



## Tri State Weight Loss Surgery Online Seminar Transcription

This transcription is intended for anyone interested in reviewing the material in our online seminar. Reading this transcription **DOES NOT** take the place of watching the online seminar.

### **LIFE-CHANGING JOURNEY**

**Timothy/Sleeve Gastrectomy Patient – lost 97 lbs.** “Weight loss surgery has changed me in so many different ways. There was a time where getting out of bed was difficult. Now I enjoy getting up in the morning. I can walk. I go out in the morning I take a walk, I breathe the air, I’m so grateful for being here.”

**Wendy/Sleeve Gastrectomy Patient – lost 132 lbs.** “I’m down to one rheumatoid medicine a day, no sleep apnea. I was borderline diabetes which I’m no longer, everything is phenomenal.”

**Kayleigh/Sleeve Gastrectomy Patient – lost 101 lbs.** “Now, I have energy for days. I mean I just keep moving and moving and moving. I don’t get tired, before I wanted to sit down every three seconds.”

**Wayne Weiss, MD FACS** “If you can then offer someone a complete change, you can take them from a trapped existence and release them, you know release them from medications, release them to start relationships they couldn’t have done before, release them to allow them to get a job they could never considered; these are such live changing existences and changes that people are so thrilled, their so happy, that they’re so grateful.”

### **WHY WEIGHT LOSS SURGERY**

**Peter H. Kwon, MD FACS** “Everyone may be able to lose 20-30 lbs. on their own and a rare person may be able to lose 100 lbs. on their own, but it is even much more of a rarity to see patients that can keep that weight off long term without having had surgery.”

### **VERY SAFE**

**Ramon Rivera, MD FACS** “The surgery and the science now has become extremely safe. The risk of the surgery is much less than the risk that they’re walking with... with 100 lbs. excess.”

### **EXCELLENT CARE**

**Jaime Cepeda, MD FACS** “We do truly care about their success and we’ll go through everything possible and by any means to get them to where they want to be. We have a network of providers and surgeons that are superior to anyone in the area. I think our results speak for themselves.”

## NO JUDGEMENTS

**Wayne Weiss, MD FACS** “I know why people come to us and I know what could be done. I don’t judge people who are too large or overweight because they are overweight, I just see someone who is seeking help.”

## SUPERIOR SUPPORT

**Kayliegh/Sleeve Gastrectomy Patient – lost 101 lbs.** “And then coming in and finding out half the staff has already had the surgery themselves and they know what I’m going through and what I’ve been through and are just so supportive and there and I mean after that first step in the door I wouldn’t of ever thought to go anywhere else.”

## Welcome

Hello and welcome to TRI STATE BARIATRICS.

We’re glad you’re here today to learn about weight loss surgery and how weight loss surgery can help improve your health and your quality of life.

Our goal is not only to help you lose weight and maintain your weight loss long term, but also to help you resolve or improve your obesity-related diseases, decrease your risk of future disease and possibly live a longer life.

We’ll provide you with the necessary basic knowledge for you to embark on your weight loss journey.

I hope that you find this online seminar informative and engaging, and that you will choose to continue your weight loss journey with us here at TRI STATE BARIATRICS.

## Seminar Topics

Today we’ll cover the following topics:

- What is obesity?
- What are your surgical options and what are the benefits, risks and follow-up care with each procedure?
- What are the important dietary guidelines you must follow to stay healthy and be successful
- What behavioral changes are necessary to succeed and how do we help you make those changes?
- How do you stay on track after bariatric surgery?
- What are your next steps?

There will also be review questions to help reinforce the information being presented.

Let’s first talk about obesity.

## SECTION: WHAT IS OBESITY

Next, you will learn about how obesity can impact your life and your health.

## Obesity Trends

Did you know that obesity rates have increased dramatically over the years with no signs of slowing down?

According to the Centers for Disease Control and Prevention, approximately one in every three adults and one in six children are obese and these numbers are growing.

It's estimated that by the year 2030 that more than half of all adults in the U.S. will be considered obese.

## What Causes Obesity

Obesity is caused by a number of factors.

Here are some of the most common causes:

### Genetics and Epigenetics

-Your genetics play a role when it comes to obesity. The chances of being overweight increase if one or both of your parents are overweight or obese.

We believe that some people are born with obesity genes... the same way people are born with the genes to be short or tall or the genes to have blue eyes or brown eyes.

Environmental factors, such as your mother's diet or medications she took while pregnant, as well as early infant feeding, can also affect your genes and change the way they are expressed, playing a role in obesity. This is called Epigenetics.

### Environment

-Your environment has an impact on obesity.

Think about what you had for lunch today. What did you have for dinner last night? Did you eat a healthy meal or were you short on time and grabbed fast food to go?

With more unhealthy, high fat, high carb foods readily available today that can be hard to resist, it is easy to pass on healthy meals that takes more time to prepare. There are also hidden fats, sugars and carbohydrates in many foods. Have you heard of high fructose corn syrup? This is a cheap substitute for sugar which can be found in many processed foods. Studies show there is a direct correlation between the introduction of high fructose corn syrup in foods to an increase in obesity.

### Behavior

Your behaviors directly affect your weight.

For instance, many restaurants have increased their portion sizes over the years. When you dine out, do you eat the whole meal or take some home?

We tend to associate certain events with food, such as weddings, celebrations, family gatherings, and even funerals. It is easy to make many trips to the buffet and not realize how much food you are eating. This crosses all cultures.

Some people eat to cope with their emotions, such as when they are happy, sad, stressed, depressed, angry or bored.

Some can have sugar and carbohydrate addictions. Studies have shown certain foods can cause extreme cravings.

Other factors that can promote obesity include:

- Side effects from certain diabetic medications and antidepressants
- With an injury, it's not possible to exercise
- A slowing metabolism as we age

## **Weight Loss Approaches**

Think about it, what's the craziest diet you have ever tried?

Eating nothing but cabbage soup? Eating foods according to your blood type?

You've probably realized by now that these diets just don't work.

Yo-yo dieting is the real problem... when you go on and off all these diets, most of the time you not only gain the weight back, but spiral to a heavier weight.

You can lose weight through diet, exercise, behavioral modifications, and even medications. But, studies show that 95% of all diets fail in the long term.

What has proven to work is bariatric surgery. Studies show it is the most effective treatment to combat severe obesity and maintain long-term, substantial weight loss.

But keep in mind, bariatric surgery is only a tool. To be successful long term, you must commit to a healthy diet and lifestyle and follow your procedure guidelines.

## **How Do We Measure Obesity?**

We measure obesity with a formula called BMI, which stands for Body Mass Index.

This is a standardized way to identify if you are at the ideal weight, overweight or obese. Your BMI is calculated based on your height and weight.

This number is very important because your insurance company will use it as part of the criteria for bariatric surgery.

## **Calculate Your BMI**

Based on your BMI, could you be a candidate for weight loss surgery?

To see which weight category you fall into, click on the button to calculate your BMI. A new window will open with the BMI calculator. Once you determine your BMI number, close the window by clicking on the 'x' and then click the 'play' button to resume the presentation.

### **BMI Weight Classifications**

If your BMI is 40 or greater you have a good chance of meeting the criteria for weight loss surgery with this number alone.

If your BMI is between 35 and 39.9 along with conditions such as high blood pressure, type 2 diabetes, severe sleep apnea, high cholesterol or arthritis, your insurance company will most likely cover your weight loss surgery.

### **SECTION: WEIGHT LOSS SURGERY**

What are your surgical options and what are the benefits and risks, as well as the follow-up care with each procedure? What level of care can you expect with TRI STATE BARIATRICS?

### **Nationally Recognized for Providing Excellent Care**

Both you and your insurance company can rest assured that you will be in very good hands here at our practice and in our hospitals.

All of the hospitals where we perform surgery are accredited as Comprehensive Bariatric Surgery Centers by the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery.

These accreditations reflect the excellent, safe care that our highly-trained surgeons and their outstanding teams provide to our patients.

### **Benefits of Bariatric Surgery**

Before we get into the details about each surgical procedure, I would like to discuss the general benefits of bariatric surgery which include:

- Significant weight loss
- Improvement in your medical illnesses
- and your health-related quality of life

### **Substantial Weight Loss**

First, let's look at how much excess weight you can expect to lose with the help of your surgical tool. Excess weight is the amount of weight you need to lose to be at your ideal weight.

The average patient in our program can expect to lose the following percentage of excess weight within 1-2 years:

- With the sleeve gastrectomy, the average patient will lose 60% of excess weight.
- With the gastric bypass, the average patient will lose 70% of excess weight.

For example, after sleeve gastrectomy, if you have a 100 lbs. of excess weight, you can expect to lose around 60 lbs. in 1-2 years, if you behave like an average patient. If you have 200 lbs. of excess weight, you can expect to lose around 120 lbs. in 1-2 years, if you behave like an average patient.

Some patients will lose nearly all their excess weight if they follow our diet better than the average patient and if they are more active and exercise regularly.

Some patients will not lose as much or regain some of the weight if they choose to re-introduce carbohydrates and sugars into their diet.

After 5 years, the average patient will maintain approximately 50% of their excess weight loss.

### **Better Health**

Bariatric surgery will not only help you lose weight but will also help you improve your health.

Many patients have seen improvement or resolution of chronic illnesses related to obesity, such as type 2 diabetes, sleep apnea, and hypertension

- Many patients with type 2 diabetes experience either resolution of their diabetes and can discontinue taking all of their medications, or significant improvement of their diabetes resulting in substantial decrease in the number of dose of their medications.
- Most patients with sleep apnea experience resolution of this condition, resulting in not needing their CPAP or BIPAP machines.
- Many patients with high blood pressure can decrease their medications, and some are able to discontinue them.

### **Improved Quality of Life**

Most patients report substantial improvement in their overall quality of life.

Many patients experience increased self-esteem, mobility, increased energy and the ability to do things they couldn't do before, as well as increase activities and pick up new activities they may never have thought possible.

### **Living Longer**

Lastly, there is now scientific evidence that bariatric surgery can help you live a longer life.

### **Surgical Procedures offered at TRI STATE**

Let's talk about your surgical options. At TRI STATE BARIATRICS, we offer several surgical procedures including the sleeve gastrectomy, the Roux-en-Y gastric bypass and revisional surgeries.

Let's begin with the sleeve gastrectomy.

### **Sleeve Gastrectomy**

The sleeve gastrectomy is the most popular and most commonly performed procedure in the U.S. today.

The sleeve gastrectomy is a procedure that permanently removes two-thirds of your stomach. The remaining stomach is a long narrow tube that will hold less than ½ of a cup of food. This much smaller stomach will limit how much you can eat and drink and will cause you to feel full after consuming a small amount, which will also help you make better choices of nutritious foods and low-calorie drinks.

The part of the stomach that's removed is where Ghrelin, a key hunger hormone, is produced. The level of this hormone is significantly reduced after sleeve gastrectomy and this will also help you feel less hungry.

The sleeve gastrectomy is a simpler procedure than the gastric bypass and is almost as effective.

It has similar weight loss and doesn't have some of the potentially serious complications specific to the gastric bypass. This is why there are fewer gastric bypass procedures being performed today.

### **Roux-en-Y Gastric Bypass**

The Roux-en-Y gastric bypass is a procedure that creates a small stomach pouch just below the esophagus. The stomach pouch is then directly attached to the lower part of the small intestine... bypassing most of the stomach and about the first 3 feet of the small intestine.

The bypassed part of the stomach and small intestine are reattached lower down the digestive tract, so that acids from the stomach and digestive enzymes produced by the pancreas, can break down the food into nutrients that can be absorbed by the body.

The smaller stomach limits the amount of food consumed so a bypass patient will feel full on a small meal, and since about 3 feet of the intestine is bypassed, less food is absorbed helping with weight loss.

Studies have shown an increase in a hunger-suppressing hormone called GLP, or glucagon like polypeptide, after a gastric bypass. The increase in this hormone appears to be partly responsible for the improvement in Type 2 diabetes.

### **Revisional Surgery**

Although we rarely perform the Lap-band due to potential long-term complications and insufficient weight loss associated with this procedure, we do perform lap-band revisions.

If patients develop problems with the Lap-band, we can convert the band to either a sleeve gastrectomy or the gastric bypass. Oftentimes, the surgery can be performed at the same time, but in some cases where there's been slippage or erosion, or esophageal stretching, two procedures may be required.

We can also revise the sleeve gastrectomy and gastric bypass.

With sleeve gastrectomy, some patients will develop significant stretching of their stomach or significant reflux, despite maximum medical treatment. These patients will require conversion to a gastric bypass.

After gastric bypass, some patients can develop a non-healing marginal ulcer, where either reversal of the bypass or conversion to a sleeve gastrectomy may be necessary.

## Risks of Surgery

When considering any elective surgery, you should be aware of the risks.

First, let's look at the general risks of bariatric surgery.

Complications related to general anesthesia can occur in about 1 in 10,000 patients. These include unexpected heart attacks, allergic reaction to anesthetic agents or lung infections.

The average risk of forming deep vein clots that could travel to the lungs causing pulmonary embolism is 0.4%.

The average risk of significant bleeding that would require either a transfusion or re-operation is less than 1 in 200.

The average risk of leakage from a staple line is less than 1 in 100, and in our practice is even far lower than that.

At MBSAQIP accredited centers, although the overall risk of death within 30 days is rare, it is reported to be 1 in 700 after sleeve gastrectomy or gastric bypass. Compared to cholecystectomy, otherwise known as gallbladder surgery, which has a risk of 1 in 300, bariatric surgery can be considered 2 to 3 times safer.

The most common early complication is dehydration requiring IV fluids. This occurs in about 2% of patients.

Another common complication, which isn't really a complication per se, is requiring your gallbladder to be removed which can occur in about 1 in 5 of our patients.

Birth control pills, or other risk factors for blood clots, may result in our recommending for you be on a blood thinner after surgery, such as lovenox.

Besides these general risks, there are several procedure-specific complications that you should be aware of.

After sleeve gastrectomy, there's an increase in the pressure within the new narrow stomach that can cause heartburn symptoms due to acid refluxing from the stomach up into the esophagus. This can usually be managed with medications.



If you eat or drink too much or too fast, you can stretch the stomach and cause more long-term complications.

After gastric bypass, there are two specific long-term potential complications not seen with the other procedure.

First, due to the re-routing of the intestines, there are two potential spaces that can be created, in which the small intestine can get trapped resulting in an internal hernia with a bowel obstruction.

The other potential problem specific to the bypass is the development of what is known as a marginal ulcer... where the stomach pouch and intestine were re-connected. A marginal ulcer can be very painful and difficult to treat and can even lead to perforation of the ulcer. Common causes include nicotine, steroid medications, and non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin or ibuprofen.

While we've discussed the average risks, your individual risk of undergoing surgery may be different and will be discussed between you and your surgeon.

Now that we've gone over the surgical risks, let's put the risks of bariatric surgery in perspective.

Without bariatric surgery, severely obese patients are at higher risk of gaining more weight, developing more chronic diseases, or seeing their chronic diseases worsen.

### **What You Can Expect When It's Time for Your Surgical Procedure**

All of the procedures are performed laparoscopically, through several small incisions that are less than ½ inch in length. With this approach, patients have a quicker recovery with less pain.

The sleeve gastrectomy takes about 30 minutes to an hour... and patients usually spend one night in the hospital and are discharged by noon the following day.

The gastric bypass takes about 60-90 minutes, and patients usually spend two nights in the hospital.

We know some people can have adverse reactions to anesthesia. And over the years, we've developed procedures that will minimize any post-operative nausea or vomiting and will limit your post-operative pain to help you avoid having to take narcotics.

Before surgery, you will be given a medication called Emend, which prevents nausea for up 3 days.

After that you will be given a combination of several medications during surgery, including Zofran and Decadron, both powerful agents that will reduce your nausea.

To minimize your post-operative pain, the anesthesiologist will administer a TAP block, which stands for Transversus Abdominus Plane Block, which will provide you with 3-8 hours of pain relief from your abdominal incisions, once again lessening your need for narcotics.

In addition, you will be given IV Tylenol, which has been found to be quite effective in reducing post-op pain.

With these methods, after surgery most patients require very little if any narcotics, resulting in greater mobility and less nausea.

### **Follow-Up Care for Each Procedure**

After your bariatric surgery, you **MUST** adhere to your follow-up care, so you continue to stay healthy and on track.

### **Follow-up care: Sleeve Gastrectomy**

The Sleeve gastrectomy procedure does not cause absorption issues with food and/or medications, but vitamins and supplements still must be taken because of the smaller amount of food you will be able to eat after surgery.

Patients must take a multivitamin, calcium with Vitamin D, Iron and B12 pills or use a vitamin patch daily for life.

After surgery, patient's bloodwork will be monitored every 3 months for the first year and then every 6-12 months after that.

Medications need to be taken one at a time with 10 minutes in between each one.

All patients will take an acid reducing medication daily for the first month following surgery.

Patients will be seen at least once a month for one to two years, and then at least once a year after that.

### **Follow-up care: Gastric Bypass**

Gastric bypass affects how food and medications are absorbed, which is why patients must commit to daily vitamin supplements or patches to avoid malnutrition. Patients must take a multivitamin, calcium with Vitamin D, Iron and B12 pills or use a vitamin patch daily for life.

Patients will be required to have bloodwork drawn every 3 months for the first year after surgery and then every 6-12 months thereafter to check for nutrient deficiencies.

All anti-inflammatory medications must be avoided. For 6 months following surgery, all patients will take an acid reducing medication every day.

Patients will be seen at least once a month for one to two years, and then at least once a year after that.

A side effect you may experience after gastric bypass is called dumping syndrome.

This is when carbohydrates and sugars can cause abdominal pain, bloating, vomiting, flushing, sweating, rapid heart rate and diarrhea. The only way to avoid dumping is to stay away from carbs and sugars.

### **Additional Considerations with Each Procedure**

These are some other things to think about regarding each procedure.

If you smoke or use nicotine products, you must stop all nicotine 6 weeks prior to surgery with the Sleeve. Although we prefer you not smoke, if you must resume, do not do so for the first 2 months after your surgery because you need time to heal.

With Gastric Bypass surgery, you must stop smoking for one full year prior to surgery because of the risk of developing a marginal ulcer. And, you must not ever smoke again after the surgery.

Drinking alcohol is strongly discouraged for all bariatric patients.

Most alcoholic drinks are full sugar, which can cause weight gain. Also, if you've been drinking, it's probably more likely that you'll go for unhealthy snacks.

With the gastric bypass, patients will physically absorb alcohol more quickly than before. For instance, if you consume only one alcoholic drink it will be absorbed into your blood stream within 13 minutes. That would be the equivalent of having about three drinks. If you were to be pulled over by the police and asked to take a breathalyzer test, you would register as legally drunk. This is for the rest of your life.

Pregnancy is strongly discouraged for the first two years after surgery. On the one hand, if you continue to lose weight during pregnancy, there may be potential harm to your baby. On the other hand, pregnancy can override the hunger control of your surgical tool, causing you to gain significant weight.

## **SECTION: DIETARY GUIDELINES**

### **Following a Healthy Diet is Crucial to Your Success**

Bariatric Surgery is not a quick fix; to stay successful you must make permanent lifestyle changes that include making healthier food choices and changing past eating behaviors.

Today I am going to review our program's dietary guidelines with you. It is important that you begin making changes to your diet even prior to surgery, in order to adequately prepare yourself for your weight loss journey.

The dietary recommendations in our program are rather strict, but for good reason. Our priority is to help our patients achieve their weight loss goals in an efficient and healthy manner.

### **Food Choices**

First, we are going to review the recommended food choices.

We recommend a very low calorie, low carbohydrate diet that provides you with plenty of lean protein, non-starchy vegetables and fresh, unsweetened fruit.

After bariatric surgery, the amount of food you can physically eat is greatly limited, so you want to make sure that you are getting enough of the nutrients your body needs most during the weight loss process.

To help you get started on your weight loss journey, we recommend that you now start eating lean proteins at every meal and adding more vegetables to your diet, which will help you cut back on unnecessary calories and carbohydrates.

In fact, it's a good idea to start replacing many of the carbohydrates in your diet with vegetables.

The ultimate goal is to eliminate all carbohydrates from your diet before your surgery.

Carbohydrates can fill you up after surgery, but because they are less nutritious than vegetables and fruit and do not contain much, if any, protein, they are not ideal for you to eat during weight loss.

You may not be aware that fruit is high in natural sugar. That is why we recommend only one serving of fruit a day.

## Importance of Protein

Protein is crucial for a healthy diet.

Not enough protein in your diet can cause muscle loss, vitamin, mineral and protein deficiencies; it can slow your metabolism and make you feel weak.

When your metabolism slows it can leave your body unable to burn calories effectively, and you could gain weight.

Protein is also important for appetite control. The more protein you eat at each meal the more likely you are to feel full – and for a longer period of time - leading to eating smaller portions and eating less often.

## Foods to Avoid

There will be foods and drinks you need to eliminate from your diet, even before surgery, to help you prepare for your long-term weight loss.

Carbohydrate rich foods like breads, grains, cereals, beans, starchy vegetables, sugary snacks and beverages are easily converted to sugar in the body which causes fluctuations in our blood sugar and insulin levels.

These ups and downs lead to cravings and hunger for more carbohydrates.

Eliminating these carbohydrates from your diet can reduce and control these cravings and keep your appetite and blood sugars more stable.

Take note... you are going to have to eliminate all carbonated beverages including sodas, seltzers, sparkling waters, some energy drinks and beer. The bubbles in those drinks can make you feel bloated or too full and can cause abdominal discomfort.

## Protein Drinks

To make sure you are getting enough protein before and after your surgery, you will need to drink protein drinks every day.

These drinks will be meal replacements, which is why they need to meet specific guidelines and why you must read the labels carefully.

Each drink must be 80 to 160 calories per serving, have 15 to 30 grams of protein, 8 grams of carbohydrates or less and 4 grams of fat or less.

It is important to read nutrition labels to insure you are choosing appropriate options.

## Pre-Operative Diet

Let's take a closer look at what your pre-op and post-op diet will look like.

The main goal of the preoperative diet is to get you adequately prepared for surgery.

We will help develop a meal plan along the lines of the post-operative 3-phase diet, which includes lean protein at all meals, a protein drink for 2 of these meals, and healthy snacks as needed.

## Post-Operative Dietary Phases

As for the post-op diet...

What you eat after your surgery is crucial to allow your stomach adequate time to heal, so you will follow what's called the "three-phase diet."

For five days after surgery, you will be on a clear liquid diet, including water, very low calorie flavored water and diet or unsweetened tea. This is our phase 0.

After that you will need to drink three protein drinks a day eventually phasing food in slowly. This is our phase 1.

For 2 to 4 weeks, you will need to puree all food into a yogurt or applesauce consistency and then you can eat soft or chopped foods like tuna salad, chicken salad and soft flaked fish. This is our phase 2.

When you are ready, you can begin to eat solid food, until you reach your goal weight. This is our phase 3.

## Vitamins & Minerals

As we discussed earlier, in addition to your food and drink intake, you **MUST** take vitamins and supplements for the rest of your life to avoid vitamin deficiencies.

## Additional Tips for Healthy Eating and Drinking

It's not just eating fresh, minimally processed foods or drinking at least 64 ounces of low or no calorie fluids that's important... but *how* you eat those foods and drink your fluids matters too.

We recommend you cut your food into small pea-sized pieces, and eat all the protein first. Try to eat at a slow pace. Chewing your food thoroughly and pausing between bites will help make your meal last around 30 minutes, which will be your goal.

We also recommend sipping your fluids at a slow pace throughout the day, with the goal of at least 64 ounces per day.

Try to stop eating or drinking before you feel full and avoid stress or distractions while eating. These small changes will help with your long-term weight loss goals.

## **SECTION: BEHAVIORAL HEALTH**

### **Making behavior and lifestyle changes**

TRI STATE BARIATRICS has a psychiatrist and social worker on staff to provide support both before and after your weight loss journey. We not only prepare you for surgery but assist you with lifestyle changes to help you stay successful long term.

A lifestyle change is a permanent way of eating rather than going on and off a diet. Forming new habits such as eating slower, avoiding carbohydrates, and not skipping meals, can be a difficult process. The sooner you start to practice, the easier your transition will be after surgery.

Bariatric surgery is not a cure-all. It helps with your physical hunger. But, not everyone eats because they are hungry. You will learn to differentiate between physical and emotional hunger. For instance, when you reach for food you need to ask yourself, “Am I really hungry?” or am I eating in reaction to an emotion? A habit? Or is it because I see the food is there?

One of the tools you will learn is food journaling. It can help with accountability and provide insight as to why you may make poor food choices. For example, if you are not losing enough weight, monitoring what you eat may reveal where some carbohydrates are sneaking back into your diet. Journaling can also signal why you may make a poor food choice by documenting the circumstances while you were eating. You can also keep track of your water intake and exercise routine in your journals.

Structure and consistency also contribute to your long-term success. This includes pre-planning meals, food preparation, scheduling exercise, attending support groups, and learning to read labels for things like hidden sugar.

It is important to stay motivated and inspired. We will help you set goals, both long and short term, with non-food rewards along the way.

### **Things to consider Before You Begin**

You will most likely face emotional highs and lows after surgery. Losing weight fast, hormone changes, and giving up certain comfort foods can all play a role. Knowing this and being prepared can make your experience a smoother one.

Weight loss surgery is going to require your focus and time, which is why we recommend you undergo surgery when your life is relatively free of major stressors and reach out to your support system. Family, friends, and co-workers can make a big difference in your success. TRI STATE’s support groups and professional staff will also be there to help you through any challenges.

We want you to have realistic expectations. Weight loss surgery is not magic. The surgery itself is only the beginning of *your part* in losing weight and keeping it off. While your quality of life improves in many ways after surgery, losing weight will not solve all your problems.

## Emotional Impact

It's important to note, there is a potential for something called addiction transfer... when you can no longer turn to food for comfort, you replace it with an unhealthy behavior. This may include compulsive spending, misuse of drugs and alcohol, or sex and gambling addictions. Although there is a very small chance of this happening, we want you to seek out support if needed.

Our counseling services can help you find healthy substitutes for food. We can also help you adjust to relationship or body image changes that you may encounter after weight loss surgery.

TRI-STATE offers Cognitive Behavioral Therapy (or CBT).

CBT is based on the concept that your thoughts affect your feelings and actions. We teach you to identify sabotaging thoughts about food and eating so you can respond in healthier ways. You will also learn coping skills to manage stress and other emotions without overeating.

## Carbohydrate (or Sugar) Addiction

While it is well known that drugs and alcohol are addictive, studies show that certain foods, particularly carbohydrates and sugar can be addictive, as well.

Carbohydrate addiction is defined as a compelling craving or desire for carbohydrate-rich foods; an escalating, recurring need or drive for starches, snack foods, junk food, or sweets. Carbohydrates turn into sugar in the intestines and gets absorbed as sugar.

Sugar is a mood-altering substance. Studies show that it directly releases dopamine, the so called "feel good" neurotransmitter in the brain's reward center. This can cause loss of control, which can lead to overeating.

Consuming carbohydrates and sugar also raises insulin, which then lowers your blood sugar leading to more sugar cravings. Our dedicated team has developed a low carbohydrate and sugar program to break this craving cycle.

Just as with drug addiction, sugar or carbohydrate addiction includes preoccupation with thoughts about the substance, a repeated urge to use the substance, and repeated attempts to stop using the substance.

During your therapy, it may be necessary to treat a sugar or carbohydrate addiction for successful weight loss.

## SECTION: LIFE AFTER BARIATRIC SURGERY

### How to stay successful long term

#### Healthy Lifestyle

As we discussed throughout the seminar, but we can't say it enough, how much weight you lose and how much you'll keep off will depend on you and your lifestyle changes.

For long term success, you must make smart food choices, avoid unnecessary snacking, refrain from overeating and exercise regularly for the rest of your life.

It is important that you incorporate exercise into your daily routine.

That doesn't mean you have to run a marathon tomorrow... start off slowly.

Here is something you can start trying now... when you are watching television get up during the commercial and walk around your dining room table. Add a little more distance every day.

Just get moving! You will improve your cardiovascular health, flexibility and build your strength.

## Helpful Tools

### MapMyWeight App

TRI STATE has developed an innovative app to help keep you motivated! It's called Map-MY-Weight for patients to keep track of their success.

With this interactive app, you can compare your progress with thousands of other patients who have had weight loss surgery.

You'll be able to track whether you are having less than average weight loss, average weight loss or doing better than average!

This app helps patients set realistic goals, while also giving them inspiration when they need it!

TRI STATE BARIATRICS provides resources that will continually support our patients because we feel that any patient seeking our help is our patient for life.

## Ongoing Support

To stay successful, it is also crucial you maintain ongoing support and continue with your bariatric program follow-up care.

We hold support groups often in several locations which provide caring, compassionate, non-judgmental support to our patients before and after surgery.

Your follow-up visits are also so important to make sure you are staying on track. And, if you are facing any challenges we can address them. We also want to make sure you are healthy and don't have any vitamin deficiencies.

## Excess skin

After significant weight loss, you may find you have an excessive amount of skin. This is because when you've lost a large amount of fat, your skin does not necessarily shrink at the same rate as your fat cells.

The amount of excess skin is dependent on the amount of weight you lose, how long you have been obese, your genetics, and your age—because our skin loses elasticity as we get older.

But you can be proactive... building muscle can help replace some of the "space" left from the fat loss.

To do that, be sure to eat enough protein and fruits and vegetables, take vitamins and minerals, and don't smoke.

## The Meaning behind the Tri State Logo



Congratulations you're on your way!

We genuinely care about our patients and we will demonstrate this to you every step of your journey.

Our commitment and philosophy is embodied in our tagline 'You deserve a hug' and in our logo which represents our staff giving our patients a hug.

This was inspired by two things:

First, many severely obese patients cannot get a full embracing hug from their loved ones. But after significant weight loss, many patients have shared with us that they are able to hug and be hugged by their loved ones once again.

Secondly, it conveys our staff's genuine concern for the well-being of every patient.

### **What Are Your Next Steps?**

We hope this seminar answered a lot of your questions and we can answer any additional questions you may have at your first consultation.

If you would like to review the material in this presentation, you can download the seminar transcription on this webpage.

A member of our team will contact you within 1 business day to schedule your first appointment.

We look forward to helping you on your weight loss journey!

**Wayne Weiss, MD FACS** "I know that you've tried things before that hasn't worked and you've heard about weight loss surgery, obviously you're watching this and you know you may know someone that's done it, you may know someone that has done that has done well, you may know someone that has not done well, but I would encourage you to make your own decisions based on your own experiences and we think from our experience and our track record that you'll be very, very happy if you come here."

**Ramon Rivera, MD FACS** "If you are suffering from excess weight or obesity and you've been considering undergoing weight loss surgery but have not had the courage or have been scared about it, I think you should highly consider or ask your physicians to provide you a referral to see our program."

**Jaime Cepeda, MD FACS** "I'd say just remember that this program will always be committed to you and we do expect you to be a part of us for the remainder of your life. Every year, year in year out, we want to help you succeed, that's the bottom line."

**Peter H. Kwon, MD FACS** "We know that not everyone is ready to embark on this journey, just know that we are here for you if and when you feel ready to proceed with weight loss surgery."

**Kayliegh/Sleeve Gastrectomy Patient – lost 101 lbs.** "It's been a journey, but I wouldn't take it back for anything"

If you have any immediate questions, please call us at 847-517-2870 or email us at:

[Info@TSBHealth.org](mailto:Info@TSBHealth.org)