



Central Valley Bariatrics

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Central Valley Bariatrics Newsletter

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www.dssurgery.com

NEW WEBSITE ADDRESS!

Calendar of Group Meetings:

All group meeting information can also be found on the website www.dssurgery.com under the group meeting icon or e-mail dawn.keshishian@dssurgery.com

Delano:

Oct 11 & Nov 8 6:00 PM
(Second Tuesday of every month)
Delano Regional Medical Center
Zacharias Conference Center, 1401
Garces Hwy.

Paso Robles:

Oct 20 & Nov 17 6:30 PM
(Third Thursday of every month)
Centennial Park 6000 Nickerson in
the Live Oak Room.

Ukiah:

Oct 7 & Nov 4 6:00 PM
(First Friday of every month)
Senior Center, 499 Leslie St., Ukiah,
CA. This is a one block long street
that runs parallel to the freeway
between Gobbi and Perkins Streets.
Please contact Ruth Lorain regarding
meeting at letstalk@iwon.com.

Red Bluff:

Oct 6 & Nov 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.

Eureka:

The Hospital is no longer allowing us
to use their facilities to meet. We are
in the process of possibly lining up a
meeting room at the Red Lion Inn,
Eureka. Please refer to the website
www.dssurgery.com for further
updates or contact Ruth or Dawn. If
you have any ideas for a facility
please contact Ruth Lorain at
letstalk@iwon.com. or Dawn
Keshishian at
dawn.keshishian@dssurgery.com

Las Vegas:

Oct 17 & Nov 21 6:00 PM
(Third Monday of every month)
Sunrise Hospital, 3186 S. Maryland
Pwky. Usually in the Auditorium or
in the Rendezvous Room.

Sacramento:

Sept 30 & Nov 4 6:00 PM
(Friday before the first Saturday of
the month)
Mercy General Hospital Campus,
4001 J. Street in Conference Room
#2. **Dr. Keshishian will be
speaking at the September
meeting.**

Happy Halloween

&

Happy Thanksgiving!



Please Note:

**New Website & E-mail
addresses!**

www.dssurgery.com

**E-mail addresses:
Firstname.lastname@dssurgery.com**

Calling all Post-op Patients

Please send your stories! We would
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We would like to feature one post-op
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Topic of the Issue: Brachioplasty

The brachioplasty is a surgical procedure to remove excess skin and fatty tissue from the upper arm. There are a variety of different techniques used by plastic surgeons for brachioplasty. The brachioplasty can be combined with other forms of body-contouring surgery, including suction-assisted lipectomy, or other elective surgeries.

Brachioplasty surgery is not a treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body-contouring surgery until they have been able to maintain their weight loss.

A brachioplasty procedure may not be appropriate for people with certain medical or physical conditions. Patients who have had mastectomy surgery may not be able to have a brachioplasty because of the increased risks associated with a procedure of this nature. Patients who have experienced repeated armpit infections or experience excess sweat production may also not be good candidates for brachioplasty cosmetic surgery.

A good candidate for brachioplasty surgery is a patient in good health that has realistic expectations about the procedure and its results. Brachioplasty patients will have a more positive experience with cosmetic surgery if they are fully informed about what to expect before, during and after brachioplasty surgery.

There are different degrees of ptosis (drooping) deformity. Brachioplasty arm reduction surgery can remove the excess tissue and reduce the circumference of the upper arm. Surgical correction depends on the amount of extra skin and how loose the supporting tissues have become. Extra skin is removed from incisions along the inner arm. The incision must be placed where the tissue can best be tightened.

Liposuction is not included with a brachioplasty, but may be combined. This option needs to be discussed with your surgeon.

PLANNING YOUR SURGERY

You should come to the office prepared for an extensive consultation. Your surgeon will need to learn about your medical history, problems, surgery and current medications.



Prior surgeries are important to tell your surgeon. You will need to help your surgeon understand what bothers you. Redundant skin and adherent scars are a dynamic problem. While sitting your surgeon will need to see how the skin drapes, where the extra tissue is located, and examine your scars. Your surgeon will then discuss what surgery has to offer. There are several different surgeries possible depending on the anatomical defect and the nature of your tissues. Your surgeon will then recommend what method of surgical sculpting is best suited for your problem and then discuss the risks, benefits and alternate methods of care. Understanding the benefits and limitations of surgery helps with realistic expectations.

The office examination permits an appropriate examination of the problem. At the time of your evaluation bring copies of:

- prior operative reports
- doctor's office notes
- laboratory results
- actual x-ray films (not just the reports)
- photographs before surgery

These items, when available, can help us better understand your needs. Your surgeon may ask for additional tests prior to surgery.

It is important that if you are attempting to have your insurance carrier cover this or any other procedure that you have a minimum of three months of physician documented skin rashes, shoulder or upper back pain or other issues, to support medical necessity. Other financial information will need to be obtained from our office on a case-by-case basis.

HOW TO PREPARE FOR THIS PROCEDURE.

Your doctor will give you specific instructions to prepare for surgery but here are some general guidelines:

- * Avoid aspirin, any aspirin containing medication or any other non-steroidal anti-inflammatories (NSAID), such as Motrin® or Advil®, for two weeks prior to treatment. Because aspirin thins the blood, it can interfere with normal blood clotting and increase the risk of bleeding and bruising 10 days prior to surgery.
- * Smoking inhibits the healing process, so stop smoking at least 6 weeks before your procedure. If you start again, make sure it is after you are completely healed.
- * Avoid drinking alcohol a few days before your surgery.
- * Make sure to follow any fasting

instructions the night before and morning of your surgery. Your doctor may insist on an empty stomach depending on the type of anesthesia.

- * Make sure that you arrange for someone to bring you home and to help you for at least 24 hours after surgery.
- * Be sure to raise any questions or concerns that you may have about the safety of the procedure during your consultation.

RECOVERY: You will be encouraged to get out of bed soon after surgery to promote blood circulation. In this early phase of healing avoid straining, bending and lifting. You may be able to use your hands, but cannot perform exertional activity with your arms for at least one month. You may have compressive dressings around your arms for several weeks. Plan for three to four weeks off of work, with more time needed if lifting is required in your position.

Although everyone heals at a different rate, you can expect that your recovery will follow this general timeline: Your hospital stay will be one day. Your surgeon may need you to stay in the immediate area to maintain continuity of care for you and your fresh incision. **Call the office immediately with any unusual symptoms or concerns.**

COMPLICATIONS: This, like any other major surgery, can result in some major or minor complications in spite of all the precautions taken.

- * **Pain:** Pain by itself is not a complication but an expected event from surgical trauma which is experienced differently depending on, among other things, one's threshold for pain. The length of your incision may reflect the amount of pain and decrease your ability to move. Post-operatively, you are provided with the PCA pump until a point when pain pills or shots will control your pain.
- * **Seroma (Drainage):** Surgery on fat tissue creates trauma, and along with old blood in the area, the body reacts by producing body fluid. This fluid further mixes with irrigation fluid used to wash clean the raw tissue surface during surgery. This collection of fluids in the wound is called seroma. In anticipation of seroma, two drainage tubes may be placed on each arm and usually removed when the output is scant and non-bloody. Most wounds remain swollen for up to 4 weeks. This usually goes down as the body absorbs the remaining body fluid. However,

sometimes the rate of fluid production exceeds the rate of absorption resulting in body fluid drainage through the surgical incision. At times, the quantity of drainage can be voluminous. Should that occur, please do not panic but call the office immediately. This problem does not necessarily signify acute bleeding or infection but needs to be appropriately addressed.

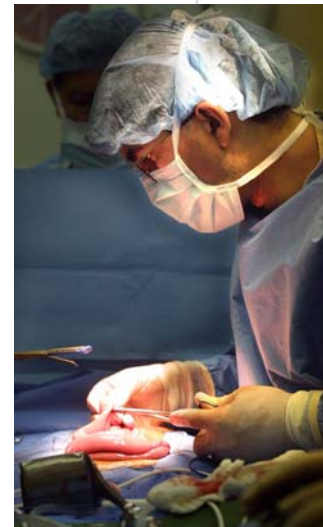
- * **Wound Separation Dehiscence:** This may occur up to four weeks following surgery for various reasons, but more commonly as a result of unequal tension along the incision following a sudden change in body position. This may occur during lifting, pulling or pushing action or when adopting a sitting or standing position. It is, therefore, recommended that you refrain from any physical activities that may endanger your wound healing, including: avoid lifting more than 10 pounds for six weeks, driving for 3 weeks and sex for 6 weeks.

- * **Bleeding:** This may occur in 1-3 percent of cases in spite of the time we spend in controlling every exposed blood vessel. When this occurs following surgery, you may require observation or blood transfusion, or another surgery to explore the wound and control the bleeding.

- * **Infection:** Wound infections can develop due to the large incision area. In anticipation of this problem, patients are sent home with antibiotics for at least 10 days. Infected wounds may require daily cleansing and packing with gauze dressings along with additional antibiotics and more frequent office visits.

- * **Skin Breakdown:** In rare occasions you may have sloughing off of part of the wound. This may be managed with daily wound care, and rarely will require skin grafting.

- * **Numbness/Dysesthesia:** Because the nerves cut during surgery may not heal back exactly to their original form, they recover at different rates and some may not recover, leaving areas of decreased sensation and



those of exquisite sensation even to the slightest touch. It takes up to six to eighteen months for nerves to show appreciable recovery.

- * **Firmness/Puckering/Asymmetry:** After the procedure you may have or develop asymmetry or unevenness of incisional line. A symmetrical body appearance may not result. Factors such as skin tone, fatty deposits, bony prominence, and muscle tone may contribute to normal asymmetry in body features. Skin scarring or puckering; Scars may be unattractive and of different color than the surrounding skin. You may develop firmness to the area due to scarring or fat necrosis.

- * **Blood Clots:** Blood clots (deep vein thrombosis) can occur after the abdominal panniculectomy, just as in any other major surgery. The most common symptom is pain in the calf muscles or groin that worsens with passive movement and should not be ignored. The major concern is when the blood clot in the lower legs travel to the lungs (pulmonary embolism), which can be dangerous. Notify your nurse or call our office as soon as you notice a persistent pain in your calf so that the doctor can evaluate you immediately and order the necessary test. If the test demonstrates blood clots in the leg veins you may require blood thinners and this may prolong your hospital stay by about 3 days. Bloods clots can occur up to a month following surgery especially after a prolonged sitting position. Therefore, continue to move your legs and to ambulate as much as you can.

GENERAL SURGICAL RISKS:

- * **Surgical anesthesia:** Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.
- * **Deep Vein Thrombosis**
- * **Pulmonary complications:** Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli) or partial collapse of the lungs after general anesthesia. Should either of these complications occur, you might require hospitalization and

additional treatment. Pulmonary emboli can be life threatening or fatal in some circumstances.

- * **Pneumonia**
- * **Atelectasis:** blocked or collapsed airways
- * **Stroke**
- * **Urinary Tract Infection**
- * **Phlebitis (IV Site Irritation or infection)**
- * **Wound Infection**
- * **Gastric or Intestinal Perforation in the case of concurrent hernia repair**
- * **Hernia and re-occurrence of hernia**
- * **Sepsis (overwhelming infection)**
- * **Abscess Formation**

You may ask to see before and after pictures of past patients who have chosen to have brachioplasty during your office consultation.

Recipes

Tangy Tomato Dressing

1 can tomato sauce
2 Tablespoons grated onion
4 Tablespoons dill pickle juice or vinegar
1 teaspoon prepared horseradish
1/4 teaspoon garlic powder
1/2 teaspoon dill weed
1/2 teaspoon sugar or 1 pkg Sweet-n-Low
1/2 teaspoon Worcestershire sauce
1/8 teaspoon black pepper

In a jar with a tight fitting lid, combine all the ingredients for the dressing. Cover and shake well. Refrigerate (will keep for 1 week). Makes about 3/4 cup dressing. Use for salad dressing or you can warm and put over the sweet & sour meatloaf for a low calorie alternative to catsup or tomato sauce in recipe.

Sweet & Sour Meatloaf

1 1/2 lbs. ground round
1 c. dry bread crumbs
1 t. salt
1/4 t. pepper
2 eggs
1 t. dry minced onion
1 (15 oz.) can tomato sauce, divided

Mix half of the tomato sauce and the remaining ingredients together. Pack into an 8 inch square pan and bake at 350° for 50 minutes.

Meanwhile, mix the remaining tomato sauce with 2 T. brown sugar, 2 T. vinegar, 1/2 c. granulated sugar and 2 t. prepared mustard. Heat and stir over low heat until just boiling. Pour over meatloaf and bake 10 minutes longer. Remove from oven and let stand 10-15 minutes before serving. It can also be baked in a 9 inch loaf pan if desired. (serves 8-10)