

# New Hope News

## Monthly News from the *New Hope* Support Group

### Support Group Meeting to Hold New Elections

By Denise Robinson

The time has come for our *New Hope* Support Group to hold our election.

Our election will be held on February 16th at the monthly support group meeting. Ballots will be passed out. It is

important that you do not forget to vote.

We will be voting for President, Vice President, and the position of Secretary/Treasurer.

These positions will be held for a two year term and will not exceed two consecutive terms.



Inside this issue:	
Lap Band Opinions Column—I'm with the Band	2
Recipe of the month	3
Gastric Bypass Opinions Column	3
Clothing drive news	4

### Buddy up



By Denise Robinson

For every 19 post-operative support persons, there are four additional newcomers.

This is where support people can offer to "buddy up" with a newcomer for questions and answers from their very own experiences.

There's no better way to get the full picture, get ideas, and build friendships than "buddying up" with someone.

It might be better to buddy up with more than one person because everyone is different.

If you want your name and phone number added to the buddy list, please contact Denise Robinson or Nina Dillon.

### Question of the Month

Why can't any of us drink soda pop?

As we all know, if you tell Dr. Frederick Tiesenga that you are drinking soda, even if it's diet, you are in for the yelling of your life.—But why?

Firstly, soda doesn't really have any nutritional value. You should be drinking protein shakes, watered down juice, anything low-calorie that would help improve the new you.—Not soda.

But the main reason why soda is a big "no-no" is because the carbonation and bubbles obtained by soda can cause your stomach to expand.

Soda can also cause gas build up, which would be quite uncomfortable and even painful.

This would definitely sabotage your weight loss.

**The office of New Hope Surgical needs patient testimonials for the web site!! If you would like to post your personal story on the web site, please contact Crystal Dunbar. Thank you.**

## Lap Band Opinions—I'm with the Band

By Nedhera Landers

There are many versions of weight loss surgery (WLS), as we all know. You may have heard of procedures such as the duodenal switch, Fobi pouch with gastric bypass, Roux en Y gastric bypass, or Adjustable Gastric Laparoscopic Banding.

The two I'm familiar with (and that are performed by *New Hope Surgical*) are the RNY gastric bypass (done either open or laparoscopically) and the Lap-Band or adjustable gastric banding.

There's been a lot of tugging back and forth between 'bandsters' and bypass patients. Much of this is focused around the speed of weight loss and the problems inherent in either surgery.

Some problems that can occur with banding are: 'slippage'-where the stomach below the pouch can slip up over the band and cause the stoma (opening between the pouch and lower part of the stomach) to close; erosion-where the band can end up on the inside of the stomach. There can also be problems with the port flipping, where the back (metal) part of the port now faces out, blocking access for fills. The tubing that connects the port and the band can also 'kink' so that the saline could not pass through. Statistics for all occurrences are extremely low.

The rate of weight loss is usually slow—one to two pounds per week but may be accelerated in the beginning. This also varies by individual and degree of restriction to a great extent.

Problems that can occur with the gastric bypass are: the operation itself is more invasive than the band, the cutting and re-routing of the stomach and intestines is a more complex process than placing a silicone band around the stomach, the chance for post-surgical infection is higher if aftercare isn't planned for, and weeks to months

out of the surgery one must watch carefully for signs of bowel obstruction.

Rate of weight loss is usually fast with the bypass and has its attendant problems. It is not very unusual to see five to eight pounds lost in a week's time for a bypass patient. Any weight loss that is very rapid, can cause the gall bladder to become over worked from trying to process the fat out of the blood stream. Many bypass patients are placed on Actigall which can prevent gall stones from forming and may even eliminate the need for gall bladder removal that can occur with rapid weight loss. In addition, there is typically an 18 month window for the opportunity to lose weight for bypass patients.

Physicians know that there is a phenomenon that happens with bypass surgery where the metabolism seems to speed up after the surgery. But it is also well known that the pouch that is created stretches back a bit and weight loss may end at about the 18 month mark.

By contrast, Lap-Band patients can continue to lose if need be since the pouch can continually be adjusted through fills. The pouch of the bypass patient requires additional surgery for any such adjustment.

Another area of concern for WLS patients is skin. Very many of us, no matter how elastic our skin is or was, may have stretched our skin to its' limit. What we call stretch marks is referred to doctors as striae. Each mark represents the broken elastic bonds in our skin. (Skin with stretch marks does not respond very well to very rapid weight loss).

It's no secret that many gastric bypass patients may require cosmetic surgery to remove an excess of loose skin. By contrast, the amount of skin needing removal for a band patient is usually far less— and many times no surgery at all is needed. With banding's much slower rate of weight loss, the skin has a chance

to mold itself to your new body shape.

There are other factors that might determine whether surgery is needed after a large weight loss including one's age (the older you are, the less elastic your skin is), pigment content (the darker you are the less likely you'll need surgery), and other personal factors.

For all of the reasons I stated above, I made my choice for WLS the Lap-Band system. It took me three years to decide to have WLS. The first

**"It took me three years to have WLS. The first three months, I considered gastric bypass, but . . ."**

three months, I considered gastric bypass, but upon discovering all the possible complications, I decided to keep looking.

I researched WLS options to the "Nth" degree before settling on Adjustable Gastric Banding. This took two years of fact gathering and careful consideration. I was extremely hesitant about WLS for a few reasons—1. I was and still am a "fat activist." I became thoroughly tired of the discrimination heaped on fat people and of fat people being the last "acceptable" group to openly express prejudice about. 2. I've had some bad surgical experiences 3. I was still active and doing most everything that I wanted to do physically. I frequently went swimming and horseback riding, and I traveled literally around the world whenever time and budget allowed. I didn't feel deprived of anything I really wanted.

But things changed drastically on March 23rd, 2002, my birthday. I was headed out of town with a new person in my life for a romantic weekend. I was driving but was exhausted and highly nervous about the outcome of this weekend.

*Continued on page 4.....*

## Recipe of the month

### Provided by Nedhera Landers

This recipe is high in protein, easy for most lap-band and bypass patients to digest, and very quick to make. Besides all that, it is very tasty and provides a serving of vegetables as well. What more could you ask from a recipe?

### Sausage and Broccoli Raab

\*\*One pound broccoli raab (an Italian green. You can substitute other greens).

\*\*One quarter to one half pound turkey Italian sausage.

\*\*One table spoon garlic olive oil. (You

can also use plain olive oil and one crushed fresh garlic clove).

\*\*Red pepper flakes, if desired.

Wash the greens and shake off all excess water. Dry with paper towels. Cut the greens into bite sized pieces. In a large skillet over medium heat pour in the oil. Slit the casing on the Italian sausage and crumble the meat in. Brown the meat and separate any large



clumps with a fork. When the meat is lightly browned put the greens on top and stir to begin wilting the greens. Pour about two tablespoons of water (for extra flavor you can add chicken stock instead) into the skillet and put a lid on the skillet. Let steam for about three minutes.

At this stage, you may add your red pepper flakes if so desired. Cover again and continue to steam for another three minutes or so until most of the liquid has evaporated.

Spoon into a bowl and enjoy. For those who aren't challenged by untoasted bread or pasta this is delicious over either one.

## Gastric Bypass Opinions Column

### By Lisa DeVries

This was my life before gastric bypass surgery, I was 293 lbs. and miserable.

I could not walk up a flight of stairs without huffing and puffing. I could not fit in an airplane or movie theater seats. I barely fit the seat belt around myself in the car. I would sweat day and night on hot summer days. I dreaded weighing myself on the scale.

I had no energy to go to the gym. It took me almost an hour to get out of bed in the morning. Because of this, I was late for work a lot. I would get 10-12 hours of sleep on the weekend and still wake up exhausted. I would fall asleep several times on the couch watching the television.

I could not keep up with anyone when walking, I was very lonely and depressed.

I tried every diet possible but nothing seemed to work. I kept gaining more weight each year. Finally, I told myself enough is enough. I had to do something before I could die of a possible heart attack or stroke.

I was petrified of dying. My mother died of cancer at age 64, and my father died at age 57. I told myself this is my last chance to survive. I refused to reach 300 lbs.

My gastric bypass surgery was July 29, 2003. This was the day that changed my life forever.

My niece and best friend had the same surgery seven weeks before me, and she is my biggest influence. She has lost over 120 lbs. already. She is doing great and very happy.

I have to admit, I was very nervous the night before surgery. I was afraid of never waking up from the surgery. I knew I had to do this or I would regret it for the rest of my life.

The surgery only lasted one hour and 45 minutes. The pain was minimal, I couldn't believe it. I had my surgery on a Tuesday, and I was out of the hospital that Thursday. Dr. Fred Tiesenga said I was doing great and could go home.

I stayed with my sister and her family for a few days. I was weak but doing okay.

I was off work for seven weeks. The

first month, I was very weak and dehydrated. I think I caught a bad cold, I was coughing and sneezing a lot.

After one month, I went to my primary doctor for my first B12 shot, and that really boosted my energy level. I have been feeling more energy now than ever.

I go to the gym three times a week. I can fit in all seats now. I need less sleep than before. I have a boyfriend now. I am much more confident and have higher self esteem. I now look forward to weighing myself on the scale.

So far, I am down 96 lbs. and four sizes. I have 67 more lbs. to go. Thank you Dr. Fred Tiesenga for changing my life. I will never forget *New Hope Surgical Weight Loss Center* and everything you have done for me.

My recommendation is to have the gastric bypass surgery. It was the best decision I ever made in my life. I also suggest going to the support group meetings every month. It is now a part of my new life.

*Continued from page 2.....*

Fatigue, overstimulated nerves and wind shear combined to result in the car drifting onto a shallow gravel shoulder. I couldn't get the wheel off the gravel. The car started sliding over the edge and we went to the bottom of a ravine. We flipped, side to side, about five times. I had broken bones all over my body and my chest had hit the steering wheel before the airbag deployed. I was awake for the first three flips and remember thinking, "This is how I'm going to die." Thank God I was wrong.

My most serious injury was crazed cracking of the head of my left knee, called a Tibial Plateau fracture. It had to be surgically repaired with four screws and a metal plate. I had to stay in a wheelchair for three months, on crutches for another three, and then (until October 2003) on a cane. I managed to gain almost one hundred additional pounds on an already heavy body. I had other problems that were under control but wouldn't remain so if I didn't lose some weight fast—type II diabetes, high blood-pressure, and osteoarthritis that was added to with arthritis in all the bone breaks. I was in pain every single day, and my immobility had cost me what flexibility I had built up.

There didn't remain much choice—I wanted to be out of pain and I wanted my previously active life back. Through much sad experience, I knew that diets did not work over the long term for most dieters—unless you were willing to be food obsessed for the rest of your life. I was also determined to never diet again in my life.

Still, I knew I needed help—lots of it. After recovering from my injuries suffi-

ciently to get around, I consulted again with my PCP and told her about my research on the Lap-Band. She was solidly for it and thought it would benefit me greatly.

On September 12, 2003 at 7:30 a.m. Dr. Fred Tiesenga placed the band around my stomach. I spent a day and a half in ICU. By Saturday evening I was on the way home. Late Sunday morning I went shopping for vitamins and that afternoon I sat in a restaurant and had a bowl of broth as a friend ate lunch. I was back to work by that Thursday afternoon—too quickly, it turned out. I took half days for the first three days of the next week but other than this I've taken no additional time.

The first week after surgery I had a post-op check up. I'd lost 25 lbs. by this

*"... I consulted again with my PCP and told her about my research on the Lap-Band. She was solidly for it..."*

point. This was much faster than I had anticipated! Two weeks after that post-op check up I saw the surgeon again—I was down 40 lbs. total.

I have to inject here that results like these vary greatly. I happened to have been placed on a full liquid diet for a total of six weeks. This kind of "semi-fast" can, indeed, produce rapid results.

I am now five months out from surgery and have lost a total of 68 lbs. My body is currently "compacting"—reducing the fat pad but putting on

muscle—from the regular exercise I've been engaging in. Sixty-eight pounds doesn't sound like a lot over five months time, but losing six inches on my waist, seven inches on my hips, two on my shoulders, and two in my upper arm is inspiration enough for me to keep going. Weight training preserves my lean muscle mass as aerobics burn away the excess fat.

My goals are to get to a weight where an active lifestyle would feel comfortable. For me, that's about 200 pounds. I'm not looking to be skinny, to wear fashionable clothes, or to be flirted with by others. I'm comfortable with who I am as a person and had a good life—a very good life—as a fat woman prior to the accident. What I'm looking for now is to feel just as good physically as I do emotionally and mentally.

My advice for someone looking into WLS is first and foremost this: research. Don't let anyone convince you to have a surgery that is wrong for you. If you're having a gastric bypass because you think your bad eating habits will be stopped by dumping—you should know that some bypass patients do not dump.

On the other hand, if you feel that you will not get your eating under control at some point, then the Lap-Band may not be for you. You must get whatever help you need—therapy, nutritionist, family and friends—to change your eating and exercising habits over time.

With either bypass or lap band surgery, a change in behavior is the only way to be successful and to be healthy as the weight comes off.

## Clothing drive—New clothes for the new you

By Denise Robinson

Bring in your clothes that you have so quickly grown out of. We have all been in the same shoes.

Something you bring to exchange may fit someone who has brought something that will fit some-

one else. And someone else may bring in something that fits you.

Make space in your closet for your new wardrobe. And better yet, see what new clothes will fit you. Save money.

Remember if what you bring does not go, you must take it back home with you.

Visit us on the web at  
[www.newhopesurgic.com](http://www.newhopesurgic.com)