

Augusta Weight Loss Support Groups

The Journey

SEPT - OCT 2010
Volume 1 Issue 5

"To get something you've never had, you have to do something you've never done."Unknown

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Getting Ready For Weight Loss Surgery: the 20 Minute Walk

By Arthur Chasen, M.D.



To be healthy physically, psychologically, and spiritually, every human needs physical activity and effective exercise. These changes, however, require more than an operation. Surgery results in decreased calorie intake which is only half of the battle to overcome the effects of obesity. For permanent success patients must make a new, comprehensive change to their lifestyle. We recommend a daily 20-60 minute walk (aerobic exercise), weight lifting 2-3 times a week (anaerobic exercise), and at least 2-3 outdoor activities per week like gardening, golf, fishing etc. For a sedentary person who gets short of breath after one flight of stairs this is crazy talk! *Of course* these changes cannot be accomplished all at once. We have to start with an achievable goal: the daily 20 minute walk. Many patients tell me that they will start exercising-after surgery makes them lose weight-which seems to make sense: it will be easier then, right? Wrong. The best time to start walking 20 minutes a day is **today** and here is why:

1) Walking changes your metabolism. Obese patients have low metabolism from meal skipping, low protein intake, poor sleep habits and low activity level. As you start to walk you will start to burn more energy and "wake up" your body's sleeping metabolic furnace.

2) Walking improves bone and muscle mass. As you walk you will stimulate your body to lay more structural protein into your leg muscles and to lay calcium into your bones. The metabolic state of building tissue is called *anabolism*.

3) Walking leads to anabolism which will get your body ready to heal faster. Your incisions and staple lines and new hook-ups (the new connections between intestines are called anastomoses) will grow together via the body's natural healing processes *faster* if your body is already in the habit of building structural proteins. We cannot prove it, but we believe that this contributes to the low leak rate that we have seen compared to other practices.

4) Walking improves cardiac and pulmonary function which will lower your operative risk of pneumonia or heart issues. You must be able to deep breath and cough after surgery and your heart must be conditioned enough to tolerate the normal fluctuations in heart rate that occur during the induction of anesthesia and laparoscopic surgery.

5) Walking improves arterial circulation to your legs and conditions your veins to minimize the risk of a deep vein thrombosis. A blood clot that forms in the leg veins and then travels to the heart is the most dangerous threat to bariatric surgery patients. Walking keeps the arterial inflow to the venous system strong and coats the inside of the veins with your body's own natural anti-clotting factors. In fact, I ask all of my patients to walk at least 2 miles the night before surgery!

But what if I can't walk because of foot/ knee/ back etc issues: find something you can do, and do it vigorously for 20 minutes per day. Other options include water aerobics and swimming at the YMCA, the seated stationary bike, the elliptical machine, the rowing machine, etc. etc. You can find a way!!! So there you have it: the 20 minute walk. Start today.

To Go or Not To Go

By: Bryn Hamilton RD, LD



A common complaint patients have after weight loss surgery is constipation. Most people are surprised to find out that this can be a side effect after surgery. Sometimes it really is not constipation; it's just a stool pattern change. Basically the less you eat, the less you poop. So instead of going daily, you may now have a bowel movement every 2 or 3 days. There is no rule that says you should have a bowel movement every day. If you do find yourself constipated here are some guidelines that should help. First, make sure you are drinking at least 64 ounces of fluid a day, every day. Second, increase your fiber intake. The American Dietetic Association recommends 20-35 grams of fiber per day. Adding fruits and vegetables as well as whole grain products to your diet will increase your fiber intake. If you have difficulty adding these foods to your diet, you can use an over the counter fiber supplement like Benefiber or Metamucil. The powder is tasteless and can be added to foods, beverages or your protein shake. If you add any of these products to your diet you **must** increase your fluid intake over and above the 64 ounces. If you are unable to drink this much **do not** use these products. Thirdly, exercise on a regular basis. Believe it or not, physical activity helps keep things moving.

If you are early out from surgery and cannot drink 64 ounces of fluid a day or you are taking an iron supplement that is causing the constipation, an over the counter stool softener can be taken to help. Once your fluid intake increases, or the problem resolves you should stop taking the stool softener. You should not take laxatives on a regular basis and should not take any other over the counter constipation remedies unless directed by your surgeon as they can become habit forming.

Three Keys to Sustained Weight Loss

By: Connie Stapleton, Ph.D.

Losing weight is one thing; keeping it off quite another. Most of the people I talk to during their pre-surgical psychological evaluations have lost weight at different times. If there were such a thing as a Lifetime Yo-Yo Diet Club, lots of people would be honorary members. One of the most important things for a surgical weight loss patient to do is to change their goal from "losing the weight" to "keeping the weight off."

There is a different mindset when one thinks in terms of keeping weight off for a lifetime than when talking about "losing weight." Think of it like taking a trip by car. If you lived in New York and were driving to visit relatives in

2011 Walk From Obesity

Photos by: Chris Harrison



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require professional counseling with a trained California and were then driving back home, you would mentally gear up for a long, long car ride across the country and back. Once you got there and back home again, however, you would have reached your goal and would quit thinking about it. If, however, you were told that you would repeatedly drive back and forth between New York and California for the next 30, 40 or 50 years, you would think of that car ride quite differently.

The idea of making one round trip from New York to California by car doesn't sound fun, but you know there is a definite start and finish. You know there are things you can do to pass the time in the car, and although the journey would be long, there would be a clear-cut beginning and ending point. That's how it usually is with a "diet." You start a diet and you end a diet. And you know what happens once you end the diet...

Having weight loss surgery is like the latter example... driving back and forth between New York and California for many years. The thought of that sounds overwhelming. As does living a healthy lifestyle (eating healthy foods in small quantities and exercising regularly) for the rest of your life. That, however, is the reality of maintaining weight loss after surgery. Which is why you live it one day at a time rather than thinking about "having to do this forever."

Three Keys

There are three things the majority of surgical weight loss patients must do in order to maintain their weight loss: 1) adopt a healthy lifestyle, 2) change their self-talk, and 3) address unresolved personal issues.

Adopt a healthy lifestyle.

You already know what "adopt a healthy lifestyle" means. It means you eat healthy foods (protein, vegetables, fruit and avoid sugar and simple carbs) and you exercise – most days of the week. If a person did these things following a "successful diet" or after bariatric surgery, they would keep the excess weight off. Why, then, don't people just adopt the healthy lifestyle and stay at a healthy weight? For two main reasons: 1) negative self-talk and 2) unresolved personal issues.

Negative self-talk.

Negative self-talk is exactly that: saying negative things to yourself about yourself. "I'll never get/keep this weight off." "I don't know why I bother trying." "I'm such a loser." The list goes on and on and on and on... Much of the time people aren't even aware that they are battering themselves with this "stinkin' thinkin'," yet for many it is an almost non-stop internal dialogue. If the negative self-talk doesn't change, there is a very slight chance of maintaining weight loss. Why? Because you don't believe you can do it or that you deserve it. How do you stop automatic negative thoughts? You must first become aware of them and then you must make a conscious decision to talk to yourself more positively. It takes a lot of work. Then again, it takes a lot of gasoline to drive back and forth from New York to California time after time!

Address unresolved personal issues.

Most obese people have "unresolved personal issues," (as do most non-obese people). Common issues among the overweight and obese relate to having been teased about weight during childhood and being left out of social activities because of weight, thereby feeling shame and self-doubt. Low self-esteem also comes from the negative self-talk an obese person tortures themselves with. Problems associated with growing up in dysfunctional families also falls into the category of "unresolved personal issues," as do histories of sexual, physical and emotional abuse. These problems all professional or clergy person. If a person does not address their past, the past will unconsciously push them toward the comfort foods they have so long depended on to ease emotional pain.

The equivalent of a continual cross-country drive isn't what most people have in mind when they decide to have weight loss surgery. For such a long journey, a person would need a lot of support to remain motivated. The same is true for daily living after weight loss surgery. It's a lifelong journey and you need the support of true friends and family members who genuinely want the best for you to help you along the way. You must also help yourself by using the three keys necessary for sustained weight loss – which, after all, is the real goal!

**LEAP**

The bariatric center is currently accepting reservations for the next LEAP (**L**earning **E**verything **A**gain **P**ays) seminar scheduled for 30 October, 2011. Please call the center at 706-481-7398 for additional information,



Support Group Happenings

By: *Carla Harrison, Bariatric Support Coordinator*

In case you've missed it, the support groups are growing like crazy! And we love it!! It's so encouraging to see so many people working hard and taking the proper steps to use their tool to the best of their ability. Watching people build support connections and friendships is a joy,

In an attempt to meet the growing needs of our community, we have begun a Volunteer Support Group Leader program. Renee Kaufman, a bander, has agreed to begin leading the 1st Thursday support group meetings at Trinity Hospital. Rosemary

What's Happening?

By *Carla Harrison*

Free Informational Seminars – 1st & 3rd Thursday of every month at Trinity Hospital of Augusta. Meet in the ground floor conference room at 5:30 pm. Seminars are open to the public. People seeking information on bariatric surgery are encouraged to stay for the Weight Loss Surgery Support Group Meeting immediately following the informational seminar.

Support Group Meetings – 1st & 3rd Thursday of every month at Trinity Hospital of Augusta at 7pm. Meetings are held in the ground floor conference room. Everyone is welcome!

New group formed in Dublin!!

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Phone: (706) 738-3359

Message Board:

<http://www.augustawls.com>

Web address:

<http://www.augustasurgery.com>
<http://www.trinitybariatrics.com>

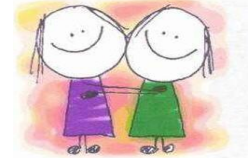
E-mail: info@augustasurgery.com



Harris has agreed to take the lead with the 3rd Thursday meetings. **THANK YOU ladies!!** Paige and Rick Crump have worked super hard to get a new support group up and running in the Dublin area; how exciting!! Look for future Dublin updates here in *The Journey*. Our family is growing!

Instead of regularly leading support group meetings, I will be busy creating additional special projects and working behind the scenes to help us continue to grow in many different ways. More on that another time.

Find a need and fill it.
~Ruth Stafford Peale~



Mark Your Calendars!!



- OCT 18th, 2010**-Dublin Support Group Meeting
7 – 8:30pm
EMS/Rural Fire Building
646 County Farm Rd.
Dublin, GA 31021
Info: paige_crump@yahoo.com
- OCT 21, 2010** - Informational Seminar, 5:30pm
*Dr. Arthur Chasen
Support Group Meeting, 7pm
- OCT 30, 2010** - LEAP
- NOV 4, 2010** - Informational Seminar, 5:30pm
*Dr. Michael Blaney
Support Group Meeting, 7pm
- NOV 18, 2010** - Informational Seminar, 5:30pm
*Dr. Arthur Chasen
Support Group Meeting, 7pm
- DEC 2, 2010** – Informational Seminar, 5:30
* Dr. Michael Blaney
Support Group Meeting, 7pm

Save The Date!!!

We are already planning for the Bariatric Ball 2011! Mark your calendars for February 12th and plan to attend our Sweetheart Ball! Look for more information and opportunities to support this event in future newsletters and on the Yahoo Message Board! With your support, this year's ball will be better than our first one!

