



Central Valley Bariatrics

1205 Garces Hwy Suite 303
Delano, CA 93215

Central Valley Bariatrics Newsletter

Ara Keshishian, 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:

All group meeting information can also be found on the website www.gr-ds.com under the group meeting icon or e-mail keshishiand@gr-ds.com

Delano:

February 8 & March 8 6:00 PM
(Second Tuesday of every month)
Delano Regional Medical Center
Zacharias Conference Center 1401
Garces Hwy.

Paso Robles:

February 17 & March 17 6:30 PM
(Third Thursday of every month)
Centennial Park 6000 Nickerson in the
Live Oak room.

Ukiah:

February 4 & March 4 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 15 & March 15 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 3 & March 3 6:00 PM
(First Thursday of every month.)
McCauley/Ward room in the Coyne

Educational Center in the modular
building, 2550 Sister Columbia Dr., Red
Bluff. **Dr. Keshishian will be speaking
at the February meeting.**

Eureka:

February 7 & March 7 6:00 PM
(First Monday of every month)
St. Joseph Hospital Conference Room C-
1, 2700 Dolbeer Ave. Eureka, CA 95501.
Contact me at keshishiand@gr-ds.com for
further information. **Dr. Keshishian will
be speaking at the February meeting.**

Las Vegas:

February 15 & March 15 6:00 PM
(Third Monday of every month)
Sunrise Hospital, 3186 S. Maryland
Pwky. Usually in the Auditorium or in
the Rendezvous Room.

Sacramento:

February 4 & March 4 6:00 PM
(The Friday before San Jose)
Mercy General Hospital Campus 4001 J.
Street in the Conference Room #2.

San Jose:

February 5 & March 5 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.

when you take your vitamin. It is sometimes helpful to take your prenatal vitamins before you go to bed at night. If swallowing a large pill is difficult, cut it in half. In any event just like your mother said all those years, don't forget to take your vitamins.

The following are important vitamin and nutritional components throughout the pregnancy but in particular the first trimester.

Folic Acid: one of the B vitamins has been found to prevent neural tube defects (NTD). Increased intake of folic acid reduces the risk of NTDs such as anencephaly and spina bifida (open spine) by as much as 50 to 70% if women take enough before conception and in the early months of pregnancy. Take your general multivitamin and prenatal vitamin every day.

Vitamin A: important to prevent blindness in the fetus. Vitamin A

levels should be drawn and monitored prior to becoming pregnant and during the pregnancy to ensure adequate intake. You may need to take additional Vitamin A in a **water-soluble form**, please contact our office if your Vitamin A levels are below normal.

Vitamin D: important for bone growth and formation. Vitamin D levels should be drawn prior to becoming pregnant and during the pregnancy to ensure adequate intake.

Protein: necessary in all structural formation of the fetus and the mother needs to increase protein intake by a **minimum** of 30 grams daily. Protein is needed in nearly all fetal tissue formation.

The second and third trimesters are important in the growth, development and formation of bone structure and the overall growth of the fetus. It is

important at this point to continue taking a minimum of 1500 mg Calcium (or what was prescribed by your surgeon), increased protein intake, your multivitamin, prenatal vitamin and any other supplements prescribed by your OB/GYN or surgeon. You may also need to increase your calorie intake with nutritious foods included in a healthy, well balanced diet.

Please follow these guidelines and all other guidelines provided to you by either your OB/GYN and/or your surgeon. When you have notified us of who your OB/GYN is and their address we will send them a packet of information along with a research article regarding Vitamin A importance after GRDS.

If you have any concerns or questions, please do not hesitate to contact our office.



Happy Valentine's Day

&

Happy St. Patrick's Day



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!

Topic of the Issue: Pregnancy

The decision to become pregnant should never be taken lightly, but after any weight loss surgery this decision needs to be made with an educated background and planning.

We ask that you prevent pregnancy for at least 18-24 months after your surgery or until cleared by your surgeon. This is the time for rapid weight loss and is **not** conducive to maintaining the health of a fetus. We ask that you use two forms of birth control, two forms of barrier method (ie: condom and diaphragm with spermicide) or barrier and chemical forms (condom and spermicidal foam/jelly) or barrier and pill forms of birth control once the doctor has released you to start taking the birth control pill.

Maternal malnutrition may impair normal fetal development after surgery. All patients who are losing weight at a rapid rate are in some way suffering some form of malnutrition. All of this information is in your patient workbook and all patients have signed their Bariatric Contract and Teaching guidelines that this information has been discussed and reviewed during teaching and consult appointments. The workbook has an entire page dedicated to pregnancy.

There are quite a few patients who are getting past or close to their 18 month to 2 years post-op anniversary and may start thinking of either starting a family or continuing to plan a family. Here are some of the questions you should ask yourself before considering planning a family.

- * The first thing to consider is: have I reached at least 18 months to 2 years post-op and has my weight loss stabilized?
- * Have I had my vitamin levels checked and have I followed up with my weight loss surgeon before attempting to conceive?

- * Have I discussed my decision to attempt to conceive with my weight loss surgeon and have I been cleared to proceed?
- * Is my OB/GYN aware of my weight loss surgery procedure and do they have experience with patients who have had weight loss surgery?
- * Have I informed my surgeon of my OB/GYN?

These are all extremely important questions to consider and resolve before attempting pregnancy after weight loss surgery.

Due to the malabsorptive component of the Gastric Reduction Duodenal Switch procedure, it is imperative to make certain that your weight loss has stabilized and you have made it past your 18-month to 2 years post-op anniversary. During the weight loss period you are in a negative nutritional balance, meaning you are not getting enough calories to support your own weight and therefore would not be able to support the addition of a growing healthy fetus. There is a great possibility of birth defects if you become pregnant prior to weight stabilization and your 18-month to 2-year anniversary. The decision absolutely needs to be discussed with your weight loss surgeon prior to any attempts to conceive.

After all the above questions have been dealt with and resolved and you have been cleared by your surgeon to attempt to conceive there are extra steps needed for a post weight loss surgery pregnancy.

We will inform you of these steps during the decision process with your surgeon. Your pregnancy could be considered a High Risk Pregnancy.

As a GRDS patient you always have to keep in mind that your anatomy and how your body works have been

changed. You should also start your preparation to become pregnant several months prior to attempting to conceive. You will need to be more diligent with follow-up with your OB/GYN and your weight loss surgeon during your pregnancy. Our office will work closely with your OB/GYN in monitoring your lab work and the progression of your pregnancy.

Many patients have become pregnant and delivered healthy babies after GRDS without difficulty, but you do need to be watched more closely. You also need to make sure you are taking all necessary vitamins, minerals and protein. This means making sure that all your vitamin levels and lab values are within normal limits prior to becoming pregnant. During pregnancy is NOT the time to “catch up” with deficiencies in your laboratory values.

The first trimester is a very important time in the development of the fetus. Most organs and structures of the fetus are formed in the first trimester and therefore it is imperative that you pay close attention to your nutrition and your nutritional supplements. Good nutrition is essential. You are now eating for two. That doesn't mean you should double your caloric intake—in reality you only need to eat about 300-600 more calories a day than you did before you were pregnant. It does mean that you should eat high quality foods from the four main food groups: fruits and vegetables, breads and cereals, milk and cheese, meat, poultry, fish and beans.

Pregnancy increases a woman's need for many nutrients, specifically folic acid, calcium and iron. These nutrients are especially important in the first trimester. It's also best to eliminate alcohol and nicotine from your lifestyle, since both have been

shown to adversely affect babies. Avoid or strictly limit your intake of caffeine since it, too, crosses the placenta.

You should be taking the general multivitamin that you were taking prior to your pregnancy along with at least 1500mg of Calcium (or the dose prescribed by your surgeon), plus any other supplements prescribed by your doctors and your prenatal vitamin prescribed by your OB/GYN every day during your pregnancy. Each patient's situation is individualized and additional changes or supplementations may be needed based on the advice of your surgeon and OB/GYN.

A good prenatal vitamin should contain the minimum of the following vitamins:



3rd Month

Vitamin C - is essential for tissue repair, wound and bone healing and increases the body's resistance to infection. For mother and baby this vitamin is essential daily as it is the agent that holds newly formed cells together. It helps the baby to grow and builds strong bones and teeth. It is also instrumental in the body's ability to absorb iron.

Vitamin D - promotes general growth. It maintains proper levels of calcium and phosphorus thus

helping to build baby's bones and teeth.

B Vitamins (thiamine, vitamin B6, riboflavin) - Thiamine converts carbohydrates into energy for mother and baby and is essential for baby's brain development. It also aids in normal functioning of the nervous system and heart. If deficient during pregnancy, a baby is at risk for beriberi, a serious heart ailment. Vitamin B6 is also vital to develop your baby's brain and nervous system. Riboflavin helps the body to produce energy. It promotes growth, good vision and healthy skin for mom and is important for the development of the baby's bone, muscle and nervous system.

Folic Acid - is one of the B Vitamins that is needed to produce red blood cells. It helps synthesize DNA, is conducive to normal brain functions and is a critical part of spinal fluid, thus making it one of the few nutrients known to prevent neural tube defects such as spina bifida.

Calcium - your developing baby needs this mineral to grow strong bones and teeth, healthy nerves and muscles and to develop normal heart rhythm and blood clotting.

Potassium - is a mineral that helps maintain fluid balance in the body. This mineral helps regulate blood pressure, nerve impulses and muscle contractions.

Vitamin A - is important for cell growth, healthy skin and mucous membranes, and resistance to infections. It benefits red blood cell production in both mother and baby. This

vitamin is essential for postpartum tissue repair.

Copper - a trace mineral found in all plant and animal tissues; it's essential for forming red blood cells ... a key process during pregnancy when your blood supply doubles. Copper also aids tissue growth, glucose metabolism, and growth of healthy hair. It also helps form a baby's heart, skeletal and nervous systems, arteries, and blood vessels.

Pantothenic Acid - is a trace mineral that regulates the body's adrenal activity, antibody production, and the growth and metabolism of protein and fats. If you are deficient in this vitamin during pregnancy your baby's growth may be slowed. This trace mineral is required for many essential functions, including growth, appetite regulation, digestion, wound healing, and the maintenance of collagen and elastin which may explain why some doctors think it may also help prevent stretch marks, one of the bane of pregnancy.

Iron - makes red blood cells, supplies oxygen to cells for energy and growth and builds bones and teeth. In pregnancy this mineral is so crucial because the body must produce extra blood to support the growing baby. During pregnancy you will need double the recommended daily allowance of iron to insure yours' and your baby's health.



More often than not, many expectant mothers find taking a prenatal vitamin increases nausea in early pregnancy and sometimes beyond. If this happens, ask your doctor or midwife to change your formula, or it may help you to change how and