



Central Valley Bariatrics

1205 Garces Hwy Suite 303
Delano, CA 93215

March/April, 2002

Issue 15

Central Valley Bariatrics Newsletter

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Delano Regional Medical Center

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Calendar of Group Meetings:

Delano:
March 12 & April 9 6:00PM
(Second Tuesday of every month)
Delano Regional Medical Center
Zacharias Conference Center 1401
Garces Hwy.

Paso Robles:
March 21 & April 18 6:30PM
(Third Thursday of every month)
The meetings will now be held at the
new Paso Robles Airport Conference
Center facility 4000 Wing Way 2nd
floor. There are elevators available.

Fresno:
Due to lack of attendance we will no
longer be conducting meetings at the
Fresno location.

Ukiah:
March 1 & April 5 6:30PM
(First Friday of every month)
Ukiah Valley Medical Center, 275
Hospital Dr. March 1, Dr. Rosoff will
be the guest speaker. He is a local

psychiatrist in Ukiah. April 5, contact
Ruth Lorain for further information at
letstalk@iwon.com We would like to say
a big Thank You! To Mary Farkus, R.D.
for her excellent and informative
presentation at the last Ukiah group
meeting! Thank you Mary for all your
hard work and dedication to patients.

Bishop:
March 18 & April 15 6:30PM
(Third Monday of every month)
The Partridge Building, Northern Inyo
Hospital. Contact Corrine Shuey or
Sherrie Prem contact Corrine at
cshue2@jcpenny.com.

Red Bluff:
March 7 & April 4 6:00PM
(First Thursday of every month.)
The Coyne Educational Center, 2550
Sister Columba 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:
March 4 & April 1 6:30 PM
(First Monday of every month)
General Hospital Campus, Burre
Conference Room, 2200 Harrison Ave
Eureka, CA 95501. Contact Ruth Lorain fo
further information at letstalk@iwon.com.

Las Vegas:
March 18 & April 15 6:00 PM
(Third Monday of every month)
Sunrise Hospital, 3186 S. Maryland Pwky.
March's meeting will be in the Auditorium
and April's meeting will be in the
Rendezvous Room. We would like to thank
Cindy Schafte for her outstanding work in
helping to put together the first Las Vegas
group meeting and all her continuing hard
work. Our first meeting was in January and
a great success. We are looking forward to
seeing our patients in Las Vegas! Please
contact me at keshishiand@gr-ds.com or keep
an eye on the website www.gr-ds.com for
further updates.

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Boost	\$1.74	10 grams	41 grams	27 grams	4 grams

Delano Surgical Group (661)725-4847

Tips for Hair Loss

Unfortunately, hair loss is a very real side effect of surgery and it can be a disheartening problem. Hair loss happens due to the way hair follicles grow in cycles and because it takes several months for a hair follicle to grow. The shock of surgery, lower calorie & protein intake, and anesthesia cause the hair follicle to stop growing. Because this may happen any where in the growth cycle, you often don't see the hair loss right after surgery but a few months after surgery.

- Protein intake is extremely important for healing, hair growth and to prevent muscle wasting.

Again, while you are going through the weight loss period your body does not care if it loses fat mass or muscle mass. The best way to enhance hair growth, fat mass loss and prevent muscle loss is to get 80 gm or more of protein daily and to exercise daily.

- Multivitamins with minerals every day are also an important supplement because if you are defiant in vitamins and minerals then your body takes the essential vitamins for the general running of your body and doesn't give the unessential things like hair and nails what they need to grow.

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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 949-859-6130
andersta@gateway.com

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- Nioxin shampoo has been traditionally used by cancer and chemo patients but some GRDS patients have had good luck with it also.
- Biotin tablets or powder are great for healthy hair, skin, and nails. 600-1000 mcg daily and can be found at most health food, vitamin or beauty supply stores. Also, they assist the body in turning fat mass into usable energy.
- Folicure tablets and shampoo can also help. They can be found at Sally's Beauty Supply.
- Zinc 50mg tablets every other day for no more than a month. Zinc blood levels can get too high after this period of time. Zinc can interfere with iron absorption at higher levels. Zinc helps with protein synthesis and collagen formation (both ingredients for hair growth). Inactivity can lower the body's levels of zinc another

Calling all Post-op Patients!

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 keshishian@gr-ds.com in Word format with any pictures (in Jpeg format) you may also have of yourself pre and post-op. If you do not have a computer you can send a typed one-page story and your pictures of yourself pre and post-op. You can send the story and pictures to me via regular mail. 1205 Garces Hwy Suite #303, Delano, CA 93215. Hope to be able to share all your successes!

A 2003 calendar is being planned with pre and post-operative pictures of patients one year or more out from surgery. If you would like to participate in the calendar project, please forward your pictures to me via regular mail or e-mail in Jpeg format along with your surgery date and name. We will only complete the project if we have enough participation.

Recipes:

Chicken Fajitas

1 lb. chicken breasts (skinless, boneless)
1 medium bell pepper, sliced
1 medium onion, sliced
1 package of fajita seasoning (Shilling is my favorite)

Use either a non-stick skillet or put a light spray of PAM in a regular skillet. Cast iron works great for this. Heat to medium high.

Cut your chicken into strips that are about 1/2 to 3/4 of an inch wide. Put them in the hot skillet. Cook for 10 minutes, stirring only a few times. Add the onion. Cook for another 5 minutes. Add the bell pepper and seasoning. Turn up the heat slightly and cook for another 10 minutes, stirring occasionally.

Remove from heat and serve immediately. Serve with tortillas, rice, beans, and salsa as you like. This serves 2-3 people.

Baked Chicken and Rice

Chicken
Chicken Broth

Rice
Onion Soup/Dip mix

For each 2 servings, place in a casserole dish 2 cups of rice. Sprinkle a packet of onion soup mix on top of this. Pour one can of broth and one can of water on top of this. Put 2 chicken pieces (uncooked) on top (I prefer skinless, boneless breasts, but any pieces work). Cover with foil and bake at 350° for 30-40 minutes. The rice comes out done and the chicken tender.

Variations: Add green beans or corn to rice. Add chopped green onions or green chilies.

We would like to thank Julie Fowler for the delicious recipes above! Thank you Julie



Walk/Run Events

March

10th - Newport Beach: * Leigh & Lucy Steinberg *Spirit Run*, 5K/10K, www.kinaneevents.com

16th - California City: "Kick Butts" 5K Night Airport Runway *Run for fun*, 5K Run/Walk & 1 Mile Walk, www.californiacityrunners.com

23rd - Whittier: *Spring into Health* 5K, 5K R/W, www.nealand.com/finishline

April

5th - El Centro: Imperial County Relay for Life, (Call Linda @ 760-352-6656)

6th - Bishop: Hospice of the Owens Valley 10K, 5K/10K, (Call 760-873-5811)

Compton: Ulis C. Williams 10K, 5K/5M/10K, www.nealand.com/finishline
Arcadia: * Santa Anita Derby Days, 5K R/W www.kinaneevents.com/

27th - Marina del Rey: Run the Race 10K, 10K (Call Greg @ 310-306-9741)

28th - Carmel/Big Sur: Big Sur International Marathon, 5K/26.2M, www.bsim.org

**Join the Delano Walking Club Every Saturday Morning
8am—9am Every Saturday, Delano Regional Medical Center Administrative
Conference Rooms. Open to everyone! Call 721-5212 for more information.**



Information on Calcium, Oxalate and The Duodenal Switch Operation:

What every patient should know.

Normal Physiology:

Calcium is present in the body either dissolved or in the bone and teeth. Most males and pre-menopausal females will have adequate levels of calcium before the operation.

- P Calcium - necessary for blood clotting, normal cardiac & skeletal muscle contraction, nerve function, & enzyme cofactor
- ...30% increase in free Ca, nerves & muscles become unresponsive
- ...35% decrease, nerves over excitable & convulsions occur; 50% fatal

Sources

- P bones & teeth provide huge reservoir of Ca
- P 98-99% Ca filtered from blood in kidneys is reabsorbed
- P 10-20% Ca consumed as food is absorbed by brush border of intestinal cells

Distribution in the body:

- P 99% deposited in bones & teeth
- P 0.5% bound to plasma proteins in blood
- P 0.5% free ionized calcium in extra cellular fluid

Oxalate (water soluble) is a byproduct of Vitamin C metabolism. Ordinarily the oxalate formed in the lumen of the bowel will bind to the calcium that is also present in the lumen of the bowel and forms a crystal that cannot be absorbed thru the large bowel. These crystals are the excreted in the stool. A pre-op patient who forms calcium oxalate kidney stone should avoid Vitamin C and increase Water intake.

Post-Op DS patient:

There is less of Fat absorption in a DS patient. As the fat enters the colon it changes to fatty acid. The calcium present in the lumen of the bowel is picked up by the fatty acids and the complex of calcium-fatty acid is dumped in the stool. This leaves the Oxalate in the soluble forming the

lumen that is absorbed from the lumen of the bowel and enters the blood and when in the circulation gets to the kidneys and forms the insoluble Calcium Oxalate crystals and stones.

Conclusion:

A post-op DS patient who has formed Calcium-Oxalate kidney stones in the past or has a Urine Analysis that shows high number of Calcium-Oxalate Crystals **SHOULD** increase the volume of fluid intake and **NOT** reduce the calcium intake as a first measure.

Calcium restriction – NOT recommended because:

- 1) **Cutting down on calcium increases the risk of stone formation.** Most calcium in the diet remains in the gut where it binds to oxalate from food and the liver. The bound oxalate cannot be absorbed and is excreted. This means it never enters the bloodstream or the kidneys and never causes stones.

2) Calcium is an essential nutrient

A low calcium diet can lead to osteoporosis, a crippling bone disease

Oxalate restriction - Oxalate is common in foods, and it is not difficult to consume a large amount of oxalate within an otherwise healthy diet. This can increase the risk of developing stones. Below is a list of common foods high in oxalate. Unfortunately, there may be some of your favorites below.

Foods High in Oxalate

- P Chocolate, Tea - including herbal teas,
- P Raspberries,
- P Strawberries,
- P Soy sauce,
- P Baked beans,
- P Peanuts and Pecans,
- P Beer,
- P Juices made from berries

Urinary oxalate may play an even more important role than urinary calcium in the process of stone formation because

saturation of urine with calcium oxalate increases more rapidly with increases in oxalate concentration than increases in calcium concentration.

Low Calcium Oxalate (Kidney Stone) Diet

Persons prone to forming calcium oxalate stones should cut back on: Apples, asparagus, beer, beets berries, (e.g., cranberries, strawberries), black pepper, broccoli, cheese, chocolate, cocoa, coffee, cola drinks, collards, figs, grapes, ice cream, milk, oranges, parsley, peanut butter, pineapples, spinach, Swiss chard, rhubarb, tea, turnips, vitamin C, yogurt. More importantly should increase Liquid intake (not beer!)

Please note that the above outline description is not valid for patients who may have other reasons for forming kidney stones (tumors involving the breast, lung, thyroid or parathyroid glands, etc.). Also please remember that we should consult our surgeon or our primary care physician before we make any changes to our daily vitamins, minerals (calcium) and supplements intake.

Sites for More Information and GR-DS Message Boards

Looking for more information? Want to talk to post op patients about the surgery? Want to share your experience? Here's some web sites and message boards you will find interesting.

Dr. Keshishian's patients' message board:
[Http://groups.yahoo.com/group/DS_Keshishian](http://groups.yahoo.com/group/DS_Keshishian)

General DS Patient's message board:
[Http://groups.yahoo.com/group/duodenalswitch](http://groups.yahoo.com/group/duodenalswitch)

National Institute for Health's web site:
[Www.niddk.nih.gov/health/nutri/nutrit.htm](http://www.niddk.nih.gov/health/nutri/nutrit.htm)

Listing of other GRDS message boards:
[Http://groups.yahoo.com/search?query=duodenal+switch](http://groups.yahoo.com/search?query=duodenal+switch)