



# SURGICAL WEIGHT SOLUTIONS

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## Summer 2008 Newsletter



### Booth's Babble...

Welcome to our Summer Newsletter. We are all looking forward here to the Christmas holidays! SWS has had a good year, we always enjoy seeing our patients for followup, listening to your stories and seeing how you are all getting on.

For those of you who have come and spoken at our Information Evenings, a big thank you. We do appreciate your time and courage in speaking. It is so helpful for patients contemplating weight loss surgery. There is only so much research you can do on the internet! By the way a lot of the information that is available can be misleading.

I have had a patient recently who had to have their adjustable gastric band deflated in an emergency clinic. Unfortunately the wrong needle was used. Normal needles are known as 'coring' needles. These are the type of needles used for taking blood, giving injections etc. Unfortunately if they are used to access port sites, there is the risk of developing a port site leak and band failure as a result. The type of needle required to access a port is called a Huber needle. It is non coring. It is the same type of needle as those used to access chemotherapy ports. For those going overseas, it is a good idea to take a Huber needle with you for emergency use. We are happy to provide one for you if you wish, at a nominal charge \$20.00 (at cost).

For those patients who have had a gastric bypass or sleeve and have to face an endoscopic examination it is worthwhile pointing out to the endoscopist that you may have a silastic ring and that the anatomy may have been altered. For example endoscopists will not be able to get into the duodenum if patients have had a gastric bypass. Some of the endoscopes are quite wide and may struggle to pass through a ring causing a lot of pain (and possibly worse) for the patient. Endoscopes can place significant stress on the join-ups (anastomoses).

Putting all of this together I think it is a good idea for all of you to have copies of relevant correspondence particularly a copy of your operation note. It is also a good idea to keep a copy of your operation note in your folder as well as any other relevant information. I am generally available to take a phone call if your endoscopist or surgeon wants to know some technical details.

I would like to take this opportunity to wish you all a very merry Christmas and happy New Year! See you in 2009!

**Michael**



## Bariatric Conference 2008 Washington DC...

### Lyn's snippets

The American Bariatric Society is establishing a Centre of Excellence (COE) program. Principally, to ensure the bariatric program is registered to promote the delivery of bariatric surgical care with the highest levels of efficacy, efficiency and safety.

"Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction, and skilful execution. It represents the wise choice of many alternatives." William A. Foster

The development of our practice to fit within the American COE model will require modification to fit our New-Zealand population. The ingredients that make up a COE include; an experienced surgeon, a specialist multidisciplinary team; anaesthetist, dietitian, nurse, psychologist and administrative team, a comprehensive bariatric program structure, proper documentation, records maintenance, long term follow up and tracking outcomes

On the audit note, it is my intention to send these out within the next two months. We welcome your feedback, it enables us to track how we are doing from your perspective and to change our practice to ensure better outcomes.

The conference was excellent from my professional development perspective I learned a lot of new information which we all are passing on. I know I have had a couple of wonderful sessions with the support group. Thank-you for listening, its win-win for us all.

**Lyn**



## Support Groups for 2009

These groups have become an important part of a successful outcome with weight loss surgery and it has been great to have been part of the groups over the previous 12 months.

For those of you who haven't joined us yet, they are at their most valuable in the first 12 months after surgery in order to normalise the process and provide support through the frustrations and pitfalls

Things I have learnt from support group are:

- Every plateau in the first 12 months ends with further weight loss
- Hair loss is recoverable and enhanced hair growth (wigs) look great too
- Alpine tea is the best cure for constipation
- Stick to the diet plans and read food labels; supermarket shopping takes longer
- Energy and flexibility are the real gifts of weight loss although clothes and looking at yourself in the mirror are great too
- At times it's hard to remember that you are a thin person and how far that you have come
- Alcohol should be approached with caution
- Good support keeps you going

The dates for 2009 will be on the website soon, however we will stick to the last Wednesday of the month for Takapuna and the first Wednesday of the month for Remuera. Both groups are now open to all those who have had surgery and we are looking forward to seeing you in the New Year.

Please let us know that you are coming by phoning Sarah or Sandra on 441 2750.

There is no charge for the support groups .

**Catherine, Lyn and Nikki**



## ASMBS Conference...

### *A week in Washington.....*

This was a great opportunity for me to improve practice through meeting with other psychologists and having the opportunity to discuss issues related to weight loss surgery. I had the opportunity for many discussions on optimizing the support process through weight loss and I had increased my knowledge on everything from carbohydrate addiction to plastic surgery.

The main emphasis at this conference was keeping in touch with people after surgery and responses to weight regain. A collective summary of lectures, presentations, discussions and workshops is the following:

1. Weight regain is often associated with increased carbohydrate or sugar intake so this needs to be monitored after surgery and eliminated as much as possible. An increased sugar intake can re stimulate your appetite and desensitize your body so that you can tolerate more sugar without dumping.
2. You need to make changes as soon as you notice that this might be occurring. This is not the same as a weight plateau that can occur during the first 18 months but if the plateau is caused by increasing your sugar intake you should treat it in a similar fashion.
3. Key concepts are back to basics with protein, water and exercise, eliminate all sugar from your diet for 2-4 weeks, this should stop the physical craving.
4. Diary your entire food intake for 2 weeks so that you can objectively look at what is occurring.
5. Consider levels of stress, tiredness and depression, are these impacting on your food choices. Carbohydrates are a mood stabiliser but so is exercise, time for you, doing enjoyable activities and time out with friends.

The key message is that often weight regain is associated with similar behaviours thoughts and feelings to the "I am off the diet now" phase, so they are old patterns of behaviour that are no longer part of your lifestyle. If you are having trouble shaking them, email me or make an appointment so we can get you back on track.

In the USA they regularly have groups that meet for 4-6 sessions called a "back on track" group that addresses these issues. Or a "living with weight loss" group at the 10-12 months post surgery.

We could run one here just let me know what you think.

### **Catherine**

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



"I assure you, stomach stapling is quite routine these days."



## Power through that plateau...

Plateaus are a normal part of the weight loss process. Be patient. You will start losing again. At each stage of your journey there will be reasons why you plateau.

### Beginning of journey

1. The body does go into a 'starvation mode' this is the way the body protects itself when it thinks there will be a lack of nutrition.
2. One of the ways to assist your body to get off this plateau is to boost your metabolism by ensuring you have enough protein in your diet. This convinces your body you are not starving and are taking in nutrition.
3. Protein is a natural appetite suppressant and is essential for losing weight.
4. Exercise program .

As your weight reduces and you begin exercising

Less Fat = More Muscle = Weight Plateau as you continue your program the weight will start to shift again

### 12-18 Months

1. Reduced appetite effect may have dissipated.
2. There is a physical and emotional component to the changes you have experienced. The body changes rapidly but the emotions change more slowly.
3. One technique to appreciating your true size is to look at photos at various stages of your weight loss.
4. Donate clothes that are too big.

### I can't be finished losing weight

Long term weight loss relies on these main components

1. Watching food intake.
2. Lifelong continuation of exercise program.
3. When your goal weight has been reached it can be difficult to shift your focus to something else.
4. Come to terms with the fact that thinking about weight loss has been an all consuming passion, but that now it is time to look beyond the weight.
5. A time to explore your new mobility and outlook and try new foods.

### Strategies for weight maintenance

1. List obstacles preventing you from weight loss.
2. Recognise there is no end to a lifestyle change. It is forever.
3. Realise that no-one is perfect.
4. When you do 'slip' up ask yourself why you slipped up? How can I prevent it in the future?
5. Action to take if not losing weight as expected:
  - Contact Surgical Weight Solutions (SWS) for our support group evenings
  - Contact SWS to see our psychologist Catherine Kissel
  - Contact SWS to see our dietitian Nikki Talacek
  - Call a friend and work together

Lyn

## Christmas Poem...

'Twas the month after Christmas, and all  
through the house,  
Not a garment would fit me, not even a  
blouse.  
The cookies I'd nibble, the eggnog I'd taste,  
At those holiday parties went straight to my  
waist.  
When I got on the scales there arose such a  
number!  
I walked to the shop (less a walk than a  
lumber),  
And thought of the marvellous meals I'd  
prepared;  
The gravies and sauces and beef nicely  
rared,  
The wine and the rum balls, the bread and  
the cheese,  
And the way that I'd never said, "No thank  
you, please."  
When I put on my extra-large husband's old  
shirt,  
And prepared once again to do battle with  
dirt,  
I said to myself, as only I can,  
"You can't spend the winter disguised as a  
man!"  
So away with the last of the sour cream dip!  
Go, fruitcake! Go, cookies! Go, cracker and  
chips!  
Each last bit of food that I like must be  
banished  
'Till all the additional kilos have vanished.  
I won't have that ice cream, not even a lick,  
I'll chew only on a long celery stick.  
I won't have choc biscuits, or white bread,  
or pie  
I'll munch on a carrot and quietly cry.  
I'm hungry, I'm lonesome, and life is a bore  
But isn't that what January is for?  
Unable to giggle, no longer a riot,  
Happy New Year to all and to all a good  
diet!

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**Eating smart  
isn't dieting!**

## 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. It never ceases to amaze us how well our patients speak and how entertaining you can all be! We will be holding information evenings at 81 Remuera Rd as well. Start times are 7.30pm, please phone or email for bookings.



## 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.

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**Your goals,  
minus your doubts,  
equal your reality**