year's Walk for the Fun of it.

A Little Humor...

“A RNY friend of ours....a middle aged woman had a heart attack and was taken to the hospital. While on the operating table she had a near death experience. Seeing God, she asked "Is my time up?" God said "No...You have another 43 years, 2 months and 8 days to live."

Upon recovery, the woman decided to stay in the hospital and take advantage of her now known life span. She decided after having lost so much weight that she would have a facelift, liposuction, pannu and tummy tuck. She even had someone come and change the color of her hair. Since she had so much time to live, she figured she might as well make the most of it.

After her last operation, she was finally released from the hospital. While crossing the street on her way home, she was run over and killed by a speeding ambulance.

Arriving in front of God, she demanded, "HEY!!!! I thought you said I had another 40+ years? Why didn't you yank me out of the path of that ambulance?"

God replied, "Give me a break....I didn't recognize you."

...Susan Barr at mygastricbypass.com

Jeffrey R. Jenkins, MD, FACS

SIERRA BARIATRIC SURGERY

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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.)

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

July 20th, 2006 4:30-6:30pm (Thursday)

Hospital Preoperative Education Class

Call 530-823-0701 to register

July 20th, 2006 7pm (Thursday)

Support Group Meeting

Everyone is invited!

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.

Support Group Goers are SUCCESSFUL!

% 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: $\underline{100} + \underline{\quad} = \underline{\quad} \leftarrow \text{IBW}$

MALE: $\underline{106} + \underline{\quad} = \underline{\quad} \leftarrow \text{IBW}$

2. FIND EXCESS BODY WEIGHT (EBW)

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

3. FIND WEIGHT LOSS (WL)

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

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

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

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

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

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



Shop At
Our Estore

1. Visit www.SierraBariatrics.com
2. Click on the eStore button.
3. Make secure purchases of vitamins, books and more! Items are shipped directly to your home.



Weight Loss
Discussion Community

1. Visit www.SierraBariatrics.com
2. Click to Join the discussion today!

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



The Honeymoon is Over!

You can't believe it's finally over! All of this time you have been waiting to have your surgery...and it's finally over. The nervous excitement leading up to surgery has come to a crescendo. "It isn't that bad" you say to yourself as you take an inventory of your new scars, learn how to sip liquids out of a tiny little medicine cup, and try to convince yourself that Whey protein is really more tasty than Soy protein (or the other way around).

You go home and try to settle into your new "life" of measuring liquids and sipping without gulping. You didn't realize how nasty that pill tasted when it was crushed, but you choke it down with some apple sauce anyway because your surgeon tells you it's important. Speaking of nasty, don't you think someone could come up with a pain medicine that tastes good! There's a huge market in grape, cherry, and orange-flavored medicine for children because we all know how hard it is to get them to swallow their medicine. So why do they think we adults will just suck it up, squint our eyes, and chug it down with a nice Crystal Lite® chaser? Because we do! Besides, if there isn't a good alternative, what can you do?

About a week into this you realize things are great. You have more energy than you could even imagine. You have already lost 10 pounds and you look great! The golf course looks really appealing. In fact, going back to work even sounds easy (in a "are you out of your mind" kind of way). Where did all of this energy come from? You are on top of the world and you can do just about anything.

Then week three starts. Dr. Jenkins warned you this would happen, but you didn't want to believe him. The honeymoon is over. He said you would feel worn out and want to nap all of the time. "I'm not a napper" you said to yourself, but you can't resist the urge to "rest" a little. After all, you did just have major surgery. The incisions may be small, but Dr. Jenkins said he had to "rearrange your anatomy". Besides, he won't let you drink more than four ounces every hour for the first few weeks. Imagine that. In the middle of the summer (winter/fall/spring, insert yours here), he expects me to drink no more than one ounce every 15 minutes. I can't eat more than a couple of bites at a time and I feel really full. I guess that's why I feel so tired all of the time. I remember something he said about my body using more energy than I was able to supply with my food intake. That kind of makes sense now.

But don't worry because week five is just around the corner. By now you are finally able to eat something more than baby food or pureed food. Those protein shakes sure are goooooood! (You can't remember which one tastes better now). Maybe you'll catch Dr. Jenkins off guard and he'll let you have some real food this week. Stage IV is starting to look like a buffet. It seems as if your energy is finally starting to improve. The thought of going back to work seems to be achievable at this point because that afternoon "rest" is not as crucial as it once seemed.

Dr. Jenkins says you need to start exercising now. Not the kind of exercise you used to do like walking around the house or working in the yard. No, this is the real thing; the kind of exercise that makes you sweat, breath hard, and feel like you want to take another "rest". In a strange way, you are beginning to like to exercise, because you have seen an extra 20-30 pounds leave you forever. Not only is it easier to exercise, but it's kind of fun. You actually see the results of your labors and you want it to continue. In fact, sometimes you feel kind of bad if you miss a workout. Did you ever think that would happen before you had surgery?

The honeymoon is over. But just like marriage, you are in for a wonderful journey. It will take a great deal of work to succeed. But the rewards will be incomprehensible. You are about to experience a whole new way of life so enjoy the ride.

~ Jeffrey R. Jenkins, MD, FACS

SHOP OUR eSTORE !

Lori Cochrane's Book "SUCCESS TOOLBOX" -- \$22.95

NEW Zero Carb Isopure® Liquid (20oz) -- \$3.75

The purest, fastest, clearest whey. Liquid Protein.
40 grams. 20oz. No lactose, no aspartame.

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.)

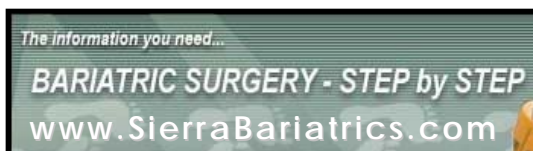
David H. Black, Ph.D.
Clinical Psychologist
916.922.8050

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

Lori Cochrane, Bariatric Behaviorist
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**



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

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ACE Certified Personal Trainer



Analyze Your Data

Make a Plan

Last month in “Oh, BEHAVE!” I gave you a detailed description of how to effectively journal your food intake and/or physical activity. The result, if you accurately and thoroughly tracked your intake, is valuable data that we call “baseline”. Baseline data, such as what is in your journal this month, is a way to visualize your normal objective behavior to enable you to see what you are doing. Journaling accurately is by far the best tool that you can utilize to help prevent denial.

Denial and/or a lack of concern are the main characteristics of an unsuccessful WLS patient. So, we are going to make sure our heads are not stuck in the sand, and we’re going to really take a close look at what we are doing in regards to our intake of food, since that is the general area of our concern. And, we are concerned, right? Ready?

Here are some steps you could take to analyze your data to find problem areas:

1. Look at the big picture. Why are you reading this? Have you undergone WLS and you are actively seeking information that will help arm you against a relapse of your old lifestyle? Are you in the midst of creating a new lifestyle? Have you gained weight and let some behaviors slide? Whatever the reason is that brings you here to this moment may be useful information to you as you figure out what needs to change and eventually establish some goals.
2. Consider the effect your journaling had on your intake choices. Because you were monitoring yourself you may have changed some choices for the better, which is very good. But remember that you wanted to look at your normal intake so you could see what may be causing a problem. If you did not gain weight and you typically would have, you may have benefited greatly simply by knowing you would be writing your actions down! If this was the case for you and writing in a journal helps keep you personally accountable, don’t stop now! Your ability to keep with these new choices improves because of the opportunity you are taking to practice the new behavior.
3. Look for trends (patterns) in your data. Here is the only time in this process that you will look at the objective behaviors that you have exhibited to find which ones may be detrimental to your general goals and lifestyle change for the better. There are hundreds of things that I could list for you to look for. You will have to be very open to explore the truth and work to find solutions. You may have realized there was a problem area a couple of a week ago as you noticed a repetitive behavior such as night time grazing or narrow food choices. Especially if you gained weight or felt out of control this month, find the actions within your journal that contributed to that.
4. Find a positive target behavior. What desirable or adaptive behavior can you add to help replace the old? Overwhelming the detrimental behavior with something else will consequently reduce or eliminate the unwanted behavior. Remember, you must find something to replace, something to add to the equation here, that is positive and good for you that you like and will do. It must relate to and replace the old.
5. Finally, make a plan to insert this new behavior into your repertoire by arranging to make it happen. Go to the store and buy what you need. Write a note and put it on the fridge telling you what you are going to do at night when that door opens -- what are you going to eat? Continue writing in your journal exactly as you have been. Practice this strange new way and in time it will feel common place in your life.

Next month in “Oh, BEHAVE!”, I will share more with you about setting positive goals and defining target behaviors to help you reach your goals.

TO READ MORE ABOUT THIS TOPIC, BUY LORI’S BOOK “SUCCESS TOOLBOX” AT SIERRABARIATRICESTORE.COM.

Grocery Store Savvy 101

Shopping around the outer edges of the store is not all it's cracked up to be! Have you ever picked up a healthy looking loaf of bread that says "multigrain" only to read the label and find out there is actually no "whole" grain in it? Watch out, "multi" sounds like a healthy word, but what we are looking for is fiber from WHOLE grain.

Or, what about serving size? It seems unlawful that inside a box that contains ten packets that each contains two breakfast bars, the label describes the calories and nutrients that are in only one of the bars! What are we going to do, open the package and only eat ONE of the bars and leave the other bar in an opened package???? Seems as though the manufacturer may be hoping we aren't savvy enough to figure out that there are actually double the calories listed in one of OUR servings, because we probably will eat both bars.

Here are some things to look for as you translate the labels into reality:

- **Made with wheat, rye, or multigrain.** These products may have very little whole grain. Look for the word "whole" before the grain to ensure you're getting a 100% whole-grain product.
- **Sugar-free or fat-free.** Don't assume the product is low-calorie. The manufacturer may have compensated with unhealthy ingredients that don't taste very good -- and have no fewer calories than the real thing.
- **Serving Size.** Portion control is important for weight management, but don't expect manufacturers to make it easy for you.
- **Calories and Calories from Fat.** This tells you how many calories are in a serving, and how many of those calories come from fat. Remember that this information is for one serving as defined on the label.
- **Ingredients.** They're listed in order from the greatest amount to the least. Experts offer a rule of thumb: the fewer the ingredients, the better.

THIS INFORMATION WAS OBTAINED FROM MEDICINE.NET.COM

"MAKE GROCERY SHOPPING A HEALTHY HABIT" WRITTEN BY SYLVIA DAVIS

And, what does it mean when something says it is "light" – for instance light mayonnaise or crème cheese? Here are some common descriptions that are used on labels:

Free: This term means that a product contains no amount of, or only trivial or "physiologically inconsequential" amounts of, one or more of these components: fat, saturated fat, cholesterol, sodium, sugars, and calories. Synonyms for "free" include "without," "no" and "zero."

Low: This term can be used to describe foods that can be eaten frequently without exceeding dietary guidelines for one or more of these components: fat, saturated fat, cholesterol, sodium, and calories. Synonyms for low include "little," "few," and "low source of."

Light: This descriptor can mean two things:

1. a nutritionally altered product contains one-third fewer calories or half the fat of the reference food.
2. the sodium content of a low-calorie, low-fat food has been reduced by 50 percent.

The term "light" still can be used to describe such properties as texture and color, as long as the label explains the intent. For example, "light brown sugar".

THIS INFORMATION WAS OBTAINED FROM HEALTHCASTLE.COM

"BE SMART: UNDERSTANDING NUTRIENT CLAIMS" WRITTEN BY PATTY POON, M.SC.