



Central Valley Bariatrics

1205 Garces Hwy Suite 303
Delano, CA 93215

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Central Valley Bariatrics Newsletter

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www.gr-ds.com



Calendar of Group Meetings:

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

Paso Robles:
July 18 & August 15 6:30 PM
(Third Thursday of every month)
Paso Robles Airport Conference Center
facility 4000 Wing Way 2nd floor. There
are elevators available.

Ukiah:
July 5 & August 2 6:30 PM
(First Friday of every month)
Ukiah Valley Medical Center, 275 Hospital
Dr. Contact Ruth Lorain for further
information at letstalk@iwon.com

Bishop:
July 15 & August 19 6:30 PM
(Third Monday of every month)
The Partridge Building, Northern Inyo
Hospital. *July's meeting has been*

*temporarily moved to the Seventh Day
Adventist Church Gym, 730 Home Street.*
Contact Corrine Shuey Corrine at cshue2@jcpenny.com.

Red Bluff:
July 4 & August 1 6:00 PM
(First Thursday of every month.)
The Coyne Educational Center, 2550 Sister
Columbia Dr., Red Bluff, CA. Please
contact me at keshishiand@gr-ds.com for
details or check the calendar on our website
www.gr-ds.com.

Eureka:
July 1 & August 5 6:30 PM
(First Monday of every month)
General Hospital Campus, Burre
Conference Room, 2200 Harrison Ave
Eureka, CA 95501. Contact Ruth Lorain for
further information at letstalk@iwon.com.

Las Vegas:
July 15 & August 19 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.

Mariposa:
July 25 & August 22 6:00 PM
(Fourth Thursday of every month)
The John Freeman Clinic, 5126 Hospital
Road, Mariposa. We would like to give
Pam Martinez-Darcy a big round of
applause and a big thank you for setting up
this group meeting. Come out and join us!

Linden:
July 31 & August 28 7:00 PM
(Fourth Thursday of every month)
Lions Den Restaurant Hwy, 26 Linden, CA
95236 Contact Eileen Brown at
drgnfl95236@yahoo.com for further
information.

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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: Nancy one-year post-op

The first time I became painfully aware of being fat I was seven years old. They'd ended the Brownies meeting with a game of "Pass It Along" and the secret, which eventually was whispered in my ear, was "Nancy is a Two-Ton Tessie." I ran home in tears and told my mother what had happened. When she said, "What do you want them to do, lie to you?" I knew that I was on my own.

I'd started to gain weight after a traumatic tonsillectomy at the age of 5. Food was a particular focus of my mother's, whom one minute would encourage a binge and the next was restrictive. Each week a big production was made of unpacking groceries and hiding the treats that I was not allowed to eat. I soon learned to sneak food and eat in secret. When I turned 12, my height shot up six inches to 5'10" in one season and suddenly I was tall and willowy. Oddly

enough, that's when my mother really pressured me to diet, saying that I could have a model's figure if I only restrained myself with food. One plan I used in high school was the all-fruit diet that made my fingernails soft and my hair fall out. My father once paid me \$20 to lose twenty pounds and his favorite expression was to say he was calling Omar the Tentmaker if he thought I was eating too much at dinner.

By the beginning of my senior year of college, I weighed 211 pounds and joined Weight Watchers for the first time. I lost forty pounds by graduation and thought I'd conquered my problem. During graduate school, the old habits of bingeing and sneaking food returned. By the time I began my first professional job, I was a veteran of three attempts at Weight Watchers and weighed 220 pounds. Ironically, my career

Patient Referral List:

Dee Tinkle 661-725-4847
tinkled@gr-ds.com

Ketty Chamlian 559-495-3200 ext 113
kettyc@alistarinsurance.com

Ken Couch 949-859-6130

Paulette Kizer 209-838-3348
Dpkbear@aol.com

Mark & Regina Johnson 209-830-0591
reginahj@goldrush.com

Stacy Anderson-Couch 760-741-6002
andersta@gateway.com

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was flourishing, but the more I battled my weight, the worse it got. Three more attempts at Weight Watchers, Nutri-System, Jenny Craig, Herbalife, liquid "cherry" protein, Diet Center, "behavior modification" from a counselor ("Imagine maggots crawling through that hot fudge sundae you want!") and dozens of diets from books and magazines followed. Needless to say, all these attempts failed and I soon weighed 264 pounds.

In 1988, I participated in the Optifast program (even before Oprah! I felt so trendy!). I lost 75 pounds in three months. I was marvelous at starving myself and felt free of food preoccupations for the first time in memory. I gave away my expensive professional plus-sized wardrobe and bought all new gorgeous clothes and just knew I'd finally solved my problem. Then I regained. And gained and gained. I regained the 75 pounds I'd lost, plus another 120 pounds. I was so

devastated by what I thought at the time was my failure, I committed myself to an in-patient eating disorders clinic. I lasted one week in this program, in which I was the only compulsive eater, surrounded by anorectics and bulimics. I felt nothing but compassion for my fellow patients, learned some scary new tricks about food.

I then tried Optifast again, TwinFast, Medifast (twice), HMR (twice), and UltraFast. I became convinced I couldn't lose weight unless I fasted. The psychotherapy I'd begun in 1985 had helped clarify all the emotional issues that had led me to my top weight of 385 pounds, but it did nothing to remove the weight.

I tried to become reconciled to my weight, attending NAAFA meetings and Geneen Roth workshops. I now had mobility problems, especially at work, hypertension, sleep apnea, asthma and bronchitis, and depression and took a host of meds. After a series of unhealthy relationships, I'd met a man in 1997 who was completely unjudgmental and accepting and very loving. I resisted the idea of marrying him until I'd lost some weight, until one day I realized that he'd already seen ME! We were married at the end of the year in a private wedding in

Hawaii, in part because I couldn't imagine having a big wedding as a morbidly obese bride.

In January of 2000, I read the People magazine article about Carnie Wilson and congratulated myself on avoiding the one weight loss method I thought caused permanent damage. But I couldn't throw the issue away. I started to do research and went to a RNY orientation. By then I'd found Heidi's marvelous web site, www.mywls.com, which introduced me to the duodenal switch. When I asked the RNY surgeons about this procedure they were either uninformed or dismissive. Further research led to www.duodenalswitch.com, where I read every single patient profile. I saved the ones that were similar to me and monitored their progress. When I realized that Dr. Ara Keshishian was only a few hours from my house and there was a local support group, I became cautiously optimistic. I sat in the car and cried after the first support group meeting because it seemed like there might be hope for me at last after 40 years of struggle and 30 years of dieting.

I had a major phobia about needles, which I'd overcome with hypnosis, but I still was quite seriously terrified of surgery and hospitals. I continued my research, talked to post-ops at the local support group and had my first consult with Dr. K on April 18, 2001. I weighed 341 pounds at the consult, but before surgery I gained (the farewell food tour) to 355 pounds. I canceled my consults with the other surgeons in California because I was so impressed with Dr. K and his office staff. I knew I didn't want to be battling paperwork instead of getting well. I took aqua aerobics classes and short walks in the park to prepare for surgery. I was one of the last Blue Cross folks to get approved and on June 26, 2001, the day after my 47th birthday, I was switched.

I remember being awakened in the operating room and being asked to help move myself to a new gurney and feeling a lot of pain very briefly. The next thing I remember is removing the oxygen mask to breathe more deeply in recovery. The nasogastric tube wasn't draining properly and I remember throwing up blood on some poor nurse and discovering I'd been moved to my room. The tube was tweaked a bit and the problem was solved. I knew the "big walk" was coming and with the help of my husband and the fantastic nursing staff of DRMC, I made it down the corridor. I slept in the recliner after that, and I was fortunate enough to have had no complications, although my hands swelled enormously from the IVs infiltrating and I was very sensitive

to noise. I spent four days in the hospital and three in a local motel. The whole time I had the incredible support of my husband, who is a retired physician's assistant. The day I was released to go home, I think I was the proudest and happiest I've ever been. I'd done something I was terrified of and survived!

I spent five more weeks at home, recuperating and taking very slow walks in the park. Post-op recovery went by quickly. The thing I missed most was sleeping flat. After seven weeks, I returned to the aqua aerobics classes I'd taken to prepare for the surgery. I ate incredibly small amounts of food and felt full for the first time in my life. Foods that worked well for me post-op were sharp cheddar cheese thinly sliced on buttery crackers, scrambled eggs, and Luna bars. I didn't bother with protein shakes and concentrated on water first, followed by protein. My surgeon took me off all meds, but at about two weeks post-op I resumed one of my antidepressants. In the first month, I lost 35 pounds.

At three months, I'd lost 62 pounds and was able to walk two miles in the park. There were no foods that disagreed with me, but I found that bread filled me up too quickly. One night we went to the movies and I screamed when I realized I was sitting with my legs crossed for the first time in 13 years. Since we were seeing "Shrek," the audience didn't exactly appreciate my contribution!

At my six-month anniversary, I'd lost 85 pounds and rejoiced in my new mobility, which included daily 2.5 mile walks in the park. At Christmas, I started drinking Coke again, which led to eating more sugar than I wanted. After a few months, I realized how much it had slowed my weight loss, so I eliminated sodas. With the help of some of my switch sisters, I've recently regained my focus. I've thought a lot about the opportunity I've been given to have the DS. I've begun to meditate, following the program outlined in the book, "Meditating to Attain a Healthy Body Weight." I'm determined never to diet or to binge, and I believe I finally have all of the tools I need to make it to my goal weight of 170. As of my one year anniversary, I've lost 120 pounds! ...*To be continued!*



Interesting Facts for Children's Health

A child's odds of becoming obese increase by 60% with each additional daily serving of sugar-sweetened soft drinks. This is an alarming finding by the Children's Hospital in Boston and the Harvard School of Public Health. The results of the study, led by David S. Ludwig, M.D., Ph.D., suggest that the link between soft drink consumption and childhood and later adult obesity is independent of food intake and television viewing.

Most adolescents, 65% of girls and 74% of boys, consume soft drinks daily and most

of these drinks are sugar sweetened. In 1994-95, adolescent boys were consuming nearly 20 ounces of soft drinks daily. "The average teenager is getting 15-20 teaspoons of added simple sugars from soft drinks alone," said Dr. Ludwig. Consumption of soft drinks has doubled in the last decade and this is the hypothesis that contributes to the 100% increase in the prevalence of childhood obesity in the U.S. between 1980-1994. It could also be a contributing factor in the increase of adult obesity and morbid obesity.

Protein: What is all the hype?

Protein is essential for building and maintaining muscle as well as repairing damaged tissues after surgery. It is needed for the production of red blood cells, hormones, and maintenance of tissues such as hair, fingernails, and skin. Protein also plays a vital role in the immune systems function and diets lacking this nutrient can lead to certain physiological abnormalities.

Protein is composed of 20-23 amino acids. In basic chemistry, these are simply varied configurations of carbon, hydrogen, oxygen and nitrogen. These basic building blocks of amino acids have a particular role in biological function. The body can produce many of these amino acids on its own, however if the body cannot produce the amino acids it must be ingested from a food source. Amino acids that require dietary intake are called "essential".

There are eight essential amino acids for adults and nine for infants (for those of you expecting). The nutritional quality of dietary protein depends greatly on amino acids structure and essential amino acid concentration.

Protein's biological value is determined by the amount of protein absorbed and retained by the body tissues in relation to total amount consumed. Food sources will contain protein in one of two forms: complete or incomplete.

Complete protein contains all the essential amino acids, providing the body with a highly usable nutrient. An incomplete protein is deficient in one or more essential amino acids, leaving the body with protein of lower biological value.

How much protein do you need? After GRDS the average patient will need at least 1 gram of protein for every kilogram of weight. In order to figure out your weight in kilograms divide your weight in pound by 2.2. This will give you your weight in kilograms. Then you can multiply your weight in kilograms by 1 gram of protein and that will be your requirement of protein after surgery. Consume such amounts of protein after surgery but you need to do your best to get at least 80 grams daily and later strive to consume the above recommendations based on your weight in kilograms.

What kind of protein is best? Protein comes in many forms, and the GRDS patient needs to be aware of the sources that have the highest biological value. Most animal products are excellent source of high quality protein. However, it is difficult to consume the high amount of protein in animal protein alone. Another excellent source of protein is soy or whey or a combination of both in the form of the protein drink or bar. The post GRDS patient needs to consume only lactose free, low fat, low sugar/carbohydrate types of protein drink or bars. There are a myriad of protein drinks and bars on the market. The best thing to do is to see which one you enjoy.

Another nutrient that the GRDS patient must not forget is complex carbohydrate. This nutrient helps in supplying our brains with the energy needed for functioning as well as quick energy for physical activity. It is also important in the avoidance of dehydration, as is protein. Water attaches to the glycogen molecule, which complex carbohydrates contain. Complex carbohydrates are assembled from many sugar units strung together like beads on a necklace. They are plentiful in grains (bread, cereal, rice, and pasta), starchy vegetables (potatoes, corn, and peas), and legumes (dried beans, peas, and lentils).

The key to protein intake is to enjoy a variety of types and forms of protein. You will not be able to stay healthy and heal well without consuming different forms of protein both animals, plant and commercial drinks and bars.

Calling all Post-op Patients!

Send your stories! We would love to hear how your lives have changed and how things are going! We will feature one post-op patient in each of edition of the newsletter. If you are interested in sharing your story, please e-mail a one page story to me at keshishian@gr-ds.com in Word format with any pictures (in Jpeg format) you may also have of yourself pre and post-op. Or, a typed one-page story and your pictures of yourself pre and post-op can be sent to me via regular mail. 1205 Garces Hwy Suite #303, Delano, CA 93215. Hope to be able to share all your successes!

We are planning a 2003 calendar of pre and post-operative pictures of patients one year or more out from surgery. Want to participate? Forward your pictures to me via regular mail or e-mail keshishian@gr-ds.com in Jpeg format along with your surgery date and name. We will only complete the project if we have enough participation. I have only received a couple of pictures from patients.



Walk/Run Events

July

- 4th - Atwater: Run for Independence, 5M, Cal (209)358-2824
Santa Barbara: Santa Barbara Athletic Assoc. Semana Nautica 15K, www.SBrunning.org
Huntington Beach: Surf City Run, 5K, 1M, .5M, www.PacificSportsLLC.com
- 7th - Ventura: Dina LaVigna Breath of Life Triathlon, 40K Bike/10K Run/.8K Swim, www.triforlife.com
- 13th - Escalon: Escalon Park Fete 10K, 10KR, 2M R/W, www.ygrunner@gotnet.net
Morro Bay: Rock To Pier Run, 6M Run, Call David @ (805)772-6281
- 20th - San Diego: Race for the Pennant 4M R/W www.mwrtoday.com
- 21st - San Diego/Carmel Valley: Get Your Kick On Route 56, 5K R/W, 1M, www.strideamerica.com
Palo Alto: JCC Tri Series, 400M Swim/15K Bike/5K Run, www.paloaltojcc.org
- 27th - Cypress (Orange County): Cypress 5K/10K Run, 2M Walk, www.ci.cypress.ca.us