



# SURGICAL WEIGHT SOLUTIONS

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## 2009 Summer Newsletter

### Booth's Babble...

I would just like to take the opportunity to wish you all a very Happy Christmas and hope that 2010 is a good year for you.

We have all worked hard this year and once again I am delighted to see most people progressing well and coming through their weight loss surgery and moving on with their lives.

Recently I went to a Sleeve Gastrectomy Conference in Australia and it appears to be increasing in popularity, and has some attractive features e.g. metabolic complications do not seem to be so much of an issue with sleeve gastrectomy as they can be sometimes with gastric bypass. Having said that we still do not have good long term results and there is a suggestion that the complication rates for sleeve gastrectomy can indeed be equal or even more around the time of surgery compared to gastric bypass. I suspect that it is going to occupy the middle ground between adjustable gastric banding and gastric bypass in the future. Once patients are through surgery our own experiences are that they do very well and have an average weight loss of approximately 30kg to date.

Next year we are organising a team for Round the Bays, entry will be direct, but SWS will supply a T-shirt and after run fun! For those of you who may be interested we will be posting details with this Newsletter and on our Website next year. I would certainly like to invite you all along and it would be great to see you. I am not sure that I may be able to keep up with some of you so will have to get into some training over the summer! If you have any suggestions for a logo on the T-shirt we would be grateful to hear from you.

Once again wishing you a very festive Christmas and best wishes for 2010.

**Michael**

**See you at Round The Bays!!**





## Success habits of Weight loss surgery patients

After an online survey through the Bariatric Support Centre (USA) info was gained from patients who had maintained their goal weight 3, 6, 9, 12 years after surgery it was found that they all had the following behaviours in common.

Colleen Cook, president of the bariatric support centre, has published these in a book *The Success habits of Weight Loss Surgery Patient* (This is adapted, with permission from her results)

Success Habit 1:

**Personal Accountability.** Those who were successful were aware of their weight and monitored this constantly; making adjustments if their weight increased. Having a goal weight and knowing the upper levels of weight gain including when you need to intervene is an important method of control.

Attending support groups, keeping follow-up appointment and volunteering to speak at Information nights or act as a support to other patients keeps you focused on the importance of weight maintenance

Success Habit 2:

**Portion control.**

Successful people describe maintaining 3 portion controlled meals a day. They do not skip meals. They do not graze between meals.

Continue to eat slowly and be in control of your hunger. Don't overeat so that you feel uncomfortably full, and don't delay your food intake for more than 4 hours or you will overeat in response to hunger. Have small portion sizes at regular times and if you feel a little hungry between meals know that you can wait.

Success Habit 3:

**Nutrition**

Successful people maintain the rule of eating over 50% of your daily food intake as protein and 30% vegetables. This includes reading labels to avoid high sugar and fat content. Being particularly careful about hidden sugar and looking for variety and new products to expand your range

Success Habit 4:

**Fluid**

Continue to drink 1.5-2 litres of fluid a day. Continue to separate fluid and food and they also described the avoidance or limiting of alcohol, caffeine and carbonated beverages

Success Habit 5:

**Regular exercise** :(40 minutes 4x a week or 200 minutes a week). Achieving this maintains your weight. "Energy in" needs to match "Energy out"

Both aerobic and strength based activities are important. Strength based exercise e.g. weights, pilates etc are useful for tone, shape, strengthening bones, increase mobility and raise your metabolic rates. Overall there are positive health effects with regular exercise.

Success Habit 6:

**Vitamins/Supplements**

Maintain your daily intake of vitamins and prescribed supplements e.g. for iron, calcium, vitamin D, b12. *These don't work if you don't take them.*

Have regular annual check ups including blood tests

## Paris Conference

As a lot of you are aware, I recently attended a conference in Paris on Weight Loss Surgery. This was a fantastic conference, with many speakers from all over the globe, sharing their knowledge with the group. I found the conference fascinating, and thought I would share some of what I learnt with you all.

First and foremost, you'll be pleased to know that we, at Surgical Weight Solutions, are in line with what the rest of the world is doing surgery wise and dietary recommendations post surgery. This is very reassuring, not only for me, but also for you as well.

I'll start with some interesting facts about obesity and weight loss surgery. These are snippets from various lectures I attended:

- First on obesity in general:
  - o As BMI (weight) increases so does cholesterol, and the cholesterol profile worsens (i.e. good cholesterol decreases and total cholesterol increases). This occurs even when a person is a "healthy" weight (BMI 20-25)
  - o Obesity rates are increasing. In 2007 worldwide there were ½ billion obese individuals. This was more than the worlds hungry
  - o 1/10 children are overweight worldwide, 7 years ago in was 1/20
  - o Obesity is a passive biological response to our changed physical and food environment
  - o There is a strong genetic influence on childhood obesity – 75% of the variance in childhood obesity is genetically driven
  - o However, activity is also very important, and more than four hours of physical activity per week will effectively nullify the genetic influence on weight
- Now on weight loss surgery:
  - o The number of surgeries performed worldwide have increase significantly over the last five years.
  - o The proportions of the various surgeries have also changed significantly over the last five years. Sleeve gastrectomy's are still the "new kid on the block", though emerging as a more popular surgery.
  - o The breakdown and increase in surgery 2003 v.s. 2008 worldwide

	2003		2008	
Total	146,301		344,221	
Gastric bypass	95,257	65%	168,597	49%
Adjustable gastric band	35,712	24%	145,563	42%
Sleeve gastrectomy	0	0%	18,000	5%

- o Percentage increase in operations 1998-2008

Operations per year		% - in operations	
1998	40,000	266%	761%
2003	146,301	135%	
2008	344,221		

So since 1998, there has been over 7 x the number of total weight loss operations done worldwide

- o In 2003 in New Zealand and Australia 11,914 operations were performed, and as you can see by the numbers above, this will have increased significantly since then
- o New Zealand and Australia had at the time the research was undertaken approximately 120 surgeons who perform weight loss surgery. I suspect this number has increased since then

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You will all be aware that weight loss surgery decreases the risk of developing cancer in the long term. There have been many studies which support this observation. One study found a 60% decreased risk of developing cancer after weight loss surgery. Did you know that an increase in your BMI of only 5kg/m<sup>2</sup> increases the risks of the following cancers:

- Male – oesophageal, thyroid, colon and renal
- Female – endometrial, gallbladder, oesophageal and renal

Therefore, reducing your BMI also reduces your cancer risk

Weight loss surgery also decreases overall mortality (risk of dying) – with a reduced risk of 29-89% (depending on the study). This is a huge decrease, and a real motivator for many people to have surgery in the first place.

As you have all will have heard, weight loss surgery can “cure” diabetes, and also help the prevention in those who do not have it, but are at risk of developing it. There have been numerous studies which illustrate this.

- With increasing BMI, the incidence of type two diabetes increases. Weight loss is associated with a decrease in type two diabetes.
- The Swedish Obesity Study showed

New type two diabetes developing	2 years	10 years
Control	8%	24%
Surgery	1%	8%

Recovery from type two diabetes	2 years	10 years
Control	21%	13%
Surgery	72%	35%

- The more weight lost, the less likely a person is to develop diabetes
- The more weight lost, the more likely a person is to recover from diabetes
- Recent weight change has more influence on diabetes than current BMI
- A weight loss of 10% improves glucose control and decreases the need for diabetes medication
- The greater the malabsorptive effect of the surgery, the greater the resolution of diabetes – Resolution is best with the duodenal switch (bilopancreatic diversion) (not commonly done in NZ) > gastric bypass > sleeve gastrectomy > Adjustable gastric band (with the least resolution)

One clinical study showed the following:

	Improvement or resolution of DM	Resolution of DM
LAGB	75%	47%
GBP	97%	83%
BPD	100%	91%

However there was another lecture which showed no difference between a sleeve gastrectomy and gastric bypass for diabetes resolution. The general consensus however amongst the various studies is that a gastric bypass has better resolution of diabetes than the purely restrictive procedures

- The longer a person has had diabetes, the less likely resolution is likely to occur
  - o < 5 years 95% chance of resolution
  - o 6-10 years 75% chance of resolution
  - o > 10 years 54% chance of resolution – though this is still a good percentage
- There is no difference in weight loss after surgery between people who have diabetes and people who do not have diabetes

There was also an interesting lecture on how gastric bypass can improve cognition.

- Both aging and obesity increase the risk of dementia – therefore with an aging population, and an increasing weight of the population the risk of dementia is even higher
- Obese people do worse than societal norms for memory
- Memory improved post gastric bypass – therefore cognition also improved
- This gain was seen at six months post surgery

**Nikki**

## 2010 Group Support Programme

These groups have become an important part of a successful outcome with weight loss surgery. They are at their most valuable in the first 12 months after surgery in order to optimise your weight loss goals and provide support through any frustrations and pitfalls. In 2010 we are developing a more comprehensive programme for the support groups, where each week there will be a topic for discussion as well as an opportunity to discuss your experiences and listen to others

***The following are the dates and the topics for 2010***

Takapuna		Remuera	
<i>Date</i>	<i>Topic</i>	<i>Date</i>	<i>Topic</i>
27.01.10	Reading food labels understanding fat and sugar content	03.02.10	Carbohydrates The good, the bad and the ugly of maintenance of weight
24.02.10	Power through the plateau: Restarting weight loss	03.03.10	Iron levels choosing the right foods, Includes constipation
24.03.10	Metabolism and exercise, both aerobic and strength based	31.03.10	The new me Includes hair loss, skin, posture, clothes and vitamins, exercise , weight control
28.04.10	Changing habits: Dealing with old habits by exchanging them	05.05.10	Triggers for old eating styles includes non hungry eating
26.05.10	Portion control vs grazing or over eating	02.06.10	Focused eating (mindfulness)
30.06.10	Developing a maintenance mentality	07.07.10	Fluid intake: The good, the bad and the ugly
28.07.10	Goal Getting: Setting long term goals for yourself	04.08.10	Reading food labels understanding fat and sugar content
25.08.10	Carbohydrates The good, the bad and the ugly of maintenance of weight	01.09.10	Power through the plateau: Restarting weight loss
29.09.10	Iron levels choosing the right foods, Includes constipation	06.10.10	Metabolism and exercise, both aerobic and strength based
27.10.10	The new me Includes hair loss, skin, posture, clothes and vitamins, exercise , weight control	03.11.10	Changing habits: Dealing with old habits by exchanging them
24.11.10	Triggers for old eating styles includes non hungry eating		
<b>01.12.10</b>	<b>At Remuera "Xmas Function"</b>		

**The times will remain on Wednesday evenings at 6:30—8:00pm**

**Please phone Sarah or Sandra on 09 441 2790 and let us know that you will be coming**

**The groups will continue to be provided free of charge and open to all patients no matter when  
you had your surgery**



## Support Group Additions

In October this year I attended a 3 day workshop in the USA on running support groups. This was facilitated by a combination of professionals and patients so that all perspectives were accommodated.

Subsequently I am adding new topics to the support groups for 2010 but also see that there is a need for two more types of groups.

### **Getting the best out of your gastric band**

This group is aimed at people who have a lap band and want to make it work a little harder for them or so that they can fully support the band to maximize weight loss

This would be a workshop based format over 3 sessions, with each session 2-2.5 hours depending on the numbers in the group.

If you are interested in attending this group could you let the rooms know or email me on:

[catherinekissel@gmail.com](mailto:catherinekissel@gmail.com)

[psychologist@surgicalweightsolutions.co.nz](mailto:psychologist@surgicalweightsolutions.co.nz)

Cost 225.00

### **Back on track after weight loss surgery**

This group is aimed at those who may have experienced some weight regain after surgery whether the surgery has been 12 months or 5 years ago. There may be old habits that are creeping back in or you are finding it hard to motivate yourself back into exercise and portion control.

This would be a workshop based format over 6 sessions, with each session 2 hours in length and held in the evening

If you are interested in attending this group could you let the rooms know or email me on:

[catherinekissel@gmail.com](mailto:catherinekissel@gmail.com)

[psychologist@surgicalweightsolutions.co.nz](mailto:psychologist@surgicalweightsolutions.co.nz)

Cost \$350: 00

There will be a charge for these groups which will come with resources

**Catherine**



## Follow Up...

As you know, when you paid for your surgery, two years worth of follow up with Michael and Nikki were included in the price, as well as one consultation with Catherine and access to our support groups. We would still love to see you after 2 years, however there will be a charge for this. After two years, and one appointment with Catherine, the follow up costs are as follows:

Michael	\$90.00
Nikki	\$85.00
Catherine	\$95.00



## Round the Bays...

We are thinking about putting together a Round the Bays team for next year. If you are interested in participating in this, could you please email Lyn on [lyn@wsurg.co.nz](mailto:lyn@wsurg.co.nz) to let her know.

**off the mark.com** by Mark Parisi



## Information Evenings

Many of you have been along to the information evenings we have been providing for interested people over the last year. We welcome any suggestions as to how these may be improved and do appreciate those of you who have given your time to come along and provide prospective patients with your personal experiences. Start times are 7.30pm, please phone or email for bookings.

### Dates for Shea Tce

15 Shea Tce, Takapuna

Wednesday 13th January 2010

Wednesday 10th March 2010

Wednesday 7th April 2010

Wednesday 5th May 2010

Wednesday 9th June 2010

### Dates for Remuera

81 Remuera Road, Remuera

Thursday 11th February 2010

Thursday 25th March 2010

Thursday 22nd April 2010

Thursday 20th May 2010

## Contact Details

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This website is being continuously updated and any comments or suggestions are much appreciated.

We always look forward to seeing you all for follow-up. If you have any comments or suggestions or would like to write a piece for the next newsletter, please let us know.

