The newsletter for employees and friends of McLaren Flint | Winter 2015

BARIATRIC weigh of LIFE

McLaren
BARIATRIC AND METABOLIC INSTITUTE

Gastric bypass surgery patient, William Daniels, is beside himself with joy after having lost 155 pounds.

Young Dad Chooses McLaren after Obesity Spoils Family Fun

By Denise Maginity

After climbing to the top of the stairs at a water park with his 5-year-old daughter, William Daniels learned he exceeded the park's weight limit to safely ride the slide. Having to turn around and walk back down the stairs was the turning point for him. William was ready to take charge of his health and move forward with gastric bypass surgery. At almost 40 years old, his diabetes was "out of control" and he was "maxed out" on his oral medications to treat his diabetes. He admits to needing insulin, but wanted to avoid daily injections. William had weighed over 300 lbs. for the last 20 years and, like most bariatric surgery patients, had tried to diet and exercise only to see limited success and to eventually regain the weight.

William chose McLaren Bariatric & Metabolic Institute and Michael Kia, DO, based on his own research, as well as the recommendations of his physician, friends and family. After consulting with Dr. Kia, William elected for the Roux-en-Y Gastric

CONTINUED ON PAGE 7

The Link Between Obesity and Cancer

By Dr. Michael Kia

Morbid obesity is one of the leading causes of cancer. About 34,000 new cases of cancer in men (4 percent) and 50,500 in women (7 percent) in 2007 were due to obesity.[1] Several possible factors have been suggested to explain the association of obesity with increased risk of certain cancers.

Multiple studies have shown a decreased incidence of cancer in patients undergoing bariatric surgery.

Excess amounts of estrogen, increased levels of insulin and the insulin-like growth factor-1 (IGF-1) in the blood, and an inflammatory process secreted by fat cells called adipokines may stimulate or inhibit cell growth.

Many studies have shown that being overweight or obese is associated with a modest increase in risk of postmenopausal breast cancer.[2] The relationship between obesity and breast cancer may be affected by the stage of life in which a woman gains weight and becomes obese. Weight gain during adult life, most often occurring between the ages of 18 and 60, has been consistently associated with risk of breast cancer after menopause.

The increased risk of postmenopausal breast cancer is thought to be due to increased levels of estrogen in obese women. After menopause, when the ovaries stop producing hormones, fat tissue becomes the most important source of estrogen. Because obese women have more fat tissue, their estrogen levels are higher, potentially leading to more rapid growth of estrogen-responsive breast tumors.

Multiple studies have shown a decreased incidence of cancer in patients undergoing bariatric surgery.[3]

Sources

1. http://www.cancer.gov/about-cancer/causes-prevention/risk/obesity/obesity-fact-sheet

2. http://www.cancer.org/cancer/cancercauses/dietandphysicalactivity/bodyweightandcancerrisk/body-weight-and-cancer-risk-effects

3. http://www.ncbi.nlm.nih.gov/pubmed/22353507, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2859193/

3 Ways to Control Your Pain without the Use of Medications

By Nicole Franklin, PsyD

Our expectations, mood and perspective on pain powerfully influence how we experience this sensation. Recent research suggests that because pain involves both the mind and the body, mind-body therapies may have the capacity to alleviate pain by changing the way an individual perceives pain. The following techniques are designed to assist an individual with reducing their pain by overriding established pain signals.

1. Deep breathing

When our bodies are tense our breathing speeds up in order to get our body ready for danger. Relaxed breathing signals the body that it is safe to relax. Relaxed breathing is slower and deeper than normal breathing, and it happens lower in the body. To begin a deep breathing exercise, inhale deeply (hold for a few seconds) and exhale. To help you focus you can use a phrase or a word to guide you. For example, you may want to breathe in "peace" and exhale "tension." When thoughts break through, say "refresh" and return to your breathing repetition. Continue doing this breathing exercise for 5 to 10 minutes. After your breathing exercise is complete, sit quietly for a minute or two while your thoughts return.

2. Yoga

Yoga is a low impact mind body exercise that incorporates deep breathing, meditation, and movement to strengthen muscles. It is believed that yoga reduces pain because of its focus on self-awareness and increased flexibility. This learned self-awareness and improved flexibility can have a protective effect with pain management and allow for early prevention action. Instructional videos and mobile applications can help you get started with engaging in this form of exercise. Yet, be sure to consult with your primary care physician before beginning this or any new exercise regimen.

3. Positive thinking

Pain can make the strong feel weak and can cause logical thinkers to have irrational thoughts. Negative thought patterns can reduce your ability to cope with pain and they can lead to a distorted view of yourself and others. When expecting pain, we first form an active mental picture of the event that is about to happen. This picture is composed by incorporating past experiences with the current situation and what we believe will happen. Secondly, brain regions that are involved with the mental picture interact with the brain areas responsible for processing pain. As a result, the brain regions supporting the experience of pain are modulated by these predetermined expectations. Retraining your focus on what you can do instead of what you can't do will give you a more positive view of yourself which will have a positive impact on how you experience pain.

It is of note that learning these techniques will not cure your pain, but these techniques can help you take back control of your life and take your mind off of pain.

Medications after Bariatric Surgery

by Tanya Brooks FNP-bc, Certified Bariatric Nurse Practitioner

I am often asked which medications are acceptable after Bariatric surgery and which medications should be avoided.

Bariatric surgery changes many aspects of one's life, and medications are no exception. Most patients will be prescribed certain medications and supplements after their surgery, but the surgery can also affect what medications are safe to take for other reasons and how you take them.

The Type of Operation Matters

Because the Roux-en-Y operation bypasses the lower stomach and a majority of the small intestine, foods are slowly digested and only partially absorbed after this surgery. Some medications are not well absorbed, while others can irritate the small pouch and its connection to the Roux limb, causing marginal ulcers. Most importantly, patients are at risk for nutrient deficiencies, so appropriate supplementation is necessary.

Operations that restrict food intake without bypassing the bowel, such as gastric banding and sleeve gastrectomy, do not impair food absorption and does not affect absorption of prescription medications. Post operatively, patients are prescribed proton pump inhibitors (such as Omeprazole or Prilosec) to decrease reflux and protect the small gastric pouch for six months .

Nutrient Supplementation

After gastric bypass, patients are prone to deficiencies of the fat-soluble vitamins (A, D, E and K) and calcium. They also have an increased risk of anemia due to inadequate amounts of iron, vitamin B12 and folate. Because of these deficits, all gastric bypass patients should take a daily multivitamin and calcium supplements. Additional supplementation with iron, vitamin B12 and folate may be necessary.

Making the stomach smaller through bariatric surgery decreases gastric acid production, which affects the absorption of calcium and can increase the patient's risk of osteoporosis. Calcium carbonate requires acid to be absorbed, but calcium citrate, which we recommend for supplementation, does not.

The duodenum is the primary site for absorption of iron and is bypassed in the Roux-en-Y procedure. Like calcium, iron requires acid to be absorbed, which is lacking in the small gastric pouch. Gastric bypass patients can take iron salts combined with ascorbic acid (vitamin C) to acidify the stomach and facilitate absorption.

Vitamin B12 absorption requires intrinsic factor, which is produced in the bypassed part of the stomach, as well as acid. A lack of these can lead to vitamin B12 deficiency and anemia. Appropriate supplementation can be achieved by taking an oral formulation (1000 micrograms daily) or monthly injections.

Medications and Marginal Ulcers

Non-steroidal anti-inflammatory medications (NSAIDs), such as Advil, Motrin, Aleve, Excedrin and Celebrex, are used primarily to treat inflammation, fever and mild to moderate pain from headaches, arthritis, sports injuries and menstrual cramps. Taking NSAIDs after a sleeve gastrectomy or gastric bypass surgery significantly

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increases the risk of developing marginal ulcers at the connection between the stomach pouch and the Roux limb. Thus, sleeve gastrectomy and gastric bypass patients should avoid these medications.

The same risk extends to the salicylates (i.e., aspirin), but the risks and benefits of daily aspirin therapy should be considered on an individual basis. Safer options for oral pain medications include acetaminophen and opioids (Vicodin, Tylenol #3 and Tramadol).

Oral biphosphonates are another type of medication that may produce marginal ulcers in sleeve gastrectomy and gastric bypass patients. These drugs inhibit the loss of bone mass associated with bone diseases like osteoporosis and Paget's disease. Commonly used biphosphonates include Actonel, Aredia, Boniva, Didronel, Fosamax, Reclast, Skelid and Zometa. However, there are alternative treatment options available, such as calcitonin salmon nasal spray, synthetic parathyroid hormone and Raloxifene.

Anti-acid medications (Prilosec or Protonix) are prescribed to prevent ulcers in the gastric pouch. We recommend taking one of these for at least three to six months following any type of bariatric surgery.

Reduced Medication Effectiveness after Gastric Bypass

The shorter intestinal length after gastric bypass surgery can make extended-release drug preparations less effective. Some extended-release drugs include antidepressants (Wellbutrin XL), anxiolytics and sleep medications (Xanax XR), and anti-hypertensives (Toprol XL, Verapamil XL). Because these formulations are intended to be absorbed over 2-12 hours, the pills may pass through the gastrointestinal tract before absorption is complete.

This same principle also applies to delayed-release and enteric- or film-coated pills, which are coated with a material that prevents the medication from being released until the pill moves through the stomach to the small intestine. (Sometimes the abbreviation "EC" is added to the name of a drug to indicate that it is enteric-coated.) Immediate-release dosage forms should be substituted, although they may need to be taken more often.

Oral contraceptives are another type of medication that may not be absorbed as effectively after surgery; thus, non-hormonal barrier contraception is recommended to prevent unwanted pregnancy for women who have had gastric bypass.

Diarrhea and Constipation

Some patients experience mild gastrointestinal problems after surgery. Imodium AD is safe and effective for post-operative diarrhea, and mild gas pains can be treated with Gas-X.

Since bariatric patients consume less food, smaller amounts of stool are formed, which can lead to constipation. Some people find that taking two or three tablespoons of milk of magnesia every few days helps. Drinking plenty of water is very important, and nothing works well for constipation if water intake is poor. It is not uncommon for bariatric patients to have a bowel movement every two to three days once it is regulated.

Patients who continue to experience constipation can take a fiber supplement, like Metamucil or Fibercon, once they are on the pureed diet. Colace, a stool softener, is sometimes necessary for patients on pain medication to prevent constipation. Some patients are given Reglan and Zofran for nausea and to assist with bowel movements.

Rogula, T., Schauer, P., 2013; Cleveland Clinic, Medications after Bariatric Surgery

Nutrition Corner

Alcohol & Your Bariatric Diet

Many types of bariatric surgery alter the way your digestive system works by either removing part of your stomach, rearranging things or both. As a result, alcohol will have a much different effect on your system after surgery.

Here are the reasons why:

1. Your stomach no longer metabolizes the alcohol as well (because part of it has been removed or bypassed).
2. Most of the alcohol absorption takes place in the small intestines. Rather than being partially absorbed by the stomach, after bariatric surgery most of the alcohol passes quickly into the small intestines.
3. The longer the food stays in the stomach, the less drunk you get. This is why you get intoxicated faster on an empty stomach... the alcohol is not slowed down by any food and passes more quickly into the small intestines.

   With a smaller and/or bypassed stomach, the alcohol passes through much faster. To make matters worse, you're not supposed to drink anything during or an hour after meals. As a result, when you drink alcohol you're always drinking on an (at least partially) empty stomach.
4. With procedures that bypass the connection between your stomach and small intestines, there is no regulation of fluids flowing into your small intestine. This is yet another reason alcohol gets there so fast.

Several issues can arise if you decide to drink alcohol. First, the sugar and carbohydrates found in alcoholic beverages can derail your daily goals, cause blood sugar levels to get away from you and weight gain.

CONTINUED ON PAGE 7

Alcohol & Your Bariatric Diet

CONTINUED FROM PAGE 6

Alcohol will have a much different effect on your system after surgery.

Also, you'll have a greater risk of alcohol-related health issues after surgery (some of which can lead to death), including...

- Acid reflux disease
- Gastric and esophageal cancers
- Gastritis
- Heart problems
- Hypoglycemia
- Intestinal tract inflammation
- Irreversible brain and nerve damage and potential coma by preventing the appropriate vitamin absorption
- Liver damage
- Neuromuscular and cognitive dysfunction
- Pancreatitis

Finally, with alcohol in you, you are much more likely to give in to food cravings. In addition, you open yourself up to other problems such as drunk driving or behaving in a way that you may regret the next day.

If at all possible, keep things simple... keep alcohol out of your bariatric diet after surgery.

If you absolutely must drink, always be on the safe side...

- Don't drink any alcohol for at least a few months after surgery.
- Don't drive after drinking anything (even after small amounts).
- Eat a meal before you drink (remember to wait at least an hour after eating).
- Avoid alcoholic beverages with additional sugars and carbohydrates (such as some mixed drinks and certain kinds of beer).
- As always, make sure you take all of your prescribed bariatric vitamins.

Young Dad Chooses McLaren after Obesity Spoils Family Fun

CONTINUED FROM PAGE 1

Bypass surgery, as he and Dr. Kia felt this was the treatment that would provide him with the best results for improving his diabetes. William has found that the post-surgery care education sessions at McLaren have helped to re-enforce his healthy behaviors. In addition, the people he sees at these sessions provide encouragement and help him understand what to expect as he continues with his weight loss journey. The discussions prepare him for when times are tough or challenging. William is also active on social media sites and message boards and he finds the information helpful and encouraging.

Since his surgery October 6, 2014, William has experienced many positive changes. He has lost 155 pounds and takes just one medication to manage his diabetes (along with healthy eating and exercise). With so much energy now, he doesn't like staying still. You'll usually find him at the gym 4-5 days a week. He enjoys bicycling, walking and working out with weights. William is still not used to being a "normal size" and enjoys that he can shop anywhere now. William, who is a teacher at Flushing High School, says his coworkers and students have been very supportive of him. Past students barely recognize him and he's been mistaken as a substitute teacher for his class.

His family continues to be his biggest support system. He and his daughter enjoying playing outdoors and he was able to help her learn how to ride a bike this summer. William is very proud of his wife, who through healthy changes to her diet and an increase in her physical activity has lost 80 pounds alongside her husband.

This summer, William and his family visited Disney World. He happily reports that he was able to ride every waterslide that interested him and he was able to fit into every ride the parks had to offer, making for a very enjoyable vacation with his family.

McLaren Bariatric & Metabolic Institute

2016 Support Group Schedule

Flint:

6:00-7:00 PM
(1st Wednesday of the month)
January 6, 2016
February 3, 2016
March 2, 2016
April 6, 2016
May 4, 2016
June 1, 2016
July 6, 2016
August 3, 2016
September 7, 2016
October 5, 2016
November 2, 2016
December 7, 2016

9:30-10:30 AM
(4th Tuesday of the month)
January 26, 2016
February 23, 2016
March 22, 2016
April 26, 2016
May 24, 2016
June 28, 2016
July 26, 2016
August 23, 2016
September 27, 2016
October 25, 2016
November 22, 2016
No December Meeting

Clarkston:

5:00-6:00 PM
(4th Tuesday of the month)
January 26, 2016
February 23, 2016
March 22, 2016
April 26, 2016
May 24, 2016
June 28, 2016
July 26, 2016
August 23, 2016
September 27, 2016
October 25, 2016
November 22, 2016
No December Meeting

Recipe Corner

Citrus Glazed Chicken

From Splenda.com

INGREDIENTS
4 (4 ounce) boneless, skinless chicken breasts
3 tablespoons orange juice concentrate, thawed
2 tablespoons fresh lemon juice
1/2 cup chicken broth
3 tablespoons SPLENDA®
1 1/2 teaspoons cornstarch
1 tablespoon unsalted butter
1 tablespoon chopped fresh chives
1 tablespoon chopped fresh parsley
1/4 cup almond slices, toasted

Preheat oven to 425 degrees F. Place chicken breasts on an ungreased baking sheet. Brush with one tablespoon of orange juice concentrate (reserve remaining concentrate for sauce). Bake in the oven for 15-20 minutes or until cooked through.

Place remaining orange juice concentrate, lemon juice and chicken broth in a small saucepan. Blend together SPLENDA® and cornstarch in a small bowl. Stir cornstarch mixture into broth. Heat over medium-high heat and simmer 8-10 minutes or until the sauce starts to thicken slightly. Remove from heat. Whisk butter into sauce. Add chives and parsley. Pour sauce over chicken breasts.

Sprinkle almonds over chicken breasts and serve. Makes 4 servings.

Nutrition information per serving: 220 calories, 28 grams protein, 7 grams fat, 9 grams carbohydrates, 220 mg sodium

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Mission statement: McLaren Health Care, through its subsidiaries, will be the best value in health care as defined by outcomes and cost.