



Central Valley Bariatrics

1205 Garces Hwy Suite 303
Delano, CA 93215



December/January 2003-2004

Issue 25

Central Valley Bariatrics Newsletter

Ara Keshishian, M.D. — Karim Zahriya, M.D.

Dawn Keshishian, BSN, RN, CCRN — Dee Tinkle, LVN

1205 Garces Hwy, Suite 303 • Delano, CA 93215

(661) 725-4847 (800) 816-6647

www.gr-ds.com



Calendar of Group Meetings:

Delano:

December 9 & January 13 6:00 PM
(Second Tuesday of every month)
Delano Regional Medical Center
Zacharias Conference Center 1401
Garces Hwy.

Paso Robles:

December 18 & January 15 6:30 PM
(Third Thursday of every month)
December will be the last meeting at the Paso Robles Airport Conference Center facility 4000 Wing Way 2nd floor. The new meeting place is the Centennial Park 6000 Nickerson in the Live Oak room.

Ukiah:

December 5 & January 2 6:00 PM
(First Friday of every month)
398 N. Barnes directions on the website
www.gr-ds.com

Bishop:

December 22 & January 19 6:30 PM
(Third Monday of every month)
The Partridge Building, Northern Inyo Hospital. Contact keshishiand@gr-ds.com for further details.

Red Bluff:

December 4 6:00 PM
(First Thursday of every month.)
Across the parking lot from the Coyne Educational Center in the modular building. 2550 Sister Columbia Dr., Red Bluff. Please contact me at keshishiand@gr-ds.com for details or check the calendar on our website www.gr-ds.com.

Eureka:

December 1 & January 5 6:00 PM
(First Monday of every month)
St. Joseph Hospital Campus Modular A & B at the entrance, 2700 Dolbeer Ave.
Eureka, CA 95501 Contact me at keshishiand@gr-ds.com for further information.

Las Vegas:

December 15 & January 19 6:00 PM
(Third Monday of every month)
Sunrise Hospital, 3186 S. Maryland Pkwy. Usually in the Auditorium or in the Rendezvous Room. Please contact me at keshishiand@gr-ds.com or keep an eye on the website www.gr-ds.com for further updates.

Sacramento:

December 5 & January 2 6:00 PM
(The Friday before San Jose)
Mercy General Hospital Campus 4001 J. Street in the Conference Room #2 Please contact me at keshishiand@gr-ds.com or keep an eye on the website www.gr-ds.com for further updates.

San Jose:

December 6 & January 3 10:00 AM
(First Saturday of every month)
Regional Medical Center of San Jose in the Peppertree C Room, 225 N. Jackson, San Jose, CA. 95116. Contact me at keshishiand@gr-ds.com for additional information.

Santee

Not Meeting Any Longer

Calling all Post-op Patients

Please send me your stories! We would love to hear how your lives have changed and how things are going!

We would like to feature one post-op patient in each of edition of the newsletter. If you are interested in being a featured post-op patient and would like to share your story with us, please e-mail a one page story to me at keshishiand@gr-ds.com in Word format. Any pictures (in Jpeg format) you may also want to share of yourself pre and post-op. If you do not have a computer you can send via regular mail a typed one-page story and your pictures of yourself pre and post-op. You can send the story and pictures to me at 1205 Garces Hwy Suite #303, Delano, CA 93215. Hope to be able to share all your successes!

Happy Holidays!



THE FREEDOM TO BE YOURSELF!

DEVROM®

(200mg bismuth subgallate)

Oral Deodorant

A TRUSTED NAME SINCE 1961

Read the comments of a recent customer:
"You have a wonderful product! This has been a problem for me since my gastric bypass surgery and a very embarrassing one at times. Unfortunately, I make an effort to avoid public restrooms because of the offensive odor. Your **DEVROM®** Capsules have taken away my worry about this and I'm so grateful! Thanks for your help, and THANKS for your product!"

Receive a **FREE SAMPLE** by calling...

1-800-453-8898

The Parthenon Co., Inc.
3311 West 2400 South • Salt Lake City, UT 84119

Pro Blend 55
Protein
vs.
Sugar

Which one do you want?

Product	Cost per Serving	Protein	Carbs	Sugar	Fat
Pro Blend 55	\$1.05	27 grams	<4 grams	2 grams	1 gram
Carnation Instant Wiskin milk	\$.97	12 grams	37 grams	32 grams	3 grams
Ensure "High Protein"	\$1.49	12 grams	31 grams	19 grams	6 grams
Boost	\$1.74	10 grams	41 grams	27 grams	4 grams

Delano Surgical Group (661)725-4847

Patient Profile

By
Barbara Youngblood

I had my GRDS surgery with Dr. Keshishian on December 5, 2001. I have lost 120 pounds and I feel GREAT! I wanted to share the story of a trip I took seven months after my GRDS surgery and a weight loss of 90 pounds.

I decided to go on a "Girls" trip with my Mom, aunt and cousin to Nashville, Tennessee. I was a little nervous about this trip because I had only purchased one airline seat for myself. The last few times I flew, I had to buy two seats because I knew I couldn't fit into just one seat. I also had the humiliating experience of the seatbelt not going around me and had to ask the flight attendant for an extender. I'll never forget watching her carrying that extender in her hand, with her arms up over her head waving it like a flag. Like she was trying to alert the passengers that there was a fat girl in aisle 14.

As I was boarding the plane my first thought was "They've made the aisles wider! I wonder when they did that! Then realized "Oh! The aisles aren't wider, I'm narrower!" I found my seat and when I sat down I was comfortable and actually fit!

Just before take off, the flight attendant came toward me with a seatbelt extender. She leaned down and asked if there was a request for



a seat belt extender and she was talking to the lady sitting next to me! She didn't ask me!

Then the food service started. I hadn't eaten anything on an airplane in years. I just felt too self-conscious and the tray table didn't wouldn't fit all the way flat because my stomach was in the way. Of course, I never drank anything because then I might have to go to the bathroom and there was no way I would be able to fit in the airplane bathroom! Well, I might get in there but there was no way the door was going to shut! I timidly tried the tray table and it actually came down and laid flat. I accepted the meal and even had a beverage. Okay, so we know airline food isn't anything to get excited about, but I at least had the chance to complain about it like everyone else!

I filled a page in my journal of the things that were different on this trip because of my weight loss.

Hurrying through the airports and not getting out of breath.

Sightseeing in buses and fitting in the bus seats too!

Not having to worry about fitting in the seats at restaurants!

Not having to search constantly for someplace to sit down and rest my aching feet, legs, and back.

Needless to say, I had a wonderful time. And, I have to admit, no one came up to me and asked me if I was a country music star. **But they didn't ask me if I was the one who ordered the seatbelt extender either!**



Topic of the Issue

Iron Deficiency Anemia

Anemia is a common problem in society and is usually easily treatable.

Microcytic/hypochromic (small pale colored red blood cells) erythrocytes indicate some inadequacy of structural matter, usually, not enough hemoglobin. This is most commonly due to an inadequate dietary supply of iron. In fact, iron deficiency anemia is the most common of all anemias.

Determining the cause of the iron deficiency is of pivotal importance in selecting appropriate therapy. Microcytic/hypochromic erythrocytes may also be seen in anemia of chronic disease, in thalassemia and in the sideroblastic anemias.



Blood loss is the most common cause of iron deficiency. Menstruation is the most likely reason in women ages 15 to 45 years. Iron deficiency anemia in adult men and postmenopausal women is most likely due to chronic gastrointestinal blood loss. Such losses are usually secondary to ulcerating lesions [peptic ulcer disease, mucosal trauma (hiatal hernias), drug ingestion (aspirin, nonsteroidal anti-inflammatory drugs, steroids, potassium), parasitic infections, inflammatory bowel disease and malignancy].

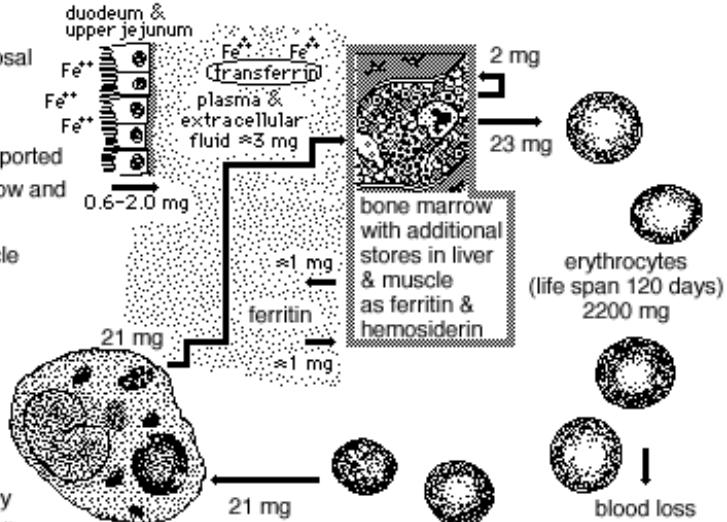
Repeated surgeries with in a short time frame is also a source of blood loss. Frequently GRDS patients become anemic after their panniculectomy, breast reductions, arm or thigh lifts because of the short interval between operations.

After consecutive surgeries it is important to monitor your Iron, Ferritin and Transferrin, Total Iron Binding Capacity levels.

Iron enters the body via the GI mucosa, binding to a mucosal cell surface receptor.

Iron is oxidized to Fe⁺⁺⁺, bound to transferrin and transported through the blood to the marrow and other tissues.

The normal internal iron cycle is a "closed" system.



The amounts shown are daily intake/loss in an average adult man.

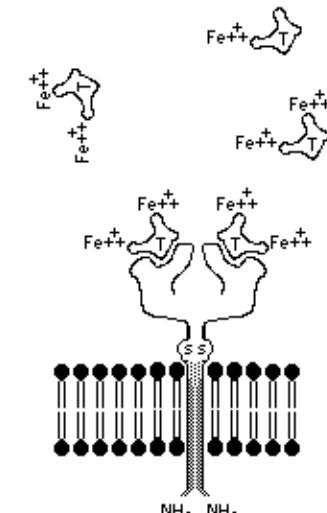
ment of body iron stores.

1. ferritin increases in chronic inflammation;
- 2) ferritin is increased in hepatocellular disease
- 3) ferritin may be increased in malignancy.

Ferritin is in essence an "iron buffer", taking up excess iron or releasing iron as needed. Small amounts of ferritin, derived from iron stores, circulate in the plasma.

The amount of serum ferritin closely reflects iron stores, thus providing a readily measured assessment of body iron stores.

Transferrin, the major iron transport protein, is synthesized by the liver and macrophages (type of blood cell). Each molecule of transferrin can bind two atoms of iron. Usually about one-third (25 - 45%) of the total transferrin is bound to



The following are definitions of Anemia diagnostic laboratory studies:

Ferritin is in essence an "iron buffer", taking up excess iron or releasing iron as needed. Small amounts of ferritin, derived from iron stores, circulate in the plasma.

The amount of serum ferritin closely reflects iron stores, thus providing a readily measured assess-

iron (referred to as % saturation).

Transferrin carries iron via plasma to cells throughout the body, though the most important site of delivery is to the marrow erythroblast.

Non-heme iron (mainly Fe⁺⁺⁺(Iron)) is stabilized by gastric HCl; bound to mucin and then transferred to a mucosal cell surface receptor.

Most heme iron is catabolized to Fe⁺⁺(Iron) and tetrapyrrole in the mucosal cell. In the mucosal cell the iron is bound to mobilferrin, transported through the cell to the submucosal capillary network where the iron is oxidized to Fe⁺⁺⁺, bound to transferrin and delivered via the blood to the marrow and other tissues.

Note that some iron is stored or "trapped" as ferritin in the mucosal cell. This "trapped" iron plays only a minor role in regulation of iron intake/loss as it is readily overwhelmed by ingestion of inorganic iron.

Total Iron Binding Capacity approximates a measure of transferrin. Serum iron is a measure of Fe bound to transferrin.

Normally 25 - 45% of transferrin is bound to iron, ie. the % saturation of transferrin. In inflammatory and malignant conditions transferrin is decreased possibly due to macrophage degradation.

Iron is decreased due to decreased release of iron from macrophages into the plasma.

Iron deficiency is best screened for with serum ferritin levels (serum ferritin levels correspond to marrow stores).

A serum ferritin of <30 mg/L in men or <10 mg/L in women indicates iron deficiency.

Ferritin, an acute phase reactant, may be elevated in inflammatory conditions. Still, if the serum ferritin is not greater than 50 mg/L, iron deficiency is likely.

The definitive test for iron deficiency is a Prussian blue stained bone marrow.

The upper image demonstrates an absence of iron in the bone marrow macrophages of an individual with iron deficiency.

Compare the upper image with the lower image of a normal bone marrow stained with Prussian blue and demonstrating coarse granular storage iron in macrophages.