



Inside this Issue	
Patient Story - Terri's Journey	page 2
This & That	page 3
Success Habit # 2 - How Not to Overeat at Work when Stressed	page 4
Informational Sessions Schedule	page 5
Patient Story - Marla's Journey	page 5
"Best Actor" Role of Supporter	page 6
Support Group Calendar 2008	page 8

Have Your Cake and Eat It Too #1



Irish Cider Glazed Pork Chops *from Stevie B.*

- 1lb lean boneless pork chops
- 1 cup apple cider
- Brown-sugar artificial sweetener (1 tsp equivalent)
- 1 tsp. Dijon mustard
- ½ c fat free, low sodium chicken broth
- 2 Tbs. cider vinegar

In a medium nonstick skillet, heat cooking spray until hot but not smoking. Sauté pork chops for 2 minutes on each side, then remove chops and keep warm.

Stir together cider and brown sugar substitute and add to skillet. Simmer uncovered for 1 minute then add mustard, broth and vinegar, stirring to scrape up any brown bits. Simmer for 5 minutes until sauce is slightly thickened.

Return chops to pan with any meat juices that have accumulated and turn chops in sauce to coat. Simmer for 2 more minutes, and then serve. Makes 4 servings

Calories: 257.40 **Protein:** 26.04g **Fat:** 13.55g **Carbs:** 8.20g **Cholesterol:** 0.03mg **Fiber:** 0.02g **Sodium:** 82.42mg



Quips and Quotes
"If you eat it, you own it."
Unknown

Topics in Bariatrics

by John L. Coon, MD

When is a Diet Not a Diet

Is a Lap-Band diet really different than a Gastric Bypass diet? I will let you decide that for yourself. Here are some of the reasons various recommendations are made.

In the immediate two weeks after a Gastric Bypass is done, surgeons are concerned that no pressure is placed on the pouch. This pressure can cause the pouch to rupture (rare), cause vomiting, cause pain, or maybe even cause the pouch to enlarge much more than usual. Thus, liquids are recommended that will flow out of the pouch without causing any backup in the pouch and thus cause no pressure in the pouch.

In the first month after a Lap-Band is placed, surgeons are also worried that normal foods will not pass through the band and will thus build up in the stomach pouch that has been created by the band and cause pressure. There is no great concern that the stomach will rupture as there are no staple lines to burst. However, there is concern that the stomach will literally slip up through the band from being too full on top of the band. This will cause the

first goal in either surgery is to allow healing to occur

pouch to be too large or cause the stomach to kink, thus completely stopping the flow of food through it. This usually requires an emergency operation. Therefore, liquids are recommended that will flow out of the pouch without causing any backup in the pouch and thus cause no pressure in the pouch. Sound familiar?

In essence the first goal in either surgery is to allow healing to occur that in the gastric bypass case prevents rupture of the pouch and in the Lap-Band case keeps the stomach from slipping through the band.

After a few weeks to a month, soft foods without hard "chunks" are allowed. Same reason as above. By now enough healing has occurred that some mild pressure is not harmful. This allows the patient to have a more interesting and enjoyable diet than just liquids. *continued page 3*

Terri's JOURNEY..... "I am one happy camper"



Before - July 2007

This is a story of what you know and what you feel and how sometimes they are different. Terri started out as a slowly enlarging person until she attained the weight of 248 lbs. She has a responsible job with the Riverside County Economic Development Agency and a lot of people depend on her to promote Riverside County. However, that did not seem to make a difference in her inability to avoid obesity. Finally she simply decided that enough was enough and had a Lap-Band placed at the Morrow Institute in Rancho Mirage by Dr John Coon. Now, that made a difference! Finally!

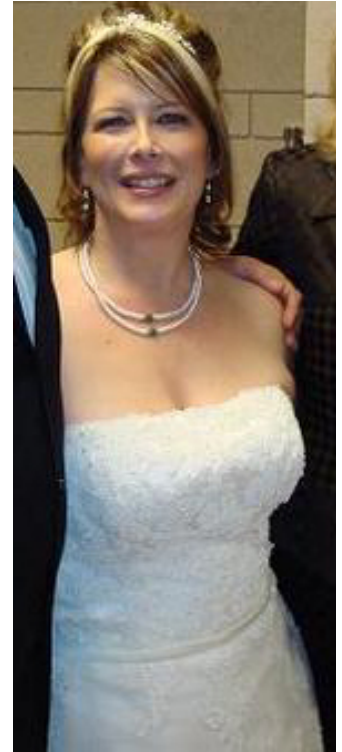
And like so many previously obese people, Terri noticed some things. One of the first was the way people treat you. "We all could have written the same story....It is truly amazing how people treat you as a thin person. And, yes, it is difficult to say thin person. I too startle myself in the mirror...now." What Terri means is that she knows that she is finally thin but doesn't always feel that way. It's like you know you can sit in

that chair but have to remind yourself that it is really true.

Recently married, Terri says. "When Paul and I started dating he was unaware of my desire for any cosmetic surgery or that I was not happy with my weight...he fell in love with a little fat girl... loving me in my totality.... I on the other hand have been told by my primary physician that I am the "healthiest fat girl" she knows... so part of my decision to take the weight off included avoiding all the health issues that are prevalent in my family including high cholesterol, diabetes, high blood pressure, etc.... Paul has been my best support and cheerleader and has really taken care of seeing that my dietary goals are met."

Terri is fortunate in that many of her friends remain her friends. "People tell me when they see my before picture it is 'I never saw you like that ...or you never were that big...or is that really you'. And it is true that I am the same person I have always been albeit my close friends who really know me say I am calmer, less out there personality wise...as though I have nothing to prove about myself, that I am OK as I am... " What is true is that her new husband first knew her as 248 lbs. and liked her then and still does.

Terri finds it amazing how interested people are in her journey to become a thin person. She spends some time every day discussing her surgery and the changes in her life that it has caused. Of particular interest is the reaction she gets when she sees someone who knew her before and has not seen her for a while. One reaction was this. "I was working the county fair last week and was in the media office. Corrine, who works for the Sheriff's Office came in to borrow a cord for their display. I said 'sure' and one of my staff handed it off to her. I said 'aren't you going to say hello?' She said 'do I know you?' (mind you, we have worked together off and on for six years)." I said "Corrine, it's me, Terri!" She said "Shut Up... No way! Oh my God, you do not even look like you. What have you done? You look amazing!" Needless to say, I spent the next 1/2 hour explaining the journey... she then dragged me (willingly) from one co-worker of hers to another showing them my before (picture) and seeing me in person.... It was a good time!"



After - February 2008

Her final comment was "thank you again for everything... I am one happy camper."

Parkview Center for Surgical Weight Loss Support Group

The support group meets the first Tuesday of every month from 7 PM - 8:30 PM at the Founders Center on the campus of Parkview Community Hospital Medical Center. All pre-op or post-op bariatric patients, their family and friends, regardless of where they had their operation, are welcome. We also invite anyone who is interested in bariatric surgery.

Email us at: newimagebariatric@yahoo.com or call the office at: 951-760-0169 for additional information. **The Next Support Group Meeting is:**
April 1, 2008.

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www.glasbergen.com



"I only lost one pound before I quit my diet.
But if I can do that 50 times, I'll lose 50 pounds!"

THIS and THAT

Our Thoughts are With Anita G. Anita G., one of our Support Group members, is having major surgery at Loma Linda Hospital on March 6th. Please keep Anita in your thoughts and prayers..

APRIL SUPPORT GROUP MEETING: Be sure to mark your calendar for the April 1st Support Group Meeting. The agenda for the April meeting will be a continuation of the March topic of *Support for Our Supporters*. Mr. Ken Olson, MA a licensed Marriage and Family Therapist will be discussing the issues and concerns that came out of the break-out groups from our March meeting. Mr. Ken Olson, MA, a weight loss patient himself has offices in Riverside and in Rancho Cucamonga.

Hope to see you there!

Mr. Ken Olson, MA, MFT
Olive Branch Counseling
9033 Baseline Rd.
Rancho Cucamonga, CA 91730
909-989-9030

4041 Brockton Ave
Riverside, CA 92501
951-369-8534

NEWS TO SHARE: If you have news or recipes you would like to share in the newsletter, please call or send pictures and news items to Mary: 951-760-0169 or email to newimagebariatric@yahoo.com.



Relay For Life is a fun-filled overnight event designed to celebrate survivorship and raise money for research and programs of your American Cancer Society.

During the event, teams of people gather at schools, fairgrounds, or parks and take turns walking or running laps. Each team tries to keep at least one team member on the track at all times. If you are interested in joining a team for the Riverside event on May 3-4, 2008 at Jurupa Valley High School, contact Melissa N. for more information at 951-682-4808 for more information.

Support Group Garage Sale: Plans are being made for a garage sale in April to raise money for the Support Group Annual Holiday Party. Members will be asked to bring items to sell and also to help with set-up, selling and clean-up. For more information call Rhonda at 951-285-6359.

Thanks to Brian Nowak for speaking at the February Support Group Meeting. Brian the son or Mike and Melissa from the Support Group, is the general manager of 24 Hour Fitness at 10200 Juniper Ave., Fontana, Ca. See page 4 for pictures from the February meeting.



Topics in Bariatrics

continued from page 1

When is a Diet Not a Diet

And after five to six weeks, all foods are permissible except:

simple sugars - in either operation, ice cream, milk shakes, regular sodas (not diet), fruit juices, and practically anything that tastes sweet that is not artificially sweetened is **forbidden**. This is simply because these foods, which are often liquid or turn to liquid shortly after being eaten, and which are full of calories, can pass through the pouch easily and are quickly absorbed. In other words, you can beat either operation if you choose to eat a diet of Oreo cookies and milk shakes. There is one difference in that patients who have a LapBand will not have dumping syndrome after eating sugar while those with a gastric bypass often times do have dumping syndrome after eating sugar.

high fat foods - because fat has over twice the calorie content of sugars, even small amounts pack a wallop. In the distal bypass eating fat was permitted because it was not well absorbed. So there is a difference here. However, in the proximal bypass fat is better absorbed and is thus best avoided. And in the LapBand fat is well absorbed and thus must be avoided. Fat "lurks" in a lot of places, such as salad dressings, mayonnaise, beef, peanuts, cheese, and certainly anything that has been breaded and fried, like fish and chips or traditional fried chicken.

In the gastric bypass the outlet of the stomach pouch is small, about 1/2" in diameter. In the LapBand, the passage way through the band is even smaller, perhaps 1/4" to 3/8". Thus, food must be well chewed and eaten in small bites. Otherwise, it packs up like too many corn husks in your garbage disposal. Thus, one might say that the gastric bypass, the LapBand, and a garbage disposal all have something in common.

Because both operations have an element of restriction (not eating as much food as before), there is concern that not as many vitamins will be ingested. Thus, vitamin supplementation is recommended in both operations.

While I am willing to have you make your own conclusions, I believe the following are reasonable for either operation:

- **avoid simple sugars**
- **avoid high fat foods**
- **concentrate on high protein foods**
- **eat all of the vegetables you desire**
- **have some whole fruit every day (just no fruit juices because of the high calorie content)**
- **take your vitamins**
- **take small bites**
- **chew well**
- **And thus maybe the diets are not all that different.**

John L. Coon, MD

www.newimagebariatric.com

866-374-9150

Weight Loss Surgery Success Habit # 2

In each issue of the *New Image News* in 2008 we will be giving you a Weight Loss Surgery Success Habit. Some of the Success Habits will be written by Dr Coon and some will be reprints of articles that he feels are essentially the same advice that he gives his patients.

How NOT to Overeat When You Are Stressed at Work



Are you using food to cope with your feelings at work when a task seems overwhelming. How can you handle the stress (at work)? This is a big question without one easy answer that will work for everyone.

Finding the right answer for you will depend on a number of things, including your individual preferences and schedule, the constraints of your job, and the nature of the task at work. However, here are some questions that might be helpful.

Can you identify when you start to feel overwhelmed and when you start thinking about food? Is it before you face the task? Is it procrastination? Is it in the middle of the task? When you do think about food, what are you feeling; confused, distracted, anxious, uncertain, overloaded? Do you eat when the task is done as a reward or as a way to deal with the stress you built up “getting through” the process? The answers to these questions give you valuable information to help you shape an alternative response to eating that will work for you. Knowing these answers will allow you to begin to pinpoint how you could respond to your feelings directly.

If the work task seems overwhelming is there anything you could do to make it *one degree* less overwhelming? Could you break it down into smaller sub-goals? Get more clarity about what is expected? Delegate? Can you get additional support—either support to help you with the project or support for you in other areas so that you have more energy to devote to the project? Can you dive in for ten minutes and see how that feels?

Sometimes we just need to take a break.

Can you walk around the block or around your office or even go to the bathroom and look yourself in the eye in the mirror and ask yourself what you need to do next? Can you stretch or get a cup of tea instead of heading to the vending machine?

What can you do instead of snacking? These questions are just the tip of the iceberg. The key point is that once we start asking ourselves what we REALLY need and what we are REALLY feeling (and once we acknowledge that it's not hunger), we start to be able to formulate solutions that are powerful and much more effective than a bag of chips from the vending machine.

Monthly Introductory/Informational Seminar 2008 Schedule

If you are thinking about weight loss surgery, we invite you to an Introductory Meeting. You will meet Dr Coon, some of our staff and you will also have the opportunity to interact with previous surgical patients. We keep the Introductory Meetings informal and personal. In that way there is always time to answer your individual questions.

Every other month we hold our WLS Introductory Meeting prior to the Support Group Meeting at Parkview Community Hospital in Riverside. The opposite months we hold the WLS Introductory Meeting in our office adjacent to Parkview Community Hospital. At all Introductory Meetings we encourage you to bring a family member or friend who will be important in your network of support when you decide to have weight loss surgery. See schedule below for times and location.

No reservations are required for these free Introductory Meetings. For More information or directions, please call 951-760-0169.

Pre-Support Group Introductory Meeting Dates

6:00 PM - 7:00 PM

All Introductory Meetings are followed by the Support Group from 7:00 – 8:30 PM

April 1, 2008

June 3, 2008

August 5, 2008

October 7, 2008

December 2, 2008

LOCATION:

Parkview Community Hospital Medical Center
Founders Center
3865 Jackson Street, Riverside, CA 92503

Office Introductory Meeting Dates

6:00 PM - 7:00 PM

May 8, 2008

July 8, 2008

September 9, 2008

November 11, 2008

LOCATION:

9041 Magnolia Ave.
Suite 202 (second floor - elevator available)
Riverside, CA 92503

Office is adjacent to Parkview Community Hospital

**www.newimagebariatric.com
866-374-9150**

New Image Bariatric Surgical Associates

along with John L Coon, MD
practices and does surgery
in association with:

Parkview Community Hospital
Riverside, CA.

and

The Morrow Institute
Rancho Mirage, CA.

866-374-9150



Can't Go Wrong Garlic and Basil Bruschetta Dip

by Chef Dave Fouts

6 servings

- 2 large garlic cloves, minced
- 2 teaspoons extra virgin olive oil
- 1 teaspoon salt
- 1/2 teaspoon fresh ground black pepper
- 8 large plum tomatoes, chopped
- 1/4 cup fresh basil leaves, chopped



Place all ingredients into a large bowl and toss lightly. Place in refrigerator for two hours. Serve. Serve with carrot sticks, sliced cucumbers, and whole grain crackers.

Per serving: 30 calories, 1 gram protein, 1.5 grams fat (0 grams saturated fat), 4 grams carbohydrates, 1 gram fiber, 390 mg sodium

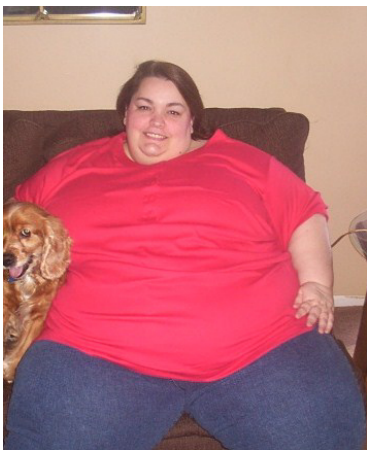
Serving Ideas:

Bruschetta Dip Chicken or Fish

Brown 2-4 Boneless Chicken Breasts or 2-4 Cod or Halibut Fish Filets in a pan coated with cooking spray. Add 1/2 cup wine and optional 2 Tbs. of one of the following: Cream, half and half, plain yogurt. Simmer to just deglaze the pan. Place chicken or fish in baking dish with the liquid from the pan. Cover with the Bruschetta Dip (above) and bake covered at 350 degrees 20-30 minutes or till chicken or fish is done. Uncover and bake about another 5 minutes for liquid to thicken.

Marla's JOURNEY..... "You can never have too many friends"

It's so hard for me to believe I'm past my 6 months. I still miss my old friend (*the weight*) I mean. That may sound crazy but when you come from where I have (533.lbs) it is like an old friend left me. I figure for every 120 lbs I lose it's another friend I've lost. Am I glad I am losing them YOU BET, ABSOLUTELY!!!!!! I thought they protected me and made me almost invincible. I was able to live in my secure little world where no one noticed me with my friends i.e. (*my weight*). Now people are actually noticing me and not my friend (*my weight*). When I'm in a store, I'm no longer the person they either pretended to not see or do what they can to avoid helping me. I'm not sure I ever really realized how judgmental our society is until this last month or so. I now find people out of no where are talking to me. The change is a welcome one and I intend to enjoy all of it. Yet without forgetting where and how I use to feel. When ever I see someone extremely large I make it a point to say "hi" and share a kind word. I let them know I see them. It maybe the only nice thing they have heard all day. And yes.... my old friends (*my weight*) may be leaving me, but there's a whole new world of friends to be made out there..... I'm now down to 370 lbs and I'm ready to go out there and make some new friends. But these will be real friends, not the old kind of too much weight. What is it they say? "You can never have too many friends" GOOD LUCK TO ALL.....



Before - April 2007



120 lbs Lighter - February 2008

Marla did not have here surgery with Dr Coon but attends the Support Group at Parkview Community Hospital. You also might remember Marla from the Holiday Celebration. She was there with her husband who was the wonderful DJ who provided the great music during the evening.



And the Oscar for “Best Actor” in a Supporting Role in a Weight Loss Surgery Drama Goes to

An article by Mike Jay from WLS Lifestyles

The WLS “star” is only as good as their supporting cast. Caring husband, Mike Jay, helps other supporting actors” prepare for their role in caring for a post-op loved one.

Be an advocate

While Katie was in the hospital, I found it necessary to monitor what was going on closely. Before the surgery, I imagined the hospital would take care of her and I would just go to work like normal, and then I would be more involved when my wife came home from the hospital. As it turned out, I had to go to the hospital every day for an extended period of time to make sure Katie had what she needed. That is the reality of the modern, potentially understaffed hospital.

Create a supportive home environment

Before your loved one comes home from the hospital, get all the junk food out of the house, straighten up a bit, and prepare to be patient. Katie was out of sorts when she came home, cried when I fixed myself a pizza, and wanted to sleep in a recliner to avoid the pain of getting into and out of bed. I tried to be as understanding as I could, and underplayed my.

Learn how to be a supportive person

You have to have your “after the surgery” game plan. Katie did a lot of research ahead of time and she had a plan. She rented a power recliner, bought a Magic Bullet blender, and made a checklist for her food, vitamins, and supplements. I supported her, bringing her the checklist when she needed it, and fussing over her a bit. I drew the line at preparing her food, however. Someone had directed me to let “the star” fix her own food — because it would get her up and moving, which she needed to avoid blood clots and to build energy.

Accept your differences

One of the things we did very well, in terms across the change, and across our differences from one another. Katie’s whole focus each felt about the change a lot. Honest

Allow yourself to make mistakes

Recognize that you’re going to learn along Katie, so my son and I have a protocol, for of what foods we eat. We go about it more home one time and realized we can’t have home was sabotaging to my wife and her sanctuary. So, my son and I go to the ice cream shop now. I care about not triggering my wife because I love her, and because she is such an incredible success. I didn’t want to take that away from her.

Be ready for loss – and not just the weight

Katie was deeply sad about the loss of sitting down and eating the same meal together. In her early days of recovery, she just couldn’t handle watching me eat such a large quantity. She felt envy and anger. There was a loss of our old eating rituals. We have had to embrace new rituals. I miss being unconscious about food, but that had been the problem. Now we are very conscious about food.

Get ready to change yourself

Your eating habits will change. Some Supporting Actors gain weight and miss having their star eat with them. Some modify their eating and lose weight. You will think more about how to take care of yourself. I have gotten back into swimming. We both got started on self-improvement ventures, which have made things easier for us.

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Accept your differences

One of the things we did very well, in terms of our relationship, was to connect across the change, and across our differences. It's okay for us to be different from one another. Katie's whole focus changed, and we talked about how we each felt about the change a lot. Honest communication is critical.

Allow yourself to make mistakes

Recognize that you're going to learn along the way. Chips are a trigger food for Katie, so my son and I have a protocol, for how we take care of ourselves in terms of what foods we eat. We go about it more deliberately. We brought ice cream home one time and realized we can't have ice cream in the house. Bringing it home was sabotaging to my wife and her feelings were hurt. It took away her sanctuary. So, my son and I go to the ice cream shop now. I care about not triggering my wife because I love her, and because she is such an incredible success. I didn't want to take that away from her.

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Get ready to let go

My role with my wife for the longest time her disability. Initially, it was kind of a jolt role. After her early recovery, I was con-her way so that she could do for herself.

For example, we were getting ready to go forgotten her glasses. Out of habit, I was but before I had a chance, she bounded up stopping to think. Before surgery, Katie activities on one floor before she moved her glasses, she would have groaned, and

Accept your differences, don't panic and let others help

was to protect her and compensate for to no longer have that caretaker/overseer stantly disciplining myself to stay out of

out of the house on an errand. Katie had getting ready to go upstairs and get them, the steps and got them herself without planned her day so she could do all the to the next. Before, if she had forgotten asked me to go get them.

Don't panic

My wife has tried some things that may or day Katie came home with baked tortilla chips and salsa, and it was very surprising to me. But, rather than judging her, I offered support. I asked her if she was okay. She admitted her behavior was based on our old rituals. She realized she was trying to celebrate Father's Day the way we used to, with treats. Now, it's up to her to choose whether or not she will come home with chips again. I know I can't control her choices – but I also know I don't have to try to lead her astray. There is a difference.

Get your hands dirty

It's helping with the house, cleaning the kitchen, grocery shopping, whatever makes it easier for her to stick to her plan. At the same time, even in that, I ask for what I need. If she is complaining about not having the right food around, I tell her I need a list for the store, not just a demand to do the shopping. We work together.

Let others help

Make it easy for her to go to the support group. She needs support from people who have gone through her experience. I can't be her entire support system.

As you can see, the Best Supporting Role Oscar is hard earned, but it's worth the effort. I reap the rewards, as my own leading lady – my star – shines brighter every day.

*Mike Jay is a software engineer and the supportive husband of Katie Jay, Director of the National Association for Weight Loss Surgery. Mike has devoted a lot of "behind the scenes" time to support Katie with her mission to help WLS patients achieve long-term success. Mike encourages people to go to www.10WLSMistakes.com to get a free copy of the special report, *The 10 Most Common Mistakes Weight Loss Surgery Patients Make*.*



March 2008 Support Group Meeting Exercise after Weight Loss Surgery



Parkview Center for Weight Loss Surgery 2008 Support Group Calendar

Come Join Us

7:00 pm - 8:30 pm

The first Tuesday of each month at
Parkview Community Hospital Medical Center
Founders Center Zweig Room

All pre-op or post-op bariatric patients, their family and friends, regardless of where they had their weight loss surgery, are welcome. We also invite anyone who is interested in having bariatric surgery.

We have an Introductory / Informational Session before each Support Group at 6:00 PM

January 8 - Vitamin

February 5 - Fitness for the Weight Loss

March 4 - Support for the Weight Loss
Patient Supporters

April 1 - Mr. Ken Olson, MA
Psychologist

May 6 - Skin and Hair Care For WLS
Gowri Rocco, MD - Skin Care
Hair Care - Bobbi Frazier

June 3 - Pot Luck
Joseph Ku, MD
Precision Plastic Surgery

July 1 - To Be Announced

August 5 - Dr Jacqueline Jacques
Bariatric Advantage

September 2 - To Be Announced

October 7 - Nutritionist and Dietitian
Label Reading and Eating Habits

November 4 - To Be Announced
Holiday Tips or Not Overeating

December 2 - Holiday Appetizer Event

December 6 or 13 - Annual Holiday

For additional information or directions, please call 951-760-0169