



New Image / Parkview 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 everyone who is interested in bariatric surgery. Email us at newimagebariatric@yahoo.com or call the office at: 951-352-5643 for additional information. **Next Support Group meeting is: March 6, 2007**



Have Your Cake and Eat It Too



Valentine Sweets for the Sweet

Chocolate Mint Cream Cheese Ball

*Makes ten servings, 2 tablespoons each.
Per serving: 118 cal; 3 g protein; 6 g fat; 4 g carbs;
0 g fiber; 0 g sugar; 67 mg sodium*

- 1 (one) 8-ounce pkg. Reduced fat cream cheese
- 1/3 cup Splenda
- 1/4 teaspoon vanilla
- 1/4 cup finely crushed sugar-free peppermint candies
- 1/4 cup finely chopped sugar-free dark chocolate or mini chocolate chips
- 1/4 cup coarsely chopped sugar-free peppermint candies, reserved for topping

In a medium bowl combine cream cheese, Splenda, vanilla, 1/4 cup crushed peppermint candies, and chocolate. Place in a small plastic wrap-lined bowl or mold and chill for four hours or overnight. Unmold cheese ball and place on pretty plate. Gently press reserved chopped candies onto the surface of the cheese ball. Chill until serving. Serve with a plate of chocolate cookies for a great dessert.



Topics in Bariatrics

Iron and the Gastric Bypass Patient

For humans, iron is present in a form that they can digest in only a few foods. The best source is beef or other red meats such as buffalo, elk, deer, emu, and pork. A lesser source is beans. Otherwise, there is just a splattering of iron in other vegetables and grains. Iron has been added to some cereals which makes them a reasonable source, depending on how much iron has been added. It means that one would have to check the fine print on the back of the box. How about spinach? Lots of iron. Unfortunately, the iron is chemically bound in way that humans cannot digest or absorb. Cows and horses can, but not humans.

And not only is iron present in only a few foods, it is not easily absorbed by humans. Iron absorption occurs mostly in the duodenum, which is the first part of the intestine right after the stomach. Anatomically, this means the section of the intestine that is bypassed in a gastric bypass. In other words, gastric bypass patients are in real trouble. Not only are the foods they like to eat low in iron, but they will have trouble absorbing what little iron they do eat.

A normal person needs about 18 mg of iron daily. A gastric bypass patient needs about two to four times that amount.

So, what are the options?

- Eat a fair amount of red meat.
- Eat foods that are enhanced in iron, like Wheaties and Cream of Wheat. Again means that you are going to have to read the fine print on the back of the box.
- Take extra iron in the form of a tonic, elixir, liquid, or pill.

Make sure your daily vitamins have iron in them in adequate doses.

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Trying to upload the fat won't work!

Rose and Jessika's JOURNEY to Weight Loss Surgery

For a variety of reasons people decide to have bariatric surgery. And then there are some people who decide to have surgery together with someone else, sometimes on the same day and in other cases from a few weeks to several months separate. The relationship between the pair can be most anything, including husband-wife, sibling-sibling, friends, and in this case mother-daughter.

Rose and Jessika are about 25 years apart in age, but very close emotionally. For many years Rose had struggled with her weight, slowly and persistently losing the battle. For this reason, associated with her family history of obesity related illnesses, she decided that she would have bariatric surgery.



Quietly and unknown to Mom, Jessika also had been thinking about bariatric surgery. As Rose's decision to have a gastric bypass became known, so did Jessika's desire for the same become known. Being a close family, they started talking about having surgery, what it meant to each of them, and should they pursue this goal, maybe together.

While their goals were the same, their reasons were a bit different. Rose noticed that she was not as able to do physical things such as hiking and climbing as she had been before her weight gain. She also was worried about her health in the next several years since her family history included Diabetes, Coronary Artery Disease, and Hypertension. And she was going to go on a vacation to Australia, where she wanted to be able to do more than just look at the scenery.

Jessika remembers being heavy since age ten and worrying that she was also going to be obese. Watching her mother gain weight persistently over the years also worried her that she was on the same irreversible and uncontrollable course.

Making the decision to have surgery and have it together was easy. Who would go first required some discussion. Parents never stop being parents to their children, even when their children grow up to be adults and parents themselves. So Rose decided that Jessika should go first so that if something bad happened she would be there to take care of her daughter. And only when surgery was successfully over without complication did Rose make the final decision to proceed with surgery herself.



While the world is unfortunately not completely predictable, things did turn out well for both Rose and Jessika. And now that they are both a few weeks post op, they are enjoying their companionship and mutual support and have found that they also have their own "in house support group."

More to come as we follow their journey.



www.newimagebariatric.com
newimagebariatric@yahoo.com

An Invitation to Join Us on the Board at Yahoo® Weight Loss Support Group Board Online

Have you been to the board? Are you saying what board? No, we aren't taking up skateboarding or going to the beach; we are referring to the **Yahoo® Drwls Riverside County WLS Support message board**. If you are an Internet user, we invite you to check it out.

Drwls @ Yahoo is an online support group that is for questions, answers and discussions regarding bariatric surgery and related topics. The Drwls Group is not limited to patients of any one particular Bariatric surgeon. We are located in Riverside California. We have a support group meeting which meets once a month. Please note this board is not moderated by a Physician. Any and all medical questions should be referred to your Bariatric Surgeon. If you are interested in joining the group or just want to see what others are talking about, go to: <http://health.groups.yahoo.com/group/drwls/> and click on blue box; **Join This Group!** And then follow the onscreen instructions to receive an invitation to join. You will be asked to establish a Yahoo email. There is no charge for this free email account and you don't have to switch to Yahoo for any other email. If you have a problem getting started or more questions about the Drwls online support group, call Mary at 951-750-9311 or email us at: newimagebariatric@yahoo.com and we can help you get started.



ALCOHOL and the BARIATRIC PATIENT

A 32-year old male 5 months out from gastric bypass surgery was issued a DUI after attending his brother's wedding reception. According to the patient, he had only consumed 2 glasses of champagne, although his blood alcohol levels were above the legal limit to operate a motor vehicle.

A female patient 50 years of age and one-year post-gastric bypass hit and killed a pedestrian with her automobile after having less than 2 glasses of wine. When police arrived she had difficulty with her coordination, slurred her words and seemed somewhat confused, although her alcohol test suggested that her blood alcohol levels were shy of the legal limit.

Were these patients telling the truth about the amount of alcohol they had consumed or did their surgery affect the way the body absorbs or metabolizes alcohol?

An experiment reported in the *British Journal of Clinical Pharmacology* found that having a gastric bypass does affect how alcohol is absorbed. In this study a group of bypass patients three years post op were compared to a matched group of normal patients. Both groups drank a standard alcoholic drink and blood alcohol levels were checked over a period of a few hours. The data showed that the blood alcohol levels of the bypass patients were higher sooner than the normal people but also came back to normal sooner than the normal people.

The reason for this rapid absorption is that in the bypass patient the alcohol is rapidly transferred to the intestines where it is very quickly absorbed. In contrast, alcohol in the normal person is slowly released by the action of the stomach into the intestines and thus more slowly absorbed, but over a longer period of time. Thus alcohol in the bypass patient is more rapidly absorbed, causes the patient to feel intoxicated sooner and to a greater degree, and then decreases sooner leaving the patient feeling normal sooner.



In addition to the absorption differences of alcohol between some bypass patients and normal people, there are also differences in how bypass patients and normal people absorb and metabolize sugar. Normally, extra sugar is stored as fat and glycogen. Fat is only very slowly available to the body if the blood sugar falls below normal levels. However, glycogen is available very rapidly and is the main source of sugar if the blood sugar is too low. Unfortunately, glycogen levels in bypass patients are typically low due to their reduced intake of sugar and also unfortunately, alcohol reduces the efficiency of this biochemical process that converts glycogen to sugar. Thus, a bypass patient who has an alcoholic drink often times not only has an elevated blood alcohol level, but also a lower blood sugar level which adds to the feeling of intoxication and in coordination.

Drinking alcohol after surgery may also reduce maximal weight loss success. Alcohol has no nutrient benefits and contains high numbers of calories that may cause weight gain or prevent weight loss. One 12-ounce can of beer for instance, contains 150 calories; 3.5 ounces of wine contains 70 calories; 1.5 ounces of gin, rum, vodka or whiskey contains between 97 and 124 calories; and 1.5 ounces of liquor contains 160 calories.



- **Do NOT drink alcohol during the rapid weight loss period.**
- **When drinking, remember that small amounts of alcohol can cause intoxication or can result in low blood glucose with serious consequences.**
- **Eat if you plan to have a drink.**

To the best of my knowledge there are no experimentally based recommendations on how much alcohol and over what time period a bypass patient can drink safely. I suppose one possibility would be to purchase a alcohol breath tester and monitor one's alcohol levels. Another possibility would be to be aware that things have changed since surgery and drink much slower and much less. Since I cannot give you any specific rules, I can only caution you to be aware of these changes in your metabolism and change your drinking habits appropriately.

Article condensed and reprinted from the WLS Newsletter; Feb. 07

PLEASE NOTE: From talking to patients and reading the message board, I find that not everyone knows what I do. Not only do I do the initial bariatric operation, typically a gastric bypass or Lap Band (in the near future), but I also take care of the additional surgical problems, including the "wiggles and jiggles", that bariatric patients have, such as:

- **Revision of the Lap Band where a complication such as slippage has occurred**
- **Revision of a previous bariatric operation where either inadequate weight loss or malnutrition has occurred**
- **Removal of excess skin on the abdomen or upper arms**
- **Gallbladder removal**
- **Incisional hernia repair**
- **Release of either partial or complete bowel obstructions following bariatric surgery**



On any of the above operations, the laparoscopic approach is used when at all possible.

SCRAPBOOK PAGES

Parties and Celebrations



Support Group Christmas Party 2006



**Dr. Coon and Office Staff
Hospital Holiday Party**

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Topic in Bariatric

Iron and the Gastric Bypass Patient

- And finally, some forms of iron supplementation are easier to absorb than others. Most of the iron supplements found on the shelf in the drug store are in the chemical form Ferrous Sulfate, which as you might guess is not the easiest to absorb. Better than sucking on a rusty nail, but not the best. If you can find them, Ferrous Fumarate, Ferrous Chelate, and Ferrous Citrate are easier to absorb. Again means that you are going to have to read the fine print on the back of the box.
- There are some prescription forms that are quite good. Often times insurance plans will not cover them.
- And finally, there is intravenous iron or called an "iron infusion". For some people this is the only option that works.

In Summary, iron will remain a problem for gastric bypass patients, some more than others, and is worthy of your attention.



Bob devises the ultimate weight-loss system

Support Group Upcoming Events

March 6, 2007 New Image / Parkview Support Group Meeting. Let's celebrate St Patrick's Day and all wear green.



In addition we will have a special guest speaker at the meeting. Brian, the son of Mike and Melissa N. will discuss exercise and fitness techniques specially designed for bariatric patients. Brian is a fitness professional and personal trainer with 24 Hour Fitness in Riverside. Be sure to attend this meeting as those who attend will receive a special offers from 24 Hour Fitness for membership at a reduced cost.



April 3, 2007 At 6 PM before the support group meeting we will hold the first committee meeting for the 2007 Christmas party. If you would like to volunteer for this committee be sure to attend. If you have questions call Debi or Rhonda.

June 4, 2007 Let's celebrate the beginning of summer, so mark your calendar for our Support Group summer potluck. This will be a family event. More details to follow.

New Image Bariatric Surgical Associates

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

Parkview Community Hospital
and

Center for Surgical Weight Loss

866-374-9150

News & Stuff

SUPPORT GROUP 50 / 50. Don't forget to bring a few dollars to the monthly Support Group meeting if you want to participate in our monthly 50/50. The lucky winner gets half the pot from each month's support group drawing and the other half goes for the annual Support Group Christmas Party.

SUPPORT GROUP CLOTHES EXCHANGE: What a wonderful problem! As the pounds drop off you are encouraged to contribute to and select from the support group wardrobe exchange. Contact Rhonda H. for more information at: 951-681-3174.

Bring something - take something.

Dr. Coon wants to thank Rhonda H. And Dan S. for their continued support of newly post-op bariatric patients. Their visits to those patients before they go home is such a helpful, supportive and welcomed visit. I know from patient's comments that these visits really makes a lasting impression of how important mutual support is.
Thanks Again!

THANKS TO..... New Image Bariatric Surgical Associates and Parkview Center for Surgical Weight Loss want to thank everyone who contributes to the organization and planning for the Support Group meetings. The Support Group belongs to you and we are always interested in hearing your suggestions and ideas.

A big THANK YOU to Peggy L. who won the 50/50 at the January '07 meeting and gave back her winnings to the Support Group. Thanks Peggy!

Dan S., THANKS for stepping up again and moderating the January Support Group meeting.

