



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 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: July 10, 2007**

Have Your Cake and Eat It Too



Here is a very simple recipe for grilled fish using a cedar plank. Wooden planks were first used in the Pacific Northwest by Native Americans, are easy to use and give grilled food a wonderful

flavor. Planks must be soaked in water for at least an hour prior to grilling and can be reused. Food bastes itself with its own juice and absorbs the smoky flavor of the wood as it cooks. Cedar planks are available in your grocery store, department and hardware stores and everywhere over the internet.

Cedar Plank Halibut

- 4 halibut fillets, 8 ounces each
- 2 Tbl. olive oil
- 1 tsp. salt
- 1 tsp. black pepper
- 1 cedar plank, soaked in water for 1 hour



Preheat grill for medium heat. Rub oil, salt and pepper on the fillets. Put fish on the cedar plank and place on the grill. Allow fish to cook 10 to 15 minutes, depending on the thickness. Fish should flake easily. Remove from heat and serve with chopped fresh herbs, a squeeze of lemon and chopped tomatoes on top.

*Makes 4 servings. Each serving:
251 calories, 40 grams of protein.*

Topics in Bariatrics

Diabetes after Gastric Bypass Surgery

Before the discovery of insulin in 1922, having diabetes routinely meant wasting away to a certain death. When this crude type of insulin was discovered and the first patients were treated, diabetes was thought to be a reasonably simple disease to understand. Essentially, it was caused by the lack of insulin production by the pancreas. And it was treated with insulin given by injection. At that time the adult onset variant of diabetes had not even been discovered and there were no pills for diabetes. Insulin had to be given by injection.

Over the ensuing years more was learned about diabetes. As people began living longer, some of them were discovered to have a form of diabetes that did not seem as virulent as before. While these older patients still developed the complications of diabetes, they usually did not die of acute sugar toxicity as younger patients had before the discovery of insulin. This new type of diabetes was named Adult Onset or Type II. This disease could be treated with oral medications that were discovered and developed in the 1950's.

As time progressed and a lot of research was done on both Diabetes Type I (insulin dependent) and Type II (adult onset, not usually insulin dependent), it became apparent that while Type I was due to a lack of insulin, Type II was due to a resistance to insulin. In other words, Type II patients had normal amounts of insulin in their blood but their body was resistant to it, meaning that to keep the blood sugar within a normal range, they had to have insulin levels that were above normal.

Why the pancreas would not produce enough insulin or why the body would be resistant to insulin remains unknown at this time. However, one of the fascinating aspects of bariatric surgery was the discovery that diabetes could be treated with an operation. In the beginning the gastric bypass was done just for weight control. The improvement in a post op patient's diabetes was totally unexpected. And what was even more unexpected, was how quickly after surgery that the improvement started and how rapidly it progressed.

Typically, after gastric bypass, patients who had been taking insulin would be able to stop insulin totally. Only some of them would have to continue taking oral medication. And most patients who had been taking only oral medications would be able to stop all diabetic medications entirely.

(continued page 3)

TERRI'S JOURNEY



Before Photo with daughter Megan

Teri is a 33 year old grandmother who has a lot of various medical illnesses including arthritis. She also has her first grandchild on the way. She had been tolerating the pain and disability of life and obesity since the age of 13 until it became apparent to her that she might not be able to enjoy the grandchild as she had enjoyed her children (sometimes). She had been overweight since childhood and had just learned how to cope.

The final decision to have bariatric surgery came as a result of a cardiology consultation, at which time she discovered she had an enlarged heart. The cardiologist predicted that in ten years she would be in "big trouble" unless she lost the weight. Ten years from now she figured there would be more grandchildren as she has four children herself. And she was ready for the pain in her weight bearing joints to stop.

So just how difficult was the decision to have bariatric surgery? One of the factors was a phone call from her sister saying, "I don't want to be remembered as the fat sister." Another was her husband. She stated, rather carefully, that while there was intimacy and romance in her life, her weight did cause some problems and disappointment in that intimacy. She is currently losing weight and is really looking forward to the time that her weight is not an "intimacy problem".

Her children are 8, 11, 15, and 21 years old. It was obvious to her that there were going to be a lot more grandchildren in the next 15 to 20 years. And Teri was also thinking about all of those amusement park rides in which she could not fit. And also about all of those airplane seats in which she might have to fit in to see these grandchildren.

So she decided that she had to do something. And so she did. On 4/11/2007 Terri had her surgery. We wish her the best and look forward to continuous progress reports.



www.newimagebariatric.com
newimagebariatric@yahoo.com

"SURGIVERSARIES"

JUNE

Stephanie S.
 Gabby N.
 Gwen E.
 Deborah R.
 Kristie H.
 Jacke D.
 Maria W.
 Jillianne C.
 Tina B.
 Courtney N.
 Christina D.
 Jennifer t.
 Rebecca R.
 Amy M.
 Carla t. Phyllis J.
 Christine D.
 Nicole G.
 Shirley R.
 Mary V.

JULY

Mark C.
 Andrea B.
 Luis G.
 William W.
 Melissa L.
 Maria H.
 Debbie S.
 Amber M.
 Yolanda J.
 Efrain M.
 Cindi N.
 Jennifer T.
 Maribeth O.
 Kenneth S.
 Dawn L.
 Brent S.
 Charlotte M.
 Corey E.
 Mary M.
 LaShanda R.
 Myrna L.



It time to toot your horn! Congratulations as you reach either your first, second, fifth or greater surgery anniversary of your new life after weight loss surgery.

**JULY SUPPORT GROUP
DATE CHANGE**

Because the regular date would have been on the day before the 4th of July, we changed the date to July 10, 2007. Please be sure to note this date change.

**Have a Safe and Happy
4th of July**

**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
 Riverside, CA. 92503
 866-374-9150

Topics in Bariatrics *continued*

continued from page 1.....

And most patients who had been taking only oral medications would be able to stop all diabetic medications entirely.

The reason for this overwhelming improvement remains unknown. It is similar to the discovery of penicillin. No one initially knew how it worked but they did know that it worked and worked well. And it also had been discovered, not invented.

While this little bit of history is probably not all that important for most patients to know, what is important is that their diabetes is going to improve rapidly after surgery. And regardless, or irrespective if you wish, (but not irregardless as it is not a word) what diabetic medication they have been taking, they should see their primary care physician within the first month after surgery about an adjustment of their diabetic medications. And for those taking insulin, they will need to continue to monitor their blood sugars and report low values to their primary physicians as they occur. Failure to report these decreasing values of blood sugar usually leads to episodes of severely low blood sugar (hypoglycemia) which often causes unconsciousness. And remember, while not having a conscience is a social malady of some importance, being unconscious is totally different and probably more deleterious to one's physical health.

In summary, patients with diabetes can expect a lot of improvement in their diabetes but do need to keep close track of their blood sugar values to avoid serious physical injuries.

Copyright 2005 by Randy Glasbergen.
www.glasbergen.com



"If I eat all the chocolate I want, I lose my craving for donuts, potato chips, pizza, pie, cookies, pancakes, and pretzels. I think it's a very sensible diet!"

News & Stuff

Update on Kellie W.

Kelly writes.....

"I recently got your newsletter and wanted to give you my new address and a bit of news for the next update. I had surgery with another doctor on 9/30/2002 and have lost 155 pounds. I had a baby on January 17, 2007. His name is Nicholas Dale Michael W.. He weighed in at 5 lbs 6 ounces and was 18 1/2 inches long. Although Nicholas



was born 6 weeks early, he was in great shape thanks to being on TPN for the last three months of my pregnancy. Words of appreciation are not sufficient to thank everyone and Dr. Coon for working with my doctors and getting me started on TPN. Thanks to Dr. Coon's intervention (which he did outside of insurance since he is not contracted with my policy) my life and my son's life was saved." **Congratulations Kelly!**

Melissa N. **THANKS** for volunteering again and moderating the May Support Group meeting. Melissa has been our moderator for the last 3 meetings and we really appreciate her enthusiasm and help.

A big **THANK YOU** to K.M. who won the 50/50 at the April 2007 meeting and gave back his winnings for the Support Group Christmas party. Thanks K. M.!

Support Group Bucks: In February we started the Support Group Meeting Bucks, which are incentive awards for attending each monthly New Image / Parkview Support group meeting. Every month that you attend a support group meeting you will receive at least one Support Group Meeting Buck that you can collect and use to spend at other support group functions like our annual Christmas Party, car washes, or other support group events. At some meetings we may award more than one Meeting Buck. And we hope to have gifts that we will auction or raffle that you can buy with your Support Group Meeting Bucks.



Newsletter Ads to Raise Money for the Support Group Christmas Party:

Want to advertise your Avon, computer installation, Pampered Chef or your own home business in our newsletter? If you would like to run an ad in this newsletter, *New Image News*, all the money will go to the 2007 Support Group Christmas Party fund. \$10 for (3) three months will give you a business ad or announcement up to the size of a business card. Please contact Mary at: 951-760-0169 or at our website to submit your ad or for questions or more details.



June / July Car Wash: A Support Group car wash is being planned for this month or next to raise funds for the Christmas Party. Call Rhonda at 951-285-6359 or check the board at: healthgroups.yahoo.com/groups/drwls for an announcement of the date, location and time.