



The newsletter for employees and friends of McLaren Flint | Fall/Winter 2014



# BARIATRIC weigh of LIFE

 **McLaren**  
BARIATRIC AND  
METABOLIC INSTITUTE

## What is Obesity? Why is it Classified as a Disease?

By Dr. Michael Kia

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health. It is defined by body mass index (BMI). BMI is defined as the subject's weight divided by the square of their height ( $BMI = \text{Weight}/\text{Height}^2$ ).

Obesity is one of the leading preventable causes of death worldwide. A BMI above  $32 \text{ kg}/\text{m}^2$  has been associated with a doubled mortality rate among women over a 16-year period. On average, moderate obesity reduces life expectancy by six to seven years, while severe obesity ( $BMI > 40 \text{ kg}/\text{m}^2$ ) reduces life expectancy by

ten years. Because of this, in 2013 the American Medical Association classified obesity as a disease.

There are many possible pathophysiological mechanisms involved in the development and maintenance of obesity. There are multiple hormones in the body that control hunger including leptin, ghrelin, insulin, orexin, PYY 3-36, cholecystokinin, adiponectin. These levels are abnormally altered to new levels in patients with morbid obesity. Both the gastric bypass and sleeve gastrectomy surgery has been shown to return these levels to normal. By resetting these hormones patients are given a second chance at developing the

proper behavior habits for long term success.

**On average, moderate obesity reduces life expectancy by six to seven years, while severe obesity reduces life expectancy by ten years.**

## Obesity and Hypertension is now Out of the Picture for Grand Blanc Woman

Photographs can evoke memories of special people and special moments.

In 2012, Tracey Marlinga's 11-year-old son was digging through a box of family photos pulling out various pictures from birthdays, vacations, and celebrations to compile a presentation about his family for a school project. After going through the entire box, he commented, "I need a picture of everyone in my family and there aren't any pictures of you in here."

Tracey wasn't surprised. She intentionally stayed out of pictures whenever possible and she had thrown away any she found herself in. What did surprise her was her realization that day - by not being in any snapshots, she was removing a history of herself from future generations and from some of the special memories with those close to her. It was a moment that stuck with her.

"I decided I was tired of sitting on the sidelines," said Marlinga. "I had missed out on a lot for nearly 40 years because of my weight. I decided to change the next 40 years for the better."

Having been heavy for most of her life and then developing hypertension as an adult, Tracey had already done quite a bit of research into surgical weight loss. She had even gone so far as being

Gastric Sleeve, October 2013  
Lost: 80 pounds, hypertension resolved.  
**Found: A bigger smile that seems to make regular appearances!**



scheduled for a gastric banding procedure years earlier before having a change of heart. But this time, Tracey was committed to making a change and she was confident she had the right person in her corner.

"Dr. Kia made the decision for me," she said recalling the meeting. "I knew I was in good hands after talking to him and I felt very sure that I was ready to move forward."

In October 2013, Tracey opted to have the increasingly popular gastric sleeve procedure with surgeon Michael Kia, D.O. The procedure involves the removal of two-thirds of the stomach to reduce its capacity.

The average adult stomach can hold between 1 and 1.5 liters. Performing the Sleeve Gastrectomy surgical procedure, Dr. Kia created a thin vertical sleeve using a stapling device. The new sleeve-shaped stomach can only hold between 50 and 150 milliliters, or about the size of a banana. This restricts the amount of food that can be eaten before feeling full. There is no rerouting of the bowel or post-operative adjustments necessary.

As a result of the surgery,

Tracey's blood pressure returned to a healthier level and she noticed the weight coming off right away. She met the weight loss goal Dr. Kia set for her within six months of surgery and has kept the weight off.

"I don't feel hunger in the same way I used to before surgery." She says she still feels the sensation of being hungry, but it is more mental than physical pangs. "It was easy to lose weight for the first six months," stated Marlinga. Now things have leveled off and she feels like she's in the right place physically and emotionally.

"I feel happy now everyday. Even though there are still some tough things life throws at you, overall I have this underlying happiness that stays with me. I know it is because I chose to take care of my weight problem. My husband teases that even my smile looks different. It's true. That's the one thing that is bigger about me."

Now when someone has a camera at a family event, Tracey doesn't mind being part of the picture.



## Treating Cough, Cold and Flu Symptoms after Bariatric Surgery

By Tanya Brooks RN, MSN, CBN, FNP-BC  
Certified Bariatric Nurse & Family Nurse Practitioner

Some common questions after Bariatric surgery are, "What can I take for the common cold, cough or flu? What over-the-counter (OTC) medications can I use and which ones should I avoid?" Products with acetaminophen (Tylenol) are safe to use. Avoid over-the-counter medications: such as NSAIDS (Ibuprofen, Naproxen, Advil, Aleve, Motrin and aspirin. Pepto-Bismol and Alka-seltzer also have aspirin products and these should be avoided.

Here is a list of medications that are safe use after bariatric surgery.

### **Medication to treat fever/aches and pains:**

- ✦ Acetaminophen (Tylenol)

### **Medications to treat nasal congestion:**

- ✦ Diphenhydramine (Benadryl)
- ✦ Phenylephrine (Sudafed PE)
- ✦ Pseudoephedrine (Sudafed)
- ✦ Nasal sprays and irrigations

### **Medications to treat cough:**

- ✦ Dextromethorphan (Vicks 44 Dry Cough)
- ✦ Guaifenesin (Robitussin)
- ✦ Medications to treat sore throat
- ✦ Lozenges (Halls, Cepacol)
- ✦ Sore throat sprays (chloraseptic)

### **Combination products:**

- ✦ Sudafed Cold and Sinus (contains acetaminophen and pseudoephedrine)
- ✦ Theraflu Severe Cold and Congestion (contains acetaminophen, dextromethorphan and pseudoephedrine)
- ✦ Robitussin DM (contains guaifenesin and dextromethorphan)
- ✦ NyQuil Cold and Flu Relief (contains acetaminophen, dextromethorphan and doxylamine)

When choosing an OTC product, there are many factors to consider. Tablets and liquids (like Mucinex and Delsym) that are taken once or twice a day are more likely to be extended-release products that will not be as effective for gastric bypass patients, but certainly appropriate for adjustable gastric band and sleeve gastrectomy patients. Some products contain lots of sugar, which can cause dumping nausea, pain, sweating and diarrhea (referred to as "dumping syndrome") in patients who have had gastric bypass surgery. Over the counter medications are generally safe to take and can be selected based on symptoms. Whenever

possible choose products made with little or no sugar (sucrose, fructose, lactose, sorbitol), the label should say "sugar free" or "SF". If a sugar-free product is not available, remember that ingredients are listed by decreasing amounts. If listed later, there is lesser of it in the product. Try to choose a product that is only going to treat the symptoms you are having. Combination products with extra ingredients may cost more and won't provide additional benefit.

When going to your local grocery store or pharmacies to purchase over the counter medication, you can always ask for assistance and be sure to let them know you can't take NSAIDS or extended-release medications (for gastric bypass patients). Remember, these medications are only safe if you do not have other conditions (such as high blood pressure) that would prevent you from taking them.

### **REFERENCES:**

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## Weight Loss Surgery and Tobacco Use: Not a Good Combination

By Dr. Nicole Franklin

Despite the health consequences of tobacco use, many individuals still use tobacco in this country. In fact, tobacco use continues to be the leading cause of preventable death worldwide.

It is well documented that tobacco use increases surgical risk. In particular, post weight loss surgery patients who smoke are more likely to develop strictures, fistulae, venous thromboembolisms (VTE), and ulcers. Moreover, research has shown that there is an association between tobacco use, slow wound healing, and respiratory complications. With these higher complication rates, patients who use tobacco have the potential for prolonged hospitalization post weight loss surgery.

At the McLaren Bariatric and Metabolic Institute (MBMI), we care about our patients. Hence, to reduce the likelihood of complications related to tobacco use, we have implemented a policy

that requires patients to stop smoking for at least 3 months prior to weight loss surgery. During this time of smoking cessation, the oxygen in your blood increases, your lung capacity increases, and your circulation improves. These changes will prepare your body for the demands that will be required of it post weight loss surgery.

For most individuals, quitting smoking is difficult. However, the team at MBMI is willing to be your ally as you start your journey toward a healthier lifestyle. Following are some steps to help you begin this process.

### Steps to help you quit tobacco

1. Set a quit date
2. Ask for support
3. Tell others
4. Anticipate and plan for challenges and temptations

### Helpful Resource

**1-800-QUIT-NOW** (1-800-784-8669) is a free telephone support service that can help individuals who want to stop smoking or using tobacco. Callers have access to several types of quit information and services, including:

- ✧ Free support, advice, and counseling
- ✧ A personalized quit plan
- ✧ Practical information on how to quit, including coping strategies
- ✧ The latest information about medications
- ✧ Free or discounted medications (available for at least some callers in most U.S. states)
- ✧ Referrals to other resources
- ✧ Mailed self-help materials

5. Remove all tobacco products
6. Emphasize complete abstinence

When you are finally ready to quit, you may or may not be able to attain complete abstinence. Don't fret, many people benefit from the numerous smoking cessation aids that are available today. One option is nicotine replacement therapy. These products provide you with small doses of nicotine without the toxins found in cigarette smoke. By receiving gradually-decreasing doses, you will be weaned off the nicotine with less severe withdrawal symptoms. Nicotine replacement is available in three over-the-counter delivery methods: chewing gum, lozenges and skin patches. Two prescription options — nasal sprays and inhalers — are also available. Non-nicotine prescription oral medications can also be used to help you quit smoking. Bupropion (brand name Zyban), also sold as the antidepressant Wellbutrin, reduces the craving for nicotine while varenicline tartrate (brand name Chantix) targets the part of the brain that is affected by nicotine. In addition to reducing withdrawal symptoms, varenicline tartrate dampens the pleasure a smoker gets if he or she relapses and lights up, thereby reducing the temptation to resume smoking. For more information about these treatment options, feel free to speak with either your primary care physician or treating surgeon.



## 70% of smokers really do want to quit.

### *Why continue to risk developing emphysema, lung cancer or other types of chronic lung disease by continuing to smoke?*

Take a big step to becoming smoke free by joining Valerie McLeod, RRT, and TTS (Tobacco Treatment Specialist) for a FREE class that will get you started on your journey to smoke-free living.

#### *During the class, participants will:*

- ✦ Gain a better understanding of nicotine addiction
- ✦ Understand how smoking cessation medications work
- ✦ Create a quit plan that is specific to your habit
- ✦ Learn strategies to avoid relapse

#### **2014 Classes:**

**When:** February 26, May 28, August 20, November 19

**Time:** 6:00 p.m. to 7:30 p.m.

**Where:** McLaren Cancer Institute, G-4100 Beecher Road, Flint First Floor Conference Room

**Cost:** FREE

Light meal provided.

#### **RSVP:**

Go to [www.mclaren.org/flint](http://www.mclaren.org/flint) and select Classes and Events, or scan this code to register online...



...or register by phone (810) 342-4473.



## Dietitian Corner

# Staying Lean and Healthy When Living on the GO!

### **The Facts**

We all live hectic lifestyles these days. Everything is fast paced, on-demand and electronic, which underscores the speed at which we expect everything. According to recent statistics, there is an increasing reliance on foods prepared away from home. Americans dine out three to five times a week away from home and fast food accounts for 1/3 of all calories consumed. Nearly 50 percent of food dollars are spent on away-from-home foods and meals. These have higher levels of calories, fat, sugar and salt.

### **The Consequences**

Unfortunately, this trend is strongly associated with being overweight and obese. How could eating out, which was originally designed to be an occasional enjoyable activity, turn into something so lethal? How does this become an unhealthy habit and what is the mindset that leads us into gaining the pounds? In a survey published in American Demographics, eating out was a last-minute decision for 51 percent

of Americans, 64 percent of young adults, 52 percent of adults over the age of 60, accounting for 75 percent of trips to fast-food outlets and 42 percent of full-service restaurants.

### **The Science**

When we are hungry and rushed, we typically do not think nutrition and health, even if we have a pre-existing condition such as diabetes, hypertension or high cholesterol. Our physiologic need to calm the "hunger demons" takes over, and we are driven by impulse as opposed to rational thought. Our "eat and repeat" behaviors from habits typically kick in and next thing we know we are ingesting 2,000 calories in one meal merely by impulse. As consumers, we can choose between two snacks in less than 1/3 second and choices for "vice" foods are faster than choices for "virtue" foods (574 milliseconds vs. 619 milliseconds).

### **The Travel Factor**

If you are one of the unfortunate souls that travel (gets on a plane) or drives several hours to get to

work, the problem is usually much more difficult and becomes your work commute as opposed to occasional leisure trip. It is the norm for many Americans today – including me. Traveling and eating out usually go hand-in-hand. Not only is the nutritional component of your food badly affected, but also the stress on your body is increased. If you have an exercise routine, it typically goes by the wayside. For some reason, any excuse to leave it behind at home becomes a pattern and then a habit, a bad habit. The solution to the problem is not as easy as it seems. It involves a combination of many things including time constraints, behavioral and emotional factors.

Living on the road has many emotional triggers that drive eating such as loneliness, guilt from being away so much from family and more. Be mindful about what you are eating and make the right choices by reading labels and hydrating even more than at home (airplanes are very dehydrating).

**The Solution**

General Guidelines:

- ✦ Plan ahead – being proactive and “guarded against the hunger demons” is essential.
- ✦ Carry smart snacks with you at all times and pack them in all your bags.
- ✦ Hydrate all day (surprising how water is so beneficial and holds off hunger), hotels have buffets with tons of fresh fruit and usually apples and bananas you can carry with you and snack during the day.
- ✦ Fill your plate in colors and prioritize the selection on your plate by starting with protein first, then fiber/veggies, and carbs.

Legislation has forced many restaurants and food chains to post calorie content on the menu rather than in a nutrition pamphlet. When that is available, many consumers are making lower calorie and fat choices. It is a very proactive approach to educate the public on understanding the nutritional content of their foods, thereby enhancing positive behavior changes.

## **Eating and Exercise Tips for Traveling**

**Exercise**

My first rule of thumb is:

- ✦ packing your gym clothes in your suitcase first, before the rest of your clothes.
- ✦ If you are a walker or jogger, ask the front desk for routes when you check-in.
- ✦ Pack exercise bands. They’re small and easy to fit in the suitcase.

**Hotel Room**

- ✦ If there is a mini fridge in your room, when offered the key to the fridge, say no!
- ✦ Careful with room service, look for lean choices first.
- ✦ Order water with your meal. Sodas and juices can add up to empty calories.

**Restaurants**

- ✦ Meats – Try to stay lean (sirloin or filet). Ask for it to be cooked with no oil or butter. You can always add a little salt or pepper.
- ✦ Carbs – Order a dry sweet potato, baked potato (without the extras) or rice.
- ✦ Veggies – Be sure to ask for them “steamed with no butter.”
- ✦ Emphasize “no sauce” on anything!
- ✦ Have fun and plan ahead!

**Resources for the Road**

- ✦ Myfitnesspal – Calorie Counter & Diet Tracker  
Ranking first on our list again for 2014, this nutrition and health app from MyFitnessPal provides calorie counts for more than 3.5 million foods and 300 exercises, a goal and calorie tracking tool, and a barcode scanner. Unlike other diet apps, all the features are free and built-in.
- ✦ FITOCRACY  
This new entry on the list earns a spot for its unique approach to weight-loss. Fitocracy treats weight-loss almost like a game: Start at level 1 and move up by completing certain activities, training, and interacting with other “Fitocrats.” Along the way you also earn badges; so-called “heroes” can “duel” a fellow Fitocrat.

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# Staying Lean and Healthy When Living on the GO!

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➤ **Lose It! & Fooducate**  
These two diet apps tie for third place. Both feature a barcode scanner, a food and exercise tracking function and exercises. Lose It! includes a “budgeting” feature for calories and Fooducate’s app grades foods you’ve eaten according to their ingredients and nutritional content.

Remember, the most important part of staying healthy while traveling is sticking to your routine. Most hotels offer 24-hour fitness centers. You can also always pack your walking/running shoes for a nice morning

or evening stroll. Thanks to modern technology, you can also download a variety of apps, such as those mentioned in this article, to help you make smart food choices.

#### REFERENCES:

Veronica Tomor, PharmD, BCPS, has more than 20 years of experience in clinical practice. She transformed her career to serve others from a treatment approach to that of prevention and education through nutrition and physical activity. She is a certified health coach, speaker and the author of the L.E.A.N. (Living Educated About Nutrition on the GO!)

## Recipe Corner

By Kelly Smiley, Registered Dietitian

### Apple and Sage Pork Tenderloin

#### INGREDIENTS

16 oz pork tenderloin, trimmed  
1/2 teaspoon salt  
1/4 teaspoon black pepper  
1 Tablespoon olive oil  
1/4 cup finely chopped shallots  
1 1/2 teaspoons chopped fresh sage  
4 teaspoons sherry vinegar  
1/2 cup unsalted chicken stock (Swanson’s)  
1/4 cup apple cider  
1 teaspoon Dijon mustard  
3/4 teaspoon cornstarch  
1 Tablespoon heavy whipping cream

Cut pork crosswise into 12 pieces. Sprinkle both sides of pork evenly with salt and pepper. Heat 2 teaspoons oil in a nonstick skillet over medium-high heat.



Add pork; cook 3 minutes on each side or until done. Remove pork from pan; keep warm.

Add remaining oil, shallots, and chopped sage; cook 2 minutes. Stir in vinegar. Whisk broth, cider, mustard, and cornstarch. Add mixture to pan; bring to a boil. Reduce heat; cook 2 minutes, stirring constantly. Remove from heat. Stir in cream. Serve with pork. Makes 6 servings.

Nutrition information per serving: 142 calories, 19 grams protein, 6 grams fat, 1 gram carbohydrate, 258 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.