

Possible New Solution for Weight Re-Gain After Gastric Bypass!!!

We will be offering a new non-surgical technique that may help gastric bypass patients that are re-gaining their weight after surgery or who are disappointed in their total weight loss. The procedure will involve an endoscopy under light sedation. If the opening (or stoma) from your stomach pouch to your small intestine has stretched out too much we will inject a solution that

will hopefully cause shrinkage of the opening. If successful, this will decrease the amount of food that you can tolerate, causing weight loss. This procedure may be repeated more than one time to achieve an appropriate stoma size to allow for further weight loss.

If you have re-gained at least 15% of your lost weight or have failed to achieve the

expected initial weight loss after gastric bypass surgery, call the office to schedule an appointment with a dietitian. We will need to make sure that your weight issues are not due to poor diet and then at another visit Dr. Bessler will discuss the procedure with you in more detail. We will require an Upper GI at our hospital before the actual endoscopy can be performed. ○

News from the Center

By Marc Bessler, MD

We are very pleased to announce the opening of a Center for Obesity Surgery at Valley Hospital in Ridgewood, NJ. This program follows our model and employs the services of a registered dietitian and nurse practitioner (Gio Dugay) as well as full time obesity surgery coverage (Drs. Davis, Bessler and Schrope). Valley Hospital is located at 223 North Van Dien Avenue. The telephone number of the Center at Valley is 201-634-5500. Please help us to spread the word about our new program at Valley by informing your family and friends who may be interested. Our program at Lawrence Hospital has been a success and now Valley will offer all our patients the opportunity to follow-up in a 3rd hospital location. In addition, Dory Ferraro, our nurse practitioner at Lawrence, has an office on Long Island where patients can be followed. If you decide to follow-up at a different Center from where you had your surgery, please call your surgery Center to have your records transferred.

We are proud to announce that we have been selected by the NIH as one of only 6 sites to collect information on the outcomes of surgery for obesity. We have begun to send anonymous data on our new patients who give us consent to do this. The research that the NIH is conducting will help us to better understand the effects of these operations and compare results between them. ○

Pregnancy After Weight Loss Surgery

Many of our female patients have questions and concerns regarding pregnancy following weight loss surgery. Pregnancy is generally considered to be safe so long as it occurs at least 18, and preferably 24 months after surgery. Overall, the limited information in the literature on pregnancy outcomes following weight loss surgery is favorable, but rare cases of serious complications, including severe anemia, and even death, have been reported. Pregnancy can be harmful to a fetus during a period of rapid weight loss. Pregnant women generally need higher amounts of calories, protein, iron, folic acid and calcium. In the first few months following bariatric surgery, these demands may be too difficult to meet. Pregnancies following weight loss surgery in previously infertile women are known to occur, this being a result of the normalization of sex hormone levels with weight loss. It is for this reason that all women of childbearing age are advised to use some form of contraceptive for a least 18 months following surgery.

A woman who is considering pregnancy after weight loss surgery should allow for “pre pregnancy planning”, during which time her health and nutritional status should be evaluated and optimized by her bariatric team and PCP. Should you become pregnant after bariatric surgery, it is critical that you have close monitoring by your obstetrician as well as your bariatric team.

At NYP Center for Obesity Surgery at Columbia and Lawrence Hospital, we are interested in studying pregnancy after bariatric surgery. If you have had a pregnancy since your weight loss surgery, and would like to participate in our study, please contact Staci Stone, RD CDN at (914)787-6059. We are interested in studying the outcomes of all pregnancies after surgery, those which were full-term as well as those which were terminated prematurely. All we would need from you would be to complete a questionnaire. ○

Planning for a Baby?

Before you become pregnant after your weight loss surgery, please set-up an appointment to see your nurse practitioner (NP) and registered dietitian (RD). Your NP will send you for a full battery of blood tests to make sure that all values are normal before you become pregnant. Your RD has guidelines for weight gain during pregnancy, what supplements to take and how you should be eating to help you to deliver a healthy baby. Please call 212-305-4000 if you are a patient at Columbia University Medical Center or 914-787-4000 if you are a patient at Lawrence Hospital. ○

PLEASE NOTE: Due to rising production and mailing costs, this newsletter will no longer be mailed to your home. However, we still want to be able to provide you with the information that would normally be included in the newsletter. Consequently, the newsletter will be put on our website, www.ObesityMD.org, where you will be able to read it or we can E-mail it to you. If you would like to receive this newsletter in your E-mail, please E-mail your request to Munira Kassam at: mk2496@columbia.edu, or call her with your E-mail address at 212-342-6921.

ORAL HEALTH AFTER WEIGHT LOSS SURGERY

By Linda Lederer, Registered Dental Hygienist, Committed to Oral Health

Many people look at the mouth as a tool with which we chew our food and speak our words. They do not realize that there is a connection between the mouth and body which makes proper oral hygiene important to our overall health. Recent research shows that in order to have complete body health you need to have oral health. After all your mouth is one of the main passage ways into the body.

I am a WLS patient myself and have many patients who have undergone WLS. I can see the damage in the mouth caused by not consuming/absorbing enough calcium and nutrients. Sometimes this damage is irreversible. In order for you to help your dental professional care for your dental needs, it is very important that you update

them at each visit regarding changes in your health and/or medications; even the vitamins that you take are important to your dental team.

Here are some helpful hints to the aid in proper oral health care for the WLS patient. These are not meant to replace the instructions given by your own oral health care team. Always follow their instructions first and foremost.

1. Use of a soft toothbrush and/or an electric toothbrush recommended by your dental team. Brushing is recommended at least twice a day.
2. Avoid mouth rinses or washes that have high alcohol content if any of the vitamins, minerals and/or medicines that you take gives you dry mouth. Try a rinse that is alcohol free.
3. Increase water intake. If you drink during the night, plain water is recommended to

avoid build up of undesirable substances on your teeth while you are sleeping.

4. Do not suck on lemons/limes. They have a high acid content and they can erode the enamel on your teeth.
5. Brush your teeth after each episode of acid reflux or vomiting. If a toothbrush is not available, rinse out your mouth with plain water.
6. Increase regular check-up appointments with your dental team. Ask them to educate you in maintaining your oral health after WLS.
7. Floss regularly and remember to brush your tongue.
8. Keep regular appointments with your WLS team. They will monitor your blood test results to insure that all values remain within the normal range. ○

The Top 10 Things That I Learned Since Weight Loss Surgery

1. Chocolate covered raisins do not count as a fruit serving.
2. Devil Dogs don't really call out to you. It's all in your head.
3. Just because cotton candy disintegrates in your mouth doesn't mean it is not SUGAR.
4. There are so many sugar-free snacks available for purchase in New York.
5. If you must eat White Castle cheeseburgers, make sure that you are with a friend(s) so that you don't faint on the hard sidewalk in the hot sun after you start dumping.
6. Being a "loser" is not a bad thing after all.
7. Yes, you can weigh differently depending on where the scale is located in the bathroom. Experiment with scale placement until you find the lightest area in the bathroom.
8. You don't magically gain self-confidence when you lose weight. It was always there. You just have the guts to let it out now.
9. My feet really do exist.
10. It's still easier to gain weight than to lose it. ○

Who I Was & Who I am Now — A Patient's Story

I was a 278 pound woman who hated to bend down and who had her son be mommy's "picker-upper" and "shoe-getter". I was a woman who was out of breath by the time I got to the second floor of my five flight walk-up. As a result, I did my food shopping before going upstairs because I would never tackle those five flights of stairs twice in one day. I was a woman who was lonely. I isolated myself; I was too afraid that people would not like the way that I looked. I hid from my husband's friends and colleagues because I was embarrassed for them to see me. I bought clothes that hid my "love handles" best, not necessarily because I liked them. Even though I thought that I did not eat a lot and ate healthfully, I would not eat in public. I couldn't let myself believe how heavy I had gotten. I remember buying my first 22/24 size and thinking, "Lane Bryant is making their sizes smaller!". I never looked at myself in the mirror below the neck.

I was ashamed, disappointed and depressed all the time. Since I was not worth helping, I concentrated on helping others. That is how I became a social worker. However, I would never speak in meetings and I was very unassertive on the job.

I am now 138 pounds lighter at 140

pounds and wear sizes 2 to 6, depending on the store. No more Lane Bryant for me! I only buy clothes that I love and that look good on me. I like the way I look in clothes now. I want to shop and I want to dress nicely, including wearing skirts and dresses. I tie my son's shoe laces and pick things up for him now. I go to the park with my son and can run faster than he or my husband. I exercise 8 hours every week and walk every place that I can. I walk up 9 flights of stairs twice a day at work. All of this averages to my walking 6 miles everyday.

I was in disbelief when my gynecologist discussed the side effects of a birth control method on thin women like me!!

I want to live now. I want to cross my legs, eat healthfully, exercise daily, play basketball and baseball and walk faster than my family. I don't take any more medications. I am more assertive at work. I am making new friends. I am caring for myself like never before. I've worked hard and have come a long way. I am proud of myself for the first time in my life. I am sure that I will also be proud of the person that I will be at age 86.1, my new life expectancy.

Cindy H. had LAP-BAND® surgery on 5/19/03 with Dr. Bessler. She has never had an adjustment of her band! ○

If you are re-gaining weight or are stuck on a weight loss plateau, call the office and make an appointment with Lorraine and either Meredith or Nancy at Columbia and with Dory and Staci at Lawrence. We can help you! There are options: additional surgery, an Optifast® liquid diet to get you back on track, evaluation of your diet with recommendations for change, referral to an eating disorder specialist, medications, a new, non-surgical procedure (see separate article), etc.

RECENT PRESENTATIONS

Recently two of our studies were presented at the 21st Annual Meeting of American Society for Bariatric Surgery (ASBS) held in June 2005.

1. **Effect of Meal Frequency on Weight Loss After Bariatric Surgery.** The objective of the study was to determine if nutritional regimen, e.g. frequency of meals per day, is an important variable in the success of bariatric surgery. The results showed that meal frequency may be an important variable in achieving and maintaining weight loss after Lap Band and Gastric Bypass (GBP). Frequent (4-6) small meals spaced equally during the day may be an important factor contributing to the weight loss after Lap Band. Meal frequency may not initially play an important role after GBP but may help in maintaining weight loss. Long term follow up in needed to confirm the results of this study.
2. **Effect of Bariatric Surgery in Elderly Patients.** The objective of this study was to evaluate the safety and efficacy of bariatric surgery in patients older than 60 years as compared to younger patients. The results demonstrated that bariatric surgery in older patients was as safe and effective for weight loss and resolution/improvement of co-morbidities as in younger patients.

Follow-up visits are very important. If you are due for a check-up, please call the office at 212-305-4000 to make an appointment if you are a patient at Columbia, 914-787-4000 if you are a patient at Lawrence Hospital or 516-579-0094 to be seen in our Long Island office. If finances are a concern, please advise and we will work with you.

Join the on-line support group by emailing DrBesslersPatientsNYC-Subscribe@YahooGroups.com

Remember to eat your protein first, then your vegetables followed by a fruit or starch. Don't let a lot of high fat foods or starches creep back into your diet!

If you have changed your address, place of business, insurance and/or telephone number(s), please advise the office staff by calling 212-305-4000 if you are a patient at Columbia Hospital or 914-787-4000 if you are a patient at Lawrence Hospital.

Published Research

Effects of Roux-En-Y Gastric Bypass Surgery on Fasting and Postprandial Concentrations of Plasma Ghrelin, Peptide YY and Insulin.

The objective of this study was to help understand the mechanism by which weight loss is maintained after Roux-en-Y gastric bypass (RYGBP). The results suggest that weight maintenance after RYGBP may be due in part to earlier and increased satiety. This change in satiety comes from two RYGBP related sources: an increase in the appetite suppressing hormone, peptide YY, and to volume restriction. In addition, the appetite stimulating hormone, ghrelin, does not increase to the extent reported with diet-induced weight loss so there is less hunger despite calorie restriction and weight loss, compared to individuals who lose weight with diet alone.

New Studies (Volunteers Needed)

1. **Longitudinal Assessment of Bariatric Surgery (LABS).** The Longitudinal Assessment of Bariatric Surgery is a National Institutes of Health (NIH)-funded consortium of six clinical centers and a data coordinating center working in cooperation with NIH scientific staff to plan, develop, and conduct coordinated clinical, epidemiological, and behavioral research in the field of bariatric surgery. For more information please visit

<http://www.edc.gsph.pitt.edu/labs/>

2. **Low BMI Study.** A research study of Laparoscopic Adjustable Gastric Banding surgery for patients who do not meet criteria for standard weight loss surgery. For more information please visit <http://www.obesitymd.org/>
3. **Body Composition and Hormone Study.** We are seeking volunteers for a research study on hormones that affect appetite and metabolism, and for a study that examines the effects of weight loss surgery on body fat distribution. Participants will have undergone either gastric bypass or gastric banding between 15 months to 5 years prior to the study, and need to be of stable weight over a period of 3 months. If you have diabetes, you are not eligible to participate in this study. The hormone study involves drawing blood over a 3 hour period after drinking a chocolate-flavored meal. The body composition study involves scanning your body in a MRI or DEXA machine to determine your percent body fat, muscle and fat distribution. If you participate in both studies, compensation is \$150 or \$75 for participation in one. For those patients who have already participated in the hormone study, you may also be eligible to participate in the MRI study. If you would like more information, please call Dr. Marila Taveras at (212) 342-0281. ○

Announcements:

Marriages:

- 1) Thomas B. (GB, Bessler, 1/5/04) to Adriana on 5/21/05
- 2) Heidi O. (GB, Bessler, 7/17/01) to Stephen T. on 5/22/05
- 3) Christine G. (GB, Bessler, 10/17/01) to Peter C. on 3/25/05.
- 4) Lisa H. (GB, Fischer, 4/12/01) to Robert S. on 9/4/05.

Engagements:

- 1) Lynda L. (GB, Bessler, 2/6/01) to Rob on 8/13/05.
- 2) Elizabeth B. (GB, Bessler, 9/8/04) to Joe on 7/1/05.
- 3) Joanne K. (GB, Davis, 7/15/03) to James D. (GB, Bessler, 2/19/03) on 8/13/04. They met at our support group meeting!!

Births:

- 1) Twin boys, Anthony and Adam, both over 5 lbs. to Elizabeth L. (GB, Bessler, 5/5/04) and Robert L.-M. (GB, Bessler, 12/27/04) on 2/26/05.
- 2) Girl, Syndi Arlene Bernard, to Deborah H. (GB, Bessler, 5/14/03) and her husband on 6/24/05.

Appointments:

- 1) Dr. Bessler has been named Associate Editor of SOARD, the new journal of the American Association of Bariatric Surgeons.
- 2) Dr. Inabnet has been appointed to the Review Board of SRC, the organization that is reviewing applications for Centers of Excellence. ○

Controlling Sweet Cravings

By Nancy Restuccia, MS, RD

If you are being troubled by sweet cravings, try one or more of the following remedies:

1. Eat 3 small meals and 2-3 snacks that balance complex carbohydrates, protein, and healthy fats.
2. Make sure to take a multi-vitamin/mineral that includes at least 400mcg of folic acid and don't forget to take your vitamin B12.
3. Plan to have at least 2 servings of fruit per day.
4. Satisfy your sweet craving with sugar free/no sugar added frozen desserts.
5. Do at least 30 minutes of moderate intensity aerobic exercise.
6. Spend time in the sun at mid-day when it is strongest, without sun glasses.
7. Avoid excessive alcohol intake.
8. Carbohydrate cravings, overeating and sleeping too much are signs of "atypical depression" which may require medication.
9. Consult a psychotherapist if you are turning to sweets to alleviate emotional pain.

10. Don't eat a carbohydrate, even a complex one, without a protein or fat.
11. Eliminate or avoid triggers, e.g. don't keep sweets in the house.
12. Distract yourself when sweet cravings hit, e.g. go for a walk, call a friend or take a bath. Change your routine if cravings always hit at a certain time of day or are linked to certain activities. Get involved in something absorbing like putting together a jigsaw puzzle or a hobby like painting, photography, stained glass, pottery, knitting or needlepoint.
13. Get enough sleep, at least 7 hours a night.
14. Try stress reduction techniques like deep breathing, meditation, prayer, etc.
15. Cut the caffeine.
16. Drink at least 64ozs. of water. Sometimes cravings are actually thirst in disguise.
17. Brush your teeth right after a meal or snack.
18. Spicy (cayenne in moderation and garlic), sour (pickle, Granny Smith apples, grapefruit) or bitter (dark green vegetables like kale, watercress and arugula) foods can decrease the cravings for sweets. Add more to your diet.
19. Eat naturally sweet winter squash, yams and slow-cooked root vegetables.
20. Use sweet spices like cinnamon, vanilla and nutmeg in foods.
21. Decrease your intake of salty foods. The recommendation is no more than 2300mg per day for a healthy adult and 1500mg per day for those with heart disease.
22. Try eliminating artificial sweeteners.
23. If you do indulge in a sweet, eat the food item slowly, savoring the smell, taste and feel of it in your mouth. Also, buy the best so that a little taste will produce a lot of flavor and you will be satisfied with less.
24. An endocrinologist MAY be able to prescribe medication to POSSIBLY control your blood glucose levels. Call Dr. Judith Korner at 212-305-2254 for an appointment if you want to try medications. There are no guarantees that this will work, however.
25. The following remedy should not be tried without the approval of a health professional: 200mcg of chromium picolinate 2-3 times per day.
26. If all else fails, eliminate ALL refined flour products and sweets. ○

Have You Been Suffering from Fainting Spells Since Your Gastric Bypass

These symptoms may be due to a rare condition after Roux-en-Y gastric bypass. This condition has been identified as being caused by severely low blood sugar, or hypoglycemia, due to overproduction of insulin. It usually starts 60 to 90 minutes (or sometimes even longer) after eating, unlike early dumping which usually occurs 10-20 minutes after eating. For the patients who suffer from these symptoms, their

food causes the hormones from the small intestine to over stimulate insulin production from the pancreas. This excess of insulin removes too much glucose from the blood causing confusion, tunnel vision, dizziness and/or blackouts.

If you are suffering these symptoms, please call the office at 212-305-4000 for an appointment with your surgeon or nurse practitioner if you are a patient at Columbia University Medical Center, 914-787-4000 if you are a patient at Lawrence Hospital or 516-579-0094 if you want to be seen at our Long Island office. You will need to be assessed to determine if hypoglycemia is the problem. You

may be sent for a "glucose challenge" which could involve your drinking 2 Optifast drinks with subsequent blood draws over a period of 2 hours to monitor your blood glucose level. Based on the results of this test, a treatment plan will be devised for you. ○

If you participated in the Banded Gastric Bypass Study please come in for your follow-up appointments. Your experience with this surgery will help us tremendously with recommendations of appropriate surgeries for future patients. We need to hear from you. Do not hesitate to follow-up if money is an issue. We will work with you.

STAFF ADDITIONS

We have four more additions to our staff since our last newsletter:

Staci Stone, RD, CDN is the registered dietitian at the Center at Lawrence Hospital. Staci came to us in November 2004 from NYU Medical Center where she worked on the hospital floor. She specialized in several areas of nutrition, including weight loss surgery. At Lawrence, Staci counsels patients both before and after surgery, helps facilitate the support group, provides nutrition instruction at their new patient seminars and is the friendly face that patients see in the hospital, reminding them of their dietary protocol.

Munira Kassam is our new data manager at Columbia, working for Dr. Amna Daud. Munira came to us in June 2005 from the Mailman School of Public Health where she worked on a HIV prevention project. She is a graduate of Rutgers University. Munira is responsible for maintaining our patient database as well as working with the patients who are enrolled in LABS (the NIH research project).

Gio Gugay is the nurse practitioner at our new Center in Valley Hospital. Gio comes to us from NYU Medical Center where he worked with weight loss surgery patients for five years.

Kristen Brown is the administrative assistant/billing coordinator at Valley Hospital. Kristen comes to us from Bronx Lebanon Hospital Center where she worked in the Department of Pathology for eight years as a medical secretary. ○