



Central Valley Bariatrics

1205 Garces Hwy Suite 303
Delano, CA 93215

Central Valley Bariatrics Newsletter

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Calendar of Group Meetings:

Delano:

February 10 & March 9 6:00 PM
(Second Tuesday of every month)
Delano Regional Medical Center
Zacharias Conference Center 1401
Garces Hwy.

Paso Robles:

February 19 & March 18 6:30 PM
(Third Thursday of every month)
**The new meeting place is the Centennial
Park 6000 Nickerson in the Live Oak
room.**

Ukiah:

February 6 & March 5 6:00 PM
(First Friday of every month)
398 N. Barnes directions on the website
www.gr-ds.com. **Dr. Keshishian will
be speaking at the February meeting.**
Please contact Ruth Lorain regarding
meeting at letstalk@iwon.com.

Bishop:

February 16 & March 16 6:30 PM
(Third Monday of every month)
The Partridge Building, Northern Inyo
Hospital. Contact keshishiand@gr-
ds.com for further details.

Red Bluff:

February 5 & March 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. **Dr. Keshishian will be speaking**

at the February meeting. Please contact
me at keshishiand@gr-ds.com for details
or check the calendar on our website
www.gr-ds.com.

Eureka:

February 2 & March 1 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:

February 16 & March 16 6:00 PM
(Third Monday of every month)
Sunrise Hospital, 3186 S. Maryland
Pwky. 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:

February 6 & March 5 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](http://www.gr-
ds.com) for further updates.

San Jose:

February 7 & March 6 9:00 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.

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!

IRON SOURCES		
Listed from high to low		
Food	Amount	Milligrams (Mgs)
Liver, pork, cooked	3 ounces	24.7
Cereal, 100% fortified	3/4 cup	18
Cream of wheat, cooked	1/2 cup	9
Liver, chicken, cooked	3 ounces	7.2
Prune juice	1/2 cup	5.3
Navy beans, cooked	1 cup	5
Lima beans	1 cup	4.9
Black-eyed peas	1 cup	4.3
Spinach, cooked	1 cup	4.3
Oysters	4	3.6
Roast beef	3 ounces	3.1
Blackstrap molasses	1 tablespoon	2.3
Watermelon	4 x 8 inch wedge	2.1
Dried apricots	12 halves	2
Dried prunes	10	2
Kale, cooked	1 cup	1.8
Collard greens, cooked	1 cup	1.5
Egg	1 whole	1.3

Happiness is not a destination.

It is a method of life.

Burton Hills



Patient Profile

By
Melissa Rechenmacher

I became morbidly obese as I entered the year of my 29th birthday. I have three beautiful daughters and a loving husband who is there for every need I ever have. However, depression set in after the death of my father to throat cancer. I gained more and more weight as the depression got worse.

I had been diagnosed with diabetes and was taking up to six shots of insulin a day. I was insulin resistant, and had to take medication for that. I had been diagnosed with menorrhagia and put on birth control pills that contributed to a mini-stroke. This resulted in my medically necessary hysterectomy at the age of 30. My asthma was so bad, I was in the hospital once a month, at least, as they could monitor my breathing treatments as well as my insulin dosages and steroids better. I took two blood pressure medications for my high blood pressure and to prevent a full stroke. I was also diagnosed with Bipolar Disorder, and was taking 8 pills for that a day. All these medications helped me reach my highest weight ever of 318 pounds. At one point I was in Intensive Care with Pancreatitis, very close to death. I couldn't function anymore. Walking into a store hurt my knees and my back. Breathing was a chore. I needed frequent rests.

I then met a friend who opened my eyes to the Duodenal Switch. I found Dr. Keshishian in a search on



the web, and made a call. My approval went amazingly quick. On March 26, 2002, my surgery was performed.

My surgery & recovery were and still are, very text book. At 18 months post-op I am living life again! I can out-last my kids at the fair! My daughter thinks I wear "cute clothes" and wants to borrow them all the time. My husband always makes little comments about how "cute" I am, or how happy I am. I take no medications now. For the first time in years, I have a job. Even though it's only part time I enjoy it and I could have never done it, had I not experienced my weight loss. To date, I've lost a little over 145 pounds...A WHOLE PERSON! In returned I've GAINED a whole person! The person I lost years ago because of health problems and depression. For the first time in years, I LOVE ME AGAIN!

My kids are very proud when they come to the cafeteria at the middle school, and there I am working. They point and say to their friends, "That's my Mom! HI MOM!"

Dr. Keshishian, you have given me my life back. You have given ME back to my children and my husband, my mother and my sister. You have given me back the person I loved many years ago and lost under years of health problems, medications and weight gain. You saved my life, very literally. Thank you, from the bottom of not only my heart, but my husband and my three girls, who think you are an angel here on Earth!



Topic of the Issue

Iron Deficiency Anemia



I would like to recap the possible causes of iron deficiency anemia before we continue the discussion from the last newsletter regarding iron deficiency anemia.

P **Blood loss** is the most common cause of iron deficiency.

1. Menstruation
2. Chronic gastrointestinal bleeding (ulcerating lesions [peptic ulcer disease, mucosal trauma (hiatal hernias),
3. Drug ingestion (aspirin, non steroidal anti-inflammatory drugs, steroids, potassium),
4. Parasitic infections,
5. inflammatory bowel disease
6. Malignancy.
6. Repeated surgeries with in a short time frame

P **Lack of dietary iron**

P **Malabsorption**

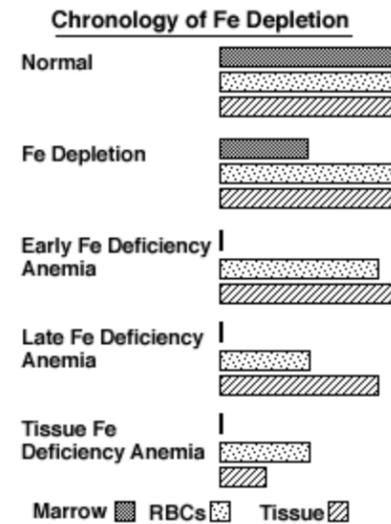
P **Genetics**

Iron deficiency develops gradually. Storage iron in the bone marrow is the first to become depleted. Serum ferritin levels decrease (corresponding to the marrow stores), while the Hematocrit, Hemoglobin and MCV remain normal, thus a latent state.

In time, serum iron decreases and iron-binding capacity increases, but there may be little or no evidence of anemia.

Later, synthesis of hemoglobin becomes impaired by the lack of iron and readily recognizable anemia results. Eventually iron is lost from tissues other than blood including the liver,

skin and skeletal muscle.



When a person has iron deficiency each developing erythrocyte grabs whatever Fe is available, some get more, most get less! As a result the Red Blood Cells tend to vary in size.

Summary of laboratory findings in Fe deficiency anemia:

1. Decreased hematocrit and hemoglobin
2. Hypochromic microcytic (pale inefficient Red Blood Cells on peripheral smear
3. Decreased serum iron and increased total iron binding capacity (TIBC)
4. Decreased bone marrow iron stores or decreased serum ferritin.

There are several treatments for iron deficiency anemia and always need to be followed with you PCP and surgeon.

Symptoms:

Most of the symptoms of iron deficiency are a result of the associated **anemia**, and may include fatigue, rapid heart rate, palpitations, and rapid breathing on exertion.

Iron deficiency impairs athletic performance and physical work capacity in several ways.

The ability to maintain a normal body temperature on exposure to cold is also impaired in iron-deficient individuals. Severe iron deficiency ane-

mia may result in brittle and spoon-shaped nails, sores at the corners of the mouth, taste bud atrophy, and a sore tongue. In some cases, advanced iron-deficiency anemia may cause difficulty in swallowing due to the formation of webs of tissue in the throat and esophagus. Pica, a behavioral disturbance characterized by the consumption of non-food items, may be a symptom and a cause iron deficiency anemia.

Treat Causes:

All treatments of causes of bleeding need to be discussed, prescribed and followed by your surgeon or PCP.

Treat the causes of the blood loss with further testing, biopsies, medications, reduce or eliminate use of aspirin, non steroidal anti inflammatory medications, cultures for parasitic infections and be sure to re-build iron stores prior to repeated surgeries.

Oral iron supplements:

Increase dietary iron intake. There is a table on the back of this page that lists some of the foods that have the highest amounts of iron. However, this is not usually an adequate treatment in many causes of iron deficiency anemia.

Iron supplements are indicated for the prevention and treatment of iron deficiency. Individuals who are not at risk of iron deficiency (e.g., adult men and postmenopausal women) should not take iron supplements without an appropriate medical evaluation for iron deficiency. A number of iron supplements are available, and different forms provide different proportions of elemental iron (the iron that is readily absorbable by the gastrointestinal tract).

- P **Ferrous sulfate** (heptahydrate) is 22% elemental iron;
- P **Ferrous sulfate** (monohydrate) is 33% elemental iron;
- P **Ferrous gluconate** is 12% elemental iron;
- P **Ferrous fumarate** is 33% elemental iron. This is the type of iron that our office recommend to our patients. It is usually best tolerated by patients, is available over the counter, inexpensive and readily available.

Complications of oral iron include nausea, abdominal cramps, constipation and diarrhea.

Oral iron supplementation should be taken on an empty stomach with some orange juice or vitamin C tablet. The vitamin C helps the absorption of the iron. Iron should never be taken with anti-acids preparations either over the counter or prescription. The anti-acids decrease the absorption of iron in the stomach.

Iron medications should be stored away from children in "child proof" containers. Even relatively small doses of adult dose iron could be fatal to children if accidentally ingested.

Intramuscular injections (IM):

Usually iron dextran is given intramuscularly in cases that oral supplementation doesn't resolve the iron deficiency. This can be a painful experience and is not usually effective in increasing the iron levels in a short period of time.

Intravenous injections (IV):

There are other forms of intravenous iron but these are the two that we have used in our practice. There are side effects of IV and IM iron as a patient you need to be aware of them and discuss the effects with your prescribing doctor.

Venofer is given once a week for 4-10 weeks via a vein. It is very effective at increasing blood iron levels.

Iron Dextan can also be given intravenously every 3-7 days for up to 4 weeks.

Hemoglobin levels may not respond to treatment of any sort for 1-3 months due to the cycle of regenerating health red blood cells. As always after GRDS follow-up with your surgeon in regards to any deficiency and treatment.