

UPMC Bariatric Surgery

The region's leading experts in the field of transformation.



Left to Right: Carol McCloskey MD, George Eid MD, Anita Courcoulas MPH, MD, Giselle Hamad MD, Ramesh Ramanathan MD

Welcome to the first of our quarterly newsletters for 2011! Again, our goal is to help you be as successful as possible with your bariatric surgical journey. For those of you who are in the process of making the decision to have bariatric surgery, we are hoping to provide you with added information to help in your preparation making and decision process. For those of you who have had bariatric surgery and are progressing well with good weight loss, we applaud your success. For those of you who have hit a plateau or gained a little weight, the tips and suggestions here might help you over a barrier. For those of you who may have gained a significant amount of weight back, we want you to know that there are options (behavioral, medical and surgical) to help you get back on track.

The feature article on Dr. March and the Lifestyle Program discusses preparation for surgery as well as options after surgery to help you get back on track if you have hit a plateau, gained a little weight back, or if you have gained a significant amount of weight back.

Our goal is to help you become aware of the resources that are available to help you continually fine tune your bariatric surgical journey. If you have any suggestions or comments as to types of information that you would like to see in our newsletter, please email William Gourash, CRNP at gourashwf@upmc.edu.

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Magee-Womens Hospital of UPMC

Feature

The Lifestyle Program

Submitted by Vicki Conti, PA-C and Vicki March, MD, Internist & Obesity Specialist



Vicki March, MD
Director of the Lifestyle Program

What is the Lifestyle Program? *The Lifestyle Program, a component of the Minimally Invasive Bariatric and General Surgery Division, is located at Magee-Womens Hospital. One major focus is preparation for Bariatric Surgery by implementing healthful habits beforehand.*

The Lifestyle Team consists of two registered dietitians and a physician. Most insurance requires six months of a medically supervised diet prior to surgery approval. To this end, medically supervised educational modules developed by the Lifestyle Team are offered several times a month with an “open weigh-in”. Lifestyle staff is available for guidance during these sessions. Attendance at a six-month series of one-on-one visits with a member of the Team is an option for those who prefer individual attention.

When a patient’s weight is too high or health too poor to undergo surgery, the Lifestyle Team assists with pre-surgical weight loss and medical assessment.

When a surgeon recommends a very-low-energy liquid diet prior to surgery, the liquid diet products are provided. The Team physician performs a complete evaluation of the patient, initiates and supervises the very low energy diet

Our concern for our patients does not end with surgery. The Lifestyle Program ensures follow-up for life. Patients whose weight loss has

plateaued or who have begun to regain some of their lost weight may seek assistance in getting back on track with our Aftercare Program.

Our monthly Bariatric Support Group Meetings are open to preoperative and postoperative patients, family and friends. The format: after a guest speaker presentation, participants are encouraged to engage in an informal discussion focusing on progress and struggles along the weight loss journey.

Another venue for “getting back on track” is our series of monthly Behaviorist sessions. In these small group meetings, a behavioral expert focuses on barriers to permanent lifestyle change, and solutions.

Can you describe your role as the Medical Director? I oversee all components of the program; evaluate patients who are required to lose weight prior to their surgery and patients who are at high risk due to their medical problems. I work intimately with the surgeons in preparing patients for surgery.

What are some of the challenges that patients face after bariatric surgery? Proper nutrition after bariatric surgery presents a challenge to many. The small stomach and problems with nutrient absorption sometimes result in protein, mineral and vitamin deficiency and dehydration.

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Incorporating fruits and vegetables is a real challenge for many. Some people claim not to like them. Some think shopping and preparation are too time-consuming or costly. Some may have no idea how to prepare them. Another obstacle: self-monitoring goes by the wayside, followed by all the new good habits. Old habits slowly return: “grazing,” drinking lots of pop and alcohol, forgetting about “protein first,” and overloading with carbohydrates.

When, after about 1.5 years, the “honeymoon” of rapid weight loss ends, it can be discouraging. Weight loss slows down or even reverses. At this juncture, the body adapts in ways we do not yet fully understand. Patients must rely on behavioral changes in order to lose more or maintain their weight. But as weight loss slows, motivation diminishes, and the healthful lifestyle loses its priority status. Suddenly, there is no time for exercise. Convenience eating becomes the path of least resistance. A few pounds are regained, and ignored. As more weight piles on, patients become too ashamed to ask for help, and the cycle continues.

What resources are available for patients who are struggling with weight gain or suboptimal weight loss after bariatric surgery?

Several options are available right here at Magee-Women’s Hospital:

1. Return visits to your surgeon can be helpful. The physician assistants and registered nurses are extremely knowledgeable about postoperative challenges and concerns, and can provide expert counseling to patients having difficulty with weight loss.
2. Our Behaviorist Sessions occur monthly and are facilitated by Barb Penner, a behaviorist with many years of experience in the field of obesity and weight loss. The sessions are geared toward anyone who plans on having or has had weight loss surgery and is struggling with the permanent behavioral changes necessary to stay on track with weight loss. In these small groups, weight

loss obstacles are discussed, experiences shared, and strategies planned. Those wishing to sign up may do so by registering on the Magee website and navigating to educational programs.

3. In the clinical setting, we now offer what we refer to as “Aftercare.” One-on-one office visits are also available for those individuals who have concerns about weight re-gain, and who prefer private, intensive, personalized encounters with a medical professional. At the initial one-on-one visit, the patient meets with me. I review the entire medical and weight history, perform a physical examination, and order appropriate laboratory testing, with a focus on identifying common nutritional deficiencies found in people who have had weight loss surgery. By the end of the first visit, a plan is formulated and follow-ups visits are arranged with a registered dietitian and with me. An appointment may be made by calling 412 641-3632.
4. The monthly Support Group remains popular with our patients, both pre- and post-op. These meetings do not require pre-registration, and the meeting dates are posted on our website. At each monthly meeting, an invited speaker presents a topic of interest, followed by an informal discussion among meeting attendees.
5. This winter, Magee’s educational offerings included a Mediterranean Wellness Program. If successful, it may be offered in the future. This 12 week course emphasizes the “slow food” approach, the use of “whole” foods, the avoidance of processed foods, and the return of the simple, home cooked meal and the importance of family mealtime.
6. In some cases, revision surgery may be recommended to patients who have experienced significant regain.

As The Lifestyle Program evolves, we hope to introduce more services.

Healthful Lifestyle Tips

Protein: Why is it Important?

Submitted by Melissa Parker, RD, MS and Dave Hinzman, RD, LDN, RN, CDE

Protein is a main nutrient in food. It is part of every living cell; proteins are links of many small molecules called amino acids. Protein is used by the body to make muscles, bones, and skin. It is also used to make hormones, enzymes, antibodies, and other substances that make the body work. Food sources of protein are both animal and plant. Animal proteins (lean meats, fish, poultry, eggs and dairy products) are high quality proteins. They have all the amino acids your body needs. Vegetable proteins (dried beans, peas, and lentils; tofu; soy products; and nuts and seeds) are low in one or more amino acids.

Shortly after bariatric surgery high quality proteins (meat and dairy) are recommended over vegetable proteins because they provide the right amount of all the "building blocks" needed by the body. Some goals after surgery are to include a high quality protein food during 3 meals a day. It is also recommended to start meals with a protein (food) and finish as much of it as you can; as this will help you maximize your protein intake. Distribution of protein throughout the day is important for maximum protein synthesis and to help maintain muscle mass. Quality of protein is also related to its digestibility. Research shows meat and dairy have a high digestibility while cooked beans and peas are less digestible. Protein also helps you feel satisfied or feel fuller longer after a meal.

After bariatric surgery, 60 to 80 grams of protein is recommended every day. For the first few months after surgery, it may be difficult to meet your protein needs from food alone. A protein supplement will be recommended to boost your protein intake but more about that in the next newsletter.

Recommended sources of protein that should be included everyday are as follows:

2-3 servings of low-fat milk, light yogurt, and low-fat cheeses

- a serving size equals 1 cup milk or 6 ounces of yogurt
- a serving of cheese equals 1 ½ oz. natural cheese, 2 oz. processed cheese or 1/4 cup low-fat cottage cheese

2-3 servings or a total of 6-7 ounces of lean meat, poultry, fish, and eggs

- You should aim for 2-3 ounces of protein at a meal. One serving is one ounce of cooked meat or one egg.

Whether it is right after your surgery or years later, protein (animal or vegetable) should be included at each meal. The key to a healthful diet is always to include plenty of variety and a balance between the food groups like meats and fish, dairy products, vegetables, fruits and whole grains

"I don't like breakfast foods". Breakfast can be any nutritious food you like. A low calorie wrap with egg or lean meat, and sautéed vegetables would be fine. Egg, chicken, or tuna salad are other good choices. Protein shakes are easy and tasty.



Recipes

Chicken with Pepper Olives

CHICKEN WITH PEPPERS AND OLIVES

Green olives and capers complement chicken in this recipe to make poultry king.

Healthy and tasty only begin to describe this amazing combination of flavors. Capers are unripe flower buds which have a distinctive flavor and texture. Make sure to include them in this recipe. Capers are processed in salt brine that can be rinsed off if you prefer but the sodium content will not change very much.

Diet Stage: Regular food
Preparation time: 10 minutes
Cooking time; 30 MINUTES
Yield 6 servings

2 T olive oil, divided
1 ½ lbs. boneless chicken breast, cut into 6 once pieces.
2cloves garlic, crushed
1 large red onion, sliced
3 medium bell peppers (red, green, yellow) cut into strips
½ cup pitted green olives
2T capers
18 oz. can no-salt-added tomato sauce
1 cup low sodium chicken broth
2 t chopped fresh marjoram
1/2 t black pepper

1. Heat 1 T. of oil in a large sauté pan over medium-high heat; brown the chicken pieces on all sides. Remove the chicken from the pan and set aside.
2. Add the remaining 1 T. of oil to the pan and sauté the garlic and until softened, about 2 minutes. Stir in the peppers, olives, capers and tomato sauce.
3. Return the chicken to the sauté pan and add the broth, marjoram, and pepper. Cover and simmer for 20 min. or until the chicken reaches 165 degrees internally.

If preferred, you can substitute fresh oregano for marjoram.



Resources

Submitted by Shara Wohlscheid, PA-C

Online:

Weight loss and fitness: www.sparkpeople.com

Band Support

Allegran Bands www.lapband.com/register

Ethicon Realize Bands www.realize.com

Books:

REAL Skinny on Weight Loss Surgery: An Indispensable Guide to What You Can REALLY Expect!! Julie M. Janeway, Karen J. Sparks, and Randal S. Baker

Article:

<http://health.usnews.com/health-news/family-health/heart/articles/2011/02/03/weight-loss-surgery-may-remodel-heart>

Minimally Invasive Bariatric & General Surgery

Office: 412-641-3632

Website:

<http://www.upmc.com/HospitalsFacilities/Hospitals/Magee/SpecialtyServicesWomenMen/weight-loss/Pages/weight-loss-surgery.aspx>



Physical Activity

Exercise

Submitted by Ellen McBride, RN, BSN

In order to receive maximum benefits from your surgery, it is important to incorporate an exercise program into your daily routine. Our patients are instructed to start on a routine exercise program soon after surgery with an initial walking program then adding aerobic activity. They find it very rewarding, and their capacity for exercise improves significantly as they lose weight. Our first newsletter introduced the three forms of exercise which are cardiovascular, strength-building and flexibility. More specific information related to these types of exercise is provided as follows:

Cardiovascular exercises are known as aerobic which use your large muscles and can be continued for long periods of time increasing your heart rate. Walking, jogging, cycling and swimming are exercises that drive your body to use oxygen more efficiently and deliver maximum benefits to your heart, lungs and circulatory system. Any movement is good including house or yard work. If your goal is to attain and maintain weight loss, you will need to do some form of cardiovascular exercise at least 5 days a week for 30-60 minutes.

Strength-building exercises are known as anaerobic which increases your metabolism and makes your muscles and bones stronger with short, intense effort. People who lift weights or use any type of equipment that requires weight resistance are doing this. Strength building exercises should be performed 2 to 3 times a week for best results. If you strength train regularly, you will find that your body looks leaner and you will burn fat.

Flexibility exercises are also anaerobic which tone your muscles through stretching activities. Always warm up your muscles for 5 to 10 minutes before you begin lifting any type of weight or performing any resistance exercises. Muscles need stretched to adjust to the demands placed on them for a work out. Rather than hitting the treadmill running you take a few minutes to walk, build up stamina and then hit your stride.

A balanced exercise program builds a healthy body and promotes energy which assists in reaching your weight goal or maintaining your weight loss.





Patient Experience

Meet Carol

Submitted by Carol Rodnicki, Patient

My name is Carol Rodnicki. My journey, and the beginning of my new life, began May 27, 2009 when Dr. Anita Courcoulas performed gastric bypass surgery on me. The decision to have gastric bypass surgery was not a quick one because not only would it be a major life change but it was a change I would have to be committed to.



I gave this decision a lot of thought and prayer. The surgery is only part of the process. I had to make a commitment to myself to combine the surgery with a life of eating the proper foods & participating in regular exercise.

I had over 100 lbs. to lose. I was always tired and my body always aching. I did not have diabetes, high blood pressure or other health problems but I knew that if I didn't make a weight change then these health problems would soon become a part of my life.

I also wanted to have the surgery because I was tired of missing out on living because of my weight problem. I rarely went out to socialize at dances (or other places) because I felt too big. I felt I didn't look good in my clothes and I was always afraid I would not fit into a seat or be able to climb stairs. So I just spent a lot of my life in front of the TV or just visiting with friends and family who I knew loved me. I realized that I was not living. I was existing. I wanted to start living the healthy life I used to have.

Every detail concerning the surgery was explained with expertise and compassion. They understand what you are going through and they really want to help. The six month Lifestyle program was essential because it gave me the education I needed to make

proper food choices for my new life.

May 27, 2009, began the phase of my life I call "really living". As of today, I have lost 160 lbs. I can actually say I am "less than half" the person I used to be. For the first time in many years I am really living life. The surgery and the support program helped me develop the confidence to not let emotions and disappointments of life (we all have them) define who I am.

I go dancing every weekend. I swim and even feel comfortable putting on a swim suit. I exercise and walk every day and I actually enjoy it. For the first time in many years I rode the rides at Kennywood and flew on an airplane. I would have never done these things prior to my surgery because I was afraid I wouldn't be able to fit into the seats.

Last May (2010) I met a wonderful man. His name is Rick. Rick knows about my surgery and he is very supportive of my healthy lifestyle. We go for walks, go dancing every weekend, and we even karaoke. I now have new confidence to even get up in front of a group of people and sing.

On December 11, 2010, Rick and I became engaged. We are planning a December 10, 2011 wedding. I bought a wedding dress and it is a size 10! (My pre-surgery size was 28/30.)

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Gastric bypass surgery was a decision I took very seriously and is a lifetime commitment to health. The expertise of Dr. Courcoulas, her staff and the staff of Magee Women's Hospital will provide you with the opportunity to change your life but the rest is up to you. Prior to surgery I just existed and now I am living. I am very grateful to all those who helped me to get to where I am at today.

“I am interested in bariatric surgery ... What do I do?”

Submitted by Judy Schick, RN

Once you have decided to begin the weight loss journey you will need to call our office at 412-641-3632, to be scheduled for an information session. This is an educational meeting that is provided by all the surgeons here in our practice. They will discuss the risks and the benefits of the different surgical procedures. If you are unable to come to the hospital, the information session can be viewed online at magee.upmc.com. You will need to go to the left side of the screen and select bariatric surgery. In the center of the screen you will then see the tab to view the video.

You will be required to complete paperwork which will then be reviewed by the physicians. This information will help the surgeon determine if you are a surgical candidate. You will receive a call from our office within a week to let you know that status of your eligibility.

Behaviorist Program Sessions:

Focus on optimizing weight loss, getting “back on track”, and preventing weight regain after Gastric Bypass or Gastric Banding. Small group sessions designed to help you fight common barriers to permanent weight loss.

7 - 8 PM, Magee Womens Hospital, Suite 5600

Tuesday May 17th

Tuesday June 21st

Tuesday July 19th,

Register: www.magee.edu/hec/Classes.asp or 412-624-3632



Bariatric Surgery Support Group:

2nd Wednesday of each month

Topic presentation followed by group discussion & networking

Magee Women's Hospital, Main Auditorium Level Zero

May 11th Carol McCloskey, MD

“Ask the Doctor”

June 8th Peg Martin, RN, BSN

“Post Bariatric Surgery Nutrition”

July 13th Giselle Hamad, MD

Research



The Longitudinal Assessment of Bariatric Surgery (LABS)

Submitted by Eleanor Shirley, MS, Chris Costa, BS & William Gourash MSN

As you may know, the division of Minimally Invasive Bariatric and General Surgery here at UPMC is one of the clinical sites for the Longitudinal Assessment of Bariatric Surgery (LABS) Research Study. LABS is a National Institutes of Health (NIH)-funded consortium of six clinical centers and a data coordinating center working in cooperation with NIH scientific staff to plan, develop, and conduct coordinated clinical, epidemiological, and behavioral research in bariatric surgery.

LABS has brought together experts in bariatric surgery, obesity research, internal medicine, endocrinology, behavioral science, outcomes research, epidemiology, and other relevant fields. These experts are conducting studies that will analyze the risks and benefits of bariatric surgery, and its impact on the health and well-being of patients with extreme obesity and identify the kinds of patients who are most likely to benefit.

There are 545 participants here at the University of Pittsburgh Medical Center and about 2500 participants nationally. Because this is a "longitudinal" study (one where patients are followed up over time), the results are made available when all of the participants complete specific time points. The majority of participants have completed their one year follow-up appointments and analysis of the one-year

results is currently being prepared. Participants who were recruited early on in the study are beginning to reach their 5 year follow up time-point. Currently, the LABS study is funded to follow participants as far as 8 years after surgery and we hope it will be extended even longer.

If you are one of "our" LABS participants, we would like to **thank you** for sharing your bariatric surgical experience with LABS so that those contemplating bariatric surgery will have more and better information with which to make their decision as well as enabling all healthcare providers with the scientific information to better care for their bariatric surgical patients.

Here is the link to the LABS website for more information.



