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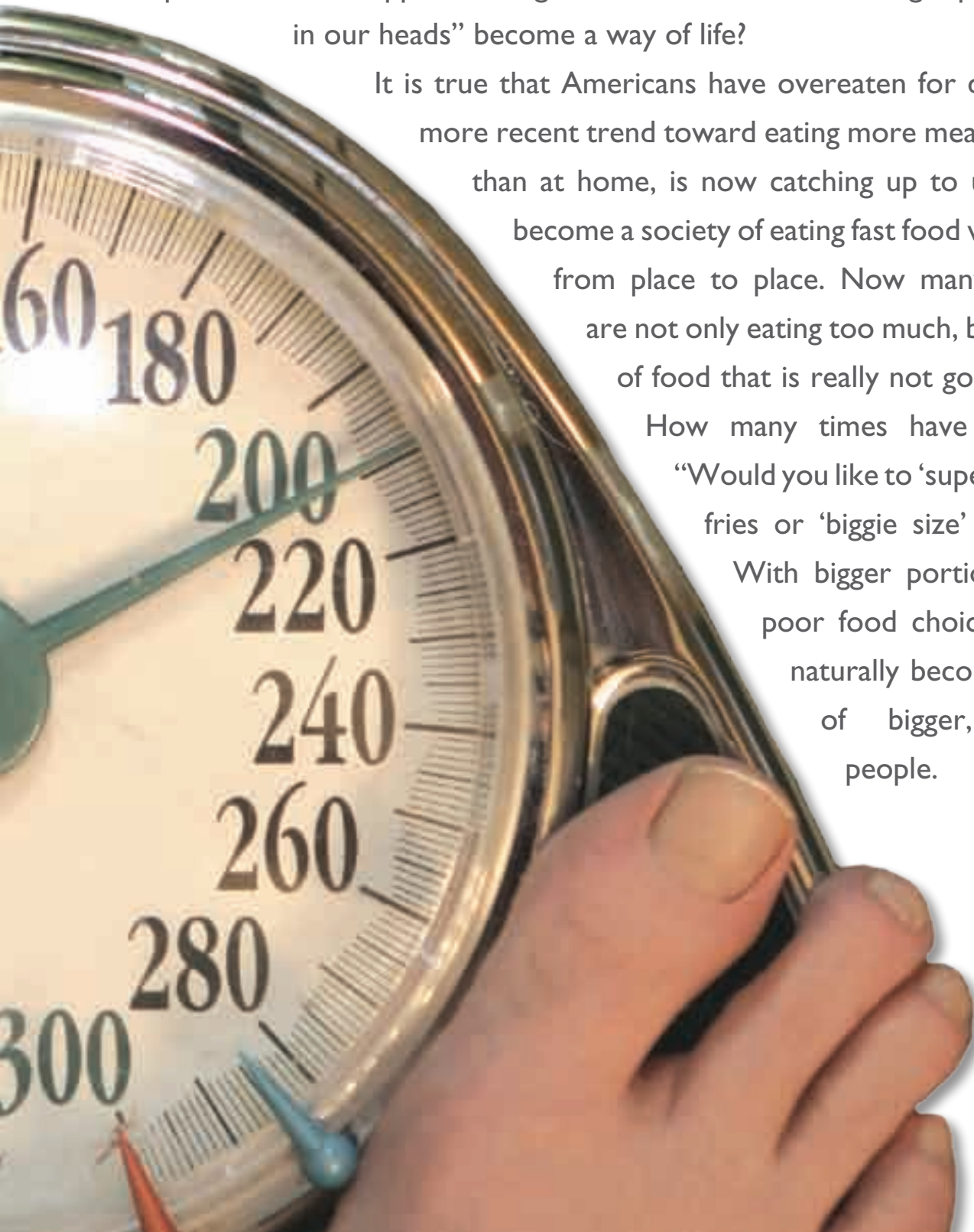
Shedding More Than Those Holiday Pounds

By Wendy Crooks



SUCCULENT HAM, juicy apple pie, sweet cakes, pastries and breads, potatoes and dressings are all foods that many of us overindulged on this holiday season. Holiday weight gain has been a topic around water coolers for as long as many of us have been alive. Thankfully the new statistics show that the average holiday weight gain is closer to a pound or two per person rather than the originally reported 10 pounds. What happens, though, when those “visions of sugar plums dancing in our heads” become a way of life?

It is true that Americans have overeaten for decades. The more recent trend toward eating more meals on the run than at home, is now catching up to us. We have become a society of eating fast food while running from place to place. Now many Americans are not only eating too much, but too much of food that is really not good for them. How many times have you heard, “Would you like to ‘super-size’ those fries or ‘biggie size’ that drink?” With bigger portion sizes and poor food choices, we have naturally become a society of bigger, unhealthy people.

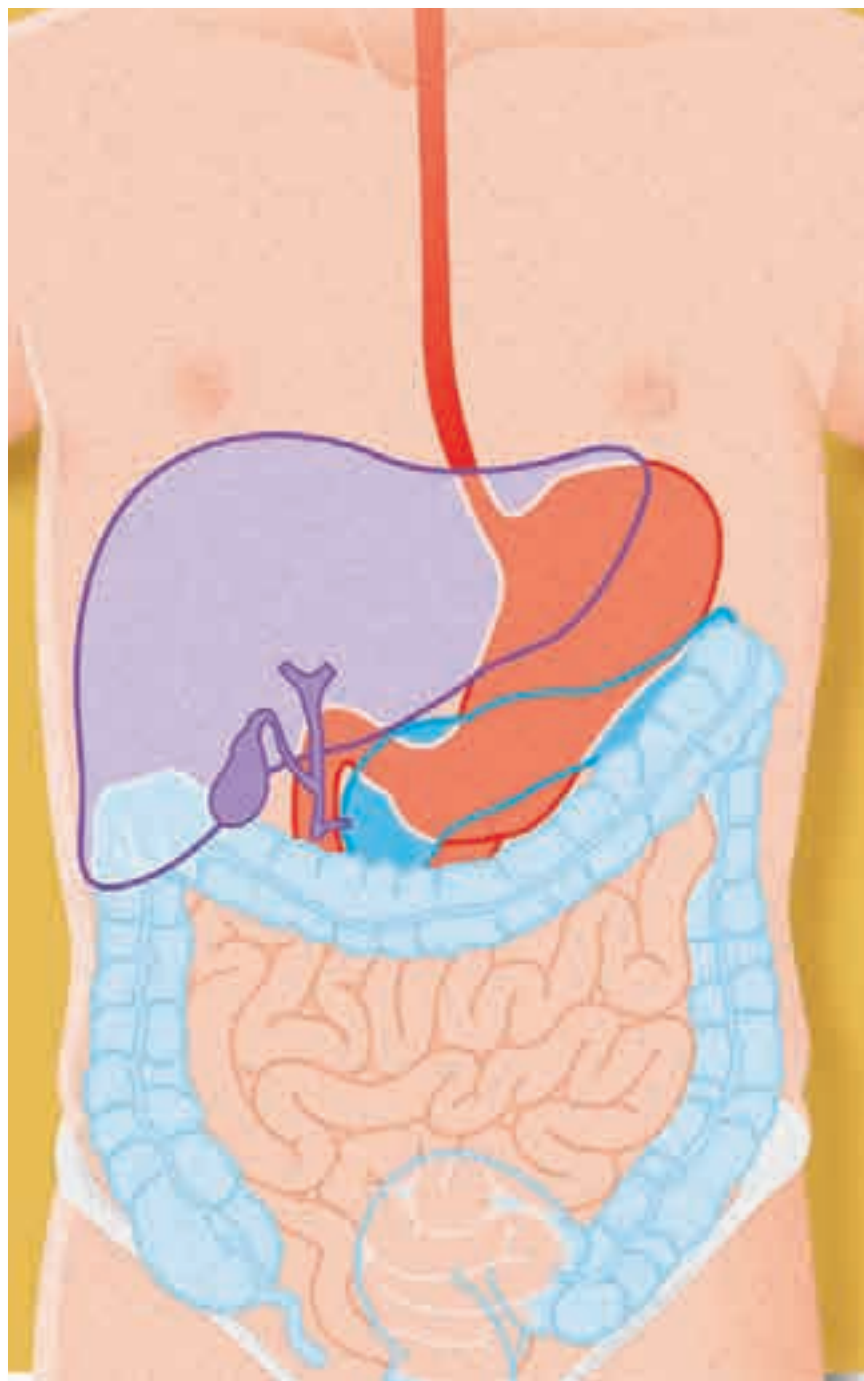


*Anatomy Illustration
Illustration provided by Stephen V. Hamn, M.D. FACS*

The latest National Health and Nutrition Examination Survey shows that 34 percent of Americans are considered overweight (having a BMI or Body Mass Index from 25 – 29.9) and 22 percent are considered to be obese (having a BMI of greater than 30). We now even have terms for the really obese – morbidly obese or grossly obese (a BMI of over 40). During the 1990s, obesity increased steadily regardless of age, sex, education, or ethnicity. This weight gain epidemic has taken its toll on Americans making them more susceptible to many medical issues such as type 2 diabetes, heart disease, lung disorders, hypertension, osteoarthritis, hyperlipidemia, depression, bladder stress incontinence, heartburn, spine problems, obstructive sleep apnea and even certain types of cancers. About 300,000 deaths each year are attributed to obesity, which is only exceeded by deaths caused by smoking.

“In order to qualify for bariatric surgery a person must have a BMI of 40 or higher which means 100 lbs. overweight for a man and 80 lbs. overweight for a woman.”

Most Americans who suffer from obesity have struggled with several unsuccessful attempts to lose weight. Many have tried every new diet that has come along. A growing trend for weight loss is bariatric surgery. Although bariatric surgeries were first performed in the 1970s, most Americans weren't willing to take the risks involved with the early surgery to achieve their weight goals. In order to qualify for bariatric surgery, a person must generally have a BMI of 40 or higher which means



100 pounds overweight for a man and 80 pounds overweight for a woman. Another qualifying factor might be a severe or life-threatening disease caused by obesity such as diabetes or a cardio-pulmonary problem like sleep apnea or obesity related heart disease.

Stephen V. Hamn, M.D., FACS, is a local bariatric surgeon who is helping many achieve their weight loss goals today. Dr. Hamn, who currently practices at Frisco Medical Center and Presbyterian Hospital of Plano, began

his career in 1987 after completing his residency at the University of Missouri. Dr. Hamn has witnessed first hand the changes in bariatric surgeries.

In the beginning, the procedure was called a Vertical Banded Gastroplasty. Then, while working in Garland with Dr. Otto Wilbanks, the doctors started to perform a variation of that surgery. Dr. Wilbanks developed the Silastic Ring Ventricle Gastro Plasty. In the early to mid-90s, Dr. Hamn began his practice at Plano Presbyterian and in



Stephen V. Hamn, M.D. FACS (above)
Laparoscopic Adjustable Gastric Band (left)
photos provided by Stephen V. Hamn, M.D. FACS

1995, bypass surgeries developed as a replacement for previous methods that were not as successful. The gastro bypass surgery, while very effective, is more complicated than the lap band procedure which is the most prevalent bariatric surgery done today. Dr. Hamn believes the lap band procedure, which received FDA approval in 2001, is the more desirable of the two types of surgeries.

Bariatric surgeries have come a long way since the 1970s when the Jejunoleal Bypass (JIB) procedure bypassed the entire small intestines. This surgery provided a rocky start for bariatric surgeries, as the patients didn't generally do well with it. Fortunately for those who need it today, bariatric surgeries have been fine-tuned quite a bit.

As with any surgery, both the Roux-en-Y Gastric Bypass surgery and the LAP-BAND procedure have potential risks. In addition to the bypass surgery being major surgery, patients generally have health issues, such as the aforementioned conditions, that contribute to making the surgery more risky. Other risks include bleeding, blood clots, hernia, bowel obstructions, severe infections caused by leakage in

the abdomen where the stomach and intestines were cut, as well as a risk of malnutrition.

"The Laparoscopic Adjustable Gastric Banding System works by creating a smaller gastric pouch and limiting the amount of food that the stomach will hold at any time."

PREVALENT PROCEDURES TODAY

The Roux-en-Y Gastric Bypass operation shrinks the size of the stomach by stapling off a portion of the top of the stomach and bypassing some (or most) of the early section of the small intestine (duodenum). This bypass causes less food (therefore fewer calories and nutrients) to be absorbed. Hence these operations are called "malabsorptive." This kind of bariatric procedure generally results in quick weight loss.

Laparoscopic Adjustable Gastric Banding system, also known as the LAP-BAND System, works by creating a smaller gastric pouch and limiting the amount of food that the stomach will hold at any time. An inflatable silicone ring, or band, is inserted to control the flow of food from the smaller pouch to the rest of the digestive tract. The patient feels comfortably full with a small amount of food. Because of the slow emptying of the pouch, the patient will continue to feel full for several hours reducing the urge to eat between meals. The band is attached to an access port implanted beneath the skin during surgery. The band is tightened over time to achieve optimum weight loss. This surgery is often performed on an outpatient basis.

According to Dr. Hamn, each surgery has a "set of rules" to follow in order for the surgery to be successful. Each surgery also has its own set of side effects. With the lap band procedure, patients have to learn to eat slower and chew their food well so they don't overeat. Since the stomach pouch is now smaller than it was, the patient will fill up quicker and ultimately experience vomiting when overeating. With the bypass surgery, the patient will experience diarrhea, malabsorption, and a "dumping syndrome" as a sort of punishment when fatty or high sugared foods are consumed.

Today, the surgery itself can cost



Gastric Banding System (left) Gastric Bypass Procedure (right)

Illustrations provided by Stephen V. Hamm, M.D. FACS

about \$30,000 and in many cases with extreme diligence on the patient's part, insurance companies will pick up the majority of the tab. Some of the keys to getting approval are: understanding your insurance company's "certificate of coverage," getting the proper referral, documenting every weight related health issue or doctor visit, and keeping accurate detailed records and documentation.

Recently another local hospital opened its doors to meet the growing demand for bariatric surgery. North Texas Hospital in Denton is a new facility that has been designed and built with bariatric patients in mind. According to the hospital's CEO, Randy Bacus, "From the extra wide door frames, equipment, and larger furniture to the family sofas, everything has been taken into consideration to make bariatric patients and their families comfortable during the surgical experience. Even the plumbing has been designed to bear the extra weight of the bariatric patient."

The hospital hired a nurse who was a former bariatric patient to help pull the whole program together. Mr. Bacus says, "It has a hotel environment with soft colors. It is very non-clinical with a lot of natural lighting. Even the operating rooms have windows." The hospital, which has six operating rooms and six procedure rooms, focuses on elective surgery and imaging.

"The surgery costs about \$30,000 and in many cases with extreme diligence on the patient's part, insurance companies will pick up the majority of the tab."

Dr. John Marsden and Dr. Daryl Stewart are the bariatric surgeons at North Texas. Dr. Marsden generally performs the lap band procedures while Dr. Stewart generally performs the gastric bypass surgeries. Both doctors have been at the hospital since its opening last February.

PATIENT REACTIONS

One local patient is doing exceptionally well after her surgery. On Friday, September 2, 2005, Linda Mosley had the lap band procedure at Presbyterian Hospital of Dallas. Ms. Mosley decided to have the surgery because she was overweight and had health issues related to the extra weight she carried. She tried every diet she could think of and even took diet pills and each failed to provide the lasting results she needed. Ms. Mosley admitted that she couldn't even walk from the parking lot into the building at school without getting pretty winded. She remembered seeing a photo of herself before having



*Lucille Nowaski and her family months after her surgery (left);
Lucille Nowaski close to her top weight (right)*
photos provided by Lucille Nowaski



the surgery one day and she said, “You have one of those moments when you think, ‘Oh my gosh, that cannot be me!’” Ms. Mosley began the process by attending a seminar to see if the surgery might be for her. After the seminar she started checking around, researching the doctor that did the seminar and making insurance inquiries.

After the decision was made to have the surgery, there was some preparatory work. Ms. Mosley had to adhere to a low fat diet and cut out sugary and fried foods. She also had to increase her protein intake. She said, “I had the surgery done on a Friday and took the following week off work. I felt as though I could probably have gone back to work sooner but since I had not planned to go to work, I took the time off anyway.”

So far Ms. Mosley has lost about 40 pounds and would like to lose another 30-35 pounds. “I eat more vegetables and healthier meals and have really become aware of the amount of fat I intake each day. Even my husband has enjoyed some weight loss because I cook healthier now.” Ms. Mosley says her family is very supportive of her decision to change her life. “I just knew that I was 53 years old and my metabolism was slowing down. I just didn’t feel right. I even had problems sleeping at night,” she admits. In addition, Ms. Mosley has

a family history of heart disease and diabetes that were contributing motivational factors.

When asked about any drawbacks to the surgery she said there were none. Then she said, “Well, maybe the week to 10 days that I couldn’t sleep on my favorite side due to the incisions. Other than that, it has truly been a win-win experience.” Because of Ms. Mosley’s dedication to her new healthy lifestyle, she is enjoying both feeling better and looking better.

“...having the surgery became a life or death decision. Prior to the surgery she weighed 460 pounds and was bedridden. I couldn’t even get around...”

Another success story comes from bariatric patient, Lucille Nowaski. On August 28, 2003, Dr. Allan J. Cribbins, III, performed the gastric bypass surgery

on Ms. Nowaski at Presbyterian Hospital of Plano. “The surgery saved my life,” says Ms. Nowaski. “I have always struggled with my weight but after having a car accident, I gained more and more weight. I had a cardiac arrest and the medicine I was put on made me blow up even more.” For Ms. Nowaski, having the surgery became a life or death decision. Prior to the surgery she weighed 460 pounds and was bedridden. “I couldn’t even get around,” she said. She suffered from an enlarged heart, pulmonary disease and sleep apnea. “I had the recommendation to have the surgery from three different doctors. It was a risky surgery because of my health issues but I didn’t really have a life.” She then talked it over at great length with her family. “My family has always been very supportive. Even when I weighed 460 pounds, my husband told me everyday that I was gorgeous. He was willing to do anything to save me. He would have sold the house if he had to.”

Since the surgery Ms. Nowaski has lost 210 pounds and has gained her life back. Now she enjoys time with her



Tenia Crow with her son, Elijah before surgery (left) photo provided by Tenia Crow Today, Tenia Crow enjoys playing tennis (right) photo by Taylor Robinson



children and her new grandbaby and can actively participate in their lives. She explained she knows this was just a start. She said, "I'm still very careful about what I eat. I have to get my protein and take my vitamins. I think a lot of people get into trouble because they don't take their vitamins." Since the surgery literally saved her life, Ms. Nowaski was hard pressed to come up with a drawback to the surgery. Finally she laughed and admitted that she could no longer enjoy adult beverages because alcohol effects her more than it used to. As she continues this weight loss journey she realizes that exercise is an important factor. "My sister just gave me a full year membership at Curves and I'm really looking forward to using it!" Ms. Nowaski said that she continues to lose weight but at a slower pace.

A nurse from Plano who works at Baylor Hospital had another success story to share. Tenia Crow had the gastric bypass surgery in May 2004. In the year and seven months since the surgery, Tenia has lost 120 pounds and proudly fluctuates within three pounds of her ideal weight. "I wasn't really like most patients, though. Most people

lose a lot of weight in the very beginning. I only lost 20 pounds or so the first two months and didn't really start losing until around the sixth or seventh month after surgery. Everyone's different though," Ms. Crow declared. Having the surgery has really changed Ms. Crow's life as well. "My confidence level has really gotten better and I think people are more responsive to me because of it. I can also walk up a flight of stairs now and my neck and back don't hurt like they used to. I also used to suffer from stress incontinence and that is better now too."

When asked about the pros and cons of the surgery she said that the results of the surgery have been great. "One of the drawbacks to being a patient and a nurse is that I have worked with patients who have had bariatric surgeries. I've known all along what to expect out of the surgery but realizing it and actually living it are two different things. It was a rude awakening to realize that I really couldn't eat the type of foods that I wanted to anymore or even the quantity of food I wanted to," stated Ms. Crow.

According to Dr. Hamn, "Obesity is not a new problem. It is just a more

common problem." The exciting news is that with both the lap band and the gastric bypass procedures, most patients can expect to lose 60 percent of the "extra" weight they carry within a two-three year post surgery period. As with Ms. Crow, some patients will lose up to 100 percent of their "extra" weight. To avoid risks of complications, do your research. Some studies have shown that the mortality rate goes up as much as five times when an inexperienced surgeon performs the surgery. Find the right doctor and choose a hospital that has an Intensive Care Unit (ICU) and can accommodate any potential complications.

If you're only worried about the few holiday pounds you put on, be grateful and get back on the treadmill. If you have much, much more to lose, bariatric surgery might be something for you to consider.

Wendy Crooks is a freelance writer living in Plano.