



Central Valley Bariatrics

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July/August 2001

Central Valley Bariatrics Newsletter

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Issue 11

Calendar of Group Meetings:

Delano Meetings:

Delano Regional Medical Center 6:00 pm
Zacharias Conference Center

July 10, 2001 We are still in the process of setting up our guest speaker.

August 14, 2001 Our guest speaker will be announced.

Paso Robles Meetings:

We will be continuing group meetings the third Thursday of the month.

June 21, & July 19, 2001 6:30 pm

Paso Robles Library, we have moved to a larger room within the library, so stop at the desk and ask for directions. We are in

the process of setting up guest speakers for the Paso Robles meetings.

Fresno Meetings:

June 27 and August 1, 2001 6:00 pm
Chamlian Building: Corner of Sante Fe and Ventura.

Important to Remember:
Stay hydrated in the summer's heat! Drink plenty of water!

Tips of the Issue: Those Post-operative problems and why they happen and what you can do!

Bad Breath: Some patients may have bad breath. This is often related to food in the stomach. If this problem persists many times Reglan 10 mg. (prescription) at bed time or 1/2 tablet may work or you may take two or three per day if needed. Please call Dr. Keshishian for this prescription. If Reglan does not help you need to contact Dr. Keshishian for further assistance.

Flatulence: For most people gas is a problem because it causes (sometime painful) bloating and (often mortifying) odors. Everyone has gas. The average person generates 1 to 3 pints a day. But some people produce a lot more than others. One person reported who passed gas 34 times per day. The average for most 30-year olds is only 14 times. Most gas is odorless.

Though proportions vary from person to person, gas is largely composed of hydrogen, nitrogen, and carbon dioxide with a touch of oxygen. About a third of the adult population produces copious quantities of methane, while the rest emits little or none. In the late 60's it (methane) was a concern that it could cause explosions during long-term space flights. Less than one percent of gas smells. But boy, does it ever. Research has shown that several sulfur-containing compounds are responsible for most fecal odors. Unfortunately, the human nose can detect hydrogen sulfide in concentrations as low as one-half part per billion.

Certain foods are gassier than others. Beans, Brussels sprouts, raisins, apple juice, and prune juice are a few. But gas-producing food for one person may not be for the next. Extremely flatulent foods (more than 40 passages per day) vary from one person to another. Carbohydrates are largely to blame for large volumes due to sugars, starches, fiber that reaches the colon (large intestine) with out being digested or absorbed. Once in the colon the colonies of harmless bacteria eat them and give off by products of hydrogen, carbon dioxide, and in some people methane. These are the "good bugs" (bacteria) that are wiped out with antibiotics and may need to be replaced by taking Ultra Dolhilus, Ultra Bifidus, and Lactobacillus acidophilus. You want to also watch out for the next five items and see how they effect you. Some remedies to try to battle gas are: Deurom, Beano, Pepto Bismo1, New Quick Dissolve Phazyme and Nuolo. Some of these products can be found at www.parthenoninc.com.

- 1.) One of the most common sources of gas is lactose, which is a sugar that occurs naturally in milk products. Many people don't have the enzyme (lactose) to digest lactose.
- 2.) Another source is soluble fiber, like the pectin in fruits and the beta-glucans in oat bran.
- 3.) Researchers have shown that gas-producing bacteria feed off small

amount of starch that escapes digestion by enzymes in the small intestine. So far, wheat, oats, potatoes, corn, and virtually even starchy food have been implicated. Even innocuous foods like bread and pasta made with white flour can do it.

- 4.) Sorbitol (used as a sugar substitute, etc.) is a white, sweet odorless, crystalline alcohol found in berries and fruits. It is found in white flour. It is not absorbed well by the GI tract and most of it gets into the large bowel and the bacteria digest it and form gas and loose stools. You may do better not eating white bread, pasta, etc. Use whole wheat bread, pasta and rolls since there is generally no sorbitol in those items.

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Patient Referral List:

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Tips of the Issue: Post-Operative Problems...

5.) The fifth and most infamous source of gas is the family of raffinose sugars found (large amounts) in beans, and smaller amounts in many vegetables and grains. No one has the enzyme Alphagalactosidase to break them down. When they hit the large intestine, our bacteria have a feast.

Diarrhea: Diarrhea is generally not a problem with this surgery. Some patients may even become constipated. You can expect larger stools more frequently because of undigested food but not necessarily watery diarrhea.

Normally you will have two to four stools per day generally in the morning. Some people will have more or less. Occasionally you may have difficulty with excessive diarrhea and you will need medication. Generally we will give you Lomotil (Prescription) or over the counter Immodium. However, on occasion, (particularly after you have had antibiotics for some reason or have been in the hospital on antibiotics) some of your normal bacteria are also destroyed and until they return to normal you may not respond to the medications.

One way to help replace the normal bacteria is take "Lactobacillus acidophilus"

and, also "bifidobacteria" or Ultra Flora which is a combination that is sold by Gilman Enterprise in California. This may solve most of your problems with diarrhea, gas, and lower abdominal gas cramps. You should be able to find these items in a drug store or a health store. These items should be refrigerated, which keeps them strong. They should be dairy free and should have a DF on the label. Take 1/2 to one teaspoon three times per day. In a few days you should be better.

Pepto-Bismal frequently works well and can be used. Also, stop eating food and take only clear liquids for a day or so. This helps reduce diarrhea. Sometimes we will prescribe an antibiotic like Flagyl to reduce your diarrhea.

Many times taking Metamucil one to three teaspoons per day will give bulk to your stool and reduce your loose stools. Try this first. If you're having too much trouble and can't seem to get ahead of the problem you may need to be admitted to the hospital for a day or so for IV fluids.

Late Weight Gain

A few patients will need to worry about late weight gain. We have never had a patient gain back all their original weight. The following may be reasons for

late weight gain.

Body Compensation: The human body will try to adjust to overcome the results of our surgery. For example, the stomach will stretch allowing you to eat more. The bowel will become more effective, enlarge some and absorb more. This is one of the reasons why you will stop losing weight and level off to a satisfactory body size. Another factor stopping weight loss is the fact that you are not carrying around 100 pounds of excess weight. Most people will remain at a satisfactory weight and size.

Grazing: We should not eat all day long. Try to stick to three of four meals per day. In the beginning you may need to eat several times per day to get enough food and fluid. But, if you snack all day you can eat a large number of calories especially if they are loaded with sugar and simple carbohydrates. Remember there is sugar in many of the liquids we drink and you can take in many calories this way.

Volume: Try to keep the volume of food under control. Don't stuff yourself. Stop as soon as you feel comfortable. For this reason we try to make your stomach small, about three to five ounces at surgery, and we expect this to enlarge so you can eat a reasonable size meal. It is important that you eat fairly well or you will become malnourished.

- **Synergistic Nutrients (Works With):** Niacin, C, D, E, pantothenic acid, zinc.
- **Deficiency Symptoms:** Night blindness, itching, dry skin, loss of sense of taste.
- **Negative Interactions:** Alcohol, coffee, cortisone, mineral oil, nitrates.

Vitamin D

- **Benefits These Body Functions:** Bones, teeth, optimum calcium-phosphorus metabolism.
- **RDA and Best Food Sources:** 400iu - milk, cod liver oil, tuna, salmon oil, eggs.
- **Synergistic Nutrients (Works With):** Vitamin A, C, calcium, phosphorus.
- **Deficiency Symptoms:** Soft bones and teeth, spontaneous fractures, bone curvature.
- **Negative Interactions:** Mineral oil.

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Nutritional Information for this Issue:

Food Types

Proteins: This is your most important food type. It is needed for many body functions. It is the building material for all of your body, and since you are only using one half of your small bowel you need to eat as much protein as possible to keep your proteins at a normal level. You must eat protein to live and you will not get fat eating proteins.

Fats: As you know you are bypassed for most of your fat absorption. But, you will absorb enough to meet the fatty acids we need to live. There is generally not a problem in weight gain, but I would not purposely go out of your way to eat more fat.

Carbohydrates: These are the foods that cause the most problems with late weight gain. You are not bypassed for carbohydrates, especially the simple sugars, candy, regular soda pop, cookies, pie, etc.

foods loaded with sugar. The complex carbohydrates can also be a problem with weight gain, because you can absorb them well. There are a lot of calories in juices and sweetened drinks of all kinds. Bread, potatoes, pasta, and fruits are high in carbohydrates. You may have deserts, etc. but in small amounts. There are no essential carbohydrates needed for life. So, if you are having an amount of late weight gain cut out the carbohydrates. Eat proteins and non-sugar vegetables and you will be able to lose that weight gain.

Fat Soluble Vitamins

Vitamin A and Beta Carotene

- **Benefits These Body Functions:** Growth, vision, healthy tissue-skin-hair, resistance to infection.
- **RDA and Best Food Sources:** 5000iu - milk, butter, eggs, liver, leafy green and yellow vegetables.

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Nutritional Information: Fat Soluble Vitamins

Vitamin E

- **Benefits These Body Functions:** Antioxidant. Protects cell membrane and tissues. Maintains circulatory system.
- **RDA and Best Food Sources:** 30iu - vegetable oil, grains, wheat germ, lettuce.
- **Synergistic Nutrients (Works With):** Vitamin C, B12, manganese, selenium.
- **Deficiency Symptoms:** Poor muscular and circulatory performance.
- **Negative Interactions:** Air pollution, mineral oil, birth control pills.

Vitamin F (Unsaturated Fatty Acids)

- **Benefits These Body Functions:** Influences skin, blood coagulation, cholesterol, glandular activity.
- **RDA and Best Food Sources:** Vegetable oils, sunflower seeds. RDA not established.
- **Synergistic Nutrients (Works With):** Phosphorus, A, C, D, E
- **Deficiency Symptoms:** Acne, allergies, dry skin, brittle hair, eczema, brittle nails.
- **Negative Interactions:** Radiation, X ray therapy.

Vitamin K (Menadione)

- **Benefits These Body Functions:** Blood clotting (coagulation).
- **RDA and Best Food Sources:** Green leafy vegetables, molasses, yogurt, alfalfa. RDA not established.
- **Synergistic Nutrients (Works With):** Unknown.
- **Deficiency Symptoms:** Diarrhea, increased tendency to hemorrhage.
- **Negative Interactions:** Aspirin, antibiotics, mineral oil, rancid fat, X ray therapy.

Politics in Medicine

Unfortunately there is a place in medicine for politics. Some of you may have heard that Blue Cross has recently given numerous patients denials for GRDS. This has not happened to this degree in the past and it should worry all Bariatrics physicians and patients.

We would ask that all our patients write the following letter to their representatives to add your voice to the Patients Bill of

Rights and insurance reform. It might help to save someone's life.

We would also ask that any patients from California write to their Senators regarding any problems they may have faced due to delay in treatment for obesity, such as pressure ulcers, cellulitis, increase in medications for hypertension, diabetes, etc. There is an action against the California HMO's and they need as many examples as possible.

Please take a few minutes to write these letters. You can find your Senators address, telephone number and e-mail address at www.visi.com/juan/congress. If you would like to e-mail your Senator you can e-mail me at keshishiand@gr-ds.com and I will send you a copy of the letter below.

Thank you in advance for your help and concern.

Re: epidemic debilitating disease and the patient's bill of rights

As an active voter and concerned citizen, I am sending you this letter to call your attention to a chronic disease of epidemic proportions in this country. The disease is called morbid obesity and affects an estimated 15 million Americans. Although morbid obesity is diagnosed by a weight of 100 pounds or more above ideal body weight, this physiologic disorder substantially causes the most costly illnesses and/or disease in America. Senator (representative) _____, besides having a horrible quality of life, many of the morbidly obese suffer from heart disease, diabetes and sleep apnea among many other debilitating obesity-related conditions.

The only proven method of long-term weight loss and reduction or elimination of its associated severe medical conditions in the morbidly obese is weight loss surgery. Although surgery is supported and recommended by The National Institutes of Health and multiple other medical organizations, insurance coverage for the morbidly obese is uneven, inconsistent and frequently subject to arbitrary decisions. These decisions are not based on legitimate medical considerations, but are solely financially motivated.

Because your administration has concern for both your constituent's health care and the federal budget, this problem would benefit from your thoughtful attention. I am hopeful that you can understand, and will have empathy for the anguish of persons suffering from this disease. Prevention is the key, but we are beyond prevention for millions who are unsuccessful at conventional diet therapies. However, many of these people are unjustly denied the opportunity many insurance companies will not fund the surgical treatment of morbid obesity. Many say that this is a self-inflicted medical problem, though it is well documented in the scientific medical literature that it is a disease. However, following their logic, they do cover many other self-inflicted illnesses, such as cancer of the lung, or cirrhosis of the liver.

By allowing such discriminatory policy exclusions to exist, both state and federal governments are ultimately financially responsible for the disabled morbidly obese person as he or she becomes prematurely unable to continue working.

The debilitating disease of morbid obesity will continue to overburden both Medicaid and Medicare programs until action is taken against the insurance sector for their discriminatory policies that exclude one disease (morbid obese), but covers others.

Will you please help our patients by supporting the patient's bill of rights? This promising law provides patients who are denied insurance coverage with access to a fair external review. Such a review by experts in that specific medical field in question would determine medical necessity and therefore bind the health insurance company. This would guarantee access to the surgical treatment of morbid obesity and thereby correct this prejudicial and socially deplorable situation.

I respectfully request that you or a qualified member of your staff contact me or my physician at:

Very Sincerely,