

CENTER FOR COMPREHENSIVE WEIGHT LOSS

Vicky's Success Story

Hi, my name is Vicky Swan. I became a Bariatric patient on March 21, 2001 when I had Roux-en-Y Gastric Bypass surgery. The following words seem to fail in expressing my gratitude and newfound zest for life. I'm so very thankful to the Lord for making it all possible in the first place and for granting me a new lease on life. I'm also very thankful to Dr. Obeid for allowing the Lord to use his knowledge, skill and compassionate heart to restore my body back to me, which had been long lost since childhood. Since my early teens, I had always struggled with my weight, trying every imaginable diet to succeed, although eventually failing at each attempt.

If I were not blessed with Bariatric surgery, I would still be trapped with the weight that seemed to envelope me. Every movement was tedious...even picking up a pencil from the floor to performing ordinary daily tasks such as clipping my toe nails and taking care of my personal hygiene. Bariatric surgery was right for me since it changed my body to be able to lessen the amount of my food intake as well as the negative reinforcement it gave me in eating "bad"

foods such as ice cream. I still am not able to control my eating habits by using sheer determination as I had in the past, but instead allowing me to listen to my body as it is in control now.

I feel as though I am an onion and that the layers (of fat) have steadily been peeled away to reveal the "real" me. What a shock it was to be showering and realize that I actually have shoulders and could feel them! What a pleasure it is to be able to bend over without the stress and pain. Life is now full of things that were so foreign to me in the past such as roller blading and bicycling with our daughter! The "romance" in our marriage of 22 years has been turned up to a whole new level which had been steadily diminishing due to my obesity.

I didn't accomplish the weight loss with only the help of Dr. Obeid...his entire staff was extremely instrumental in my success. They all played a very important role in where I am at today. I have lost 95 lbs. through the past four years, most of which came off the first year after my surgery. I wholeheartedly would advocate that any person

who has experienced the same relentless daily struggles that I had and who feels that they are at the end of their rope in attempting to keep weight off, to continually pray that the surgery is the answer for them and to contact Dr. Obeid's staff for guidance as well. Life is much too short to be wasted embodied in a prison of fat. It sounds kind of corny, but Hurley Center for Comprehensive Weight Loss is truly without a doubt a blessing to my family and !!



Vicky before



Vicky now with her daughter

10 Walking Essentials –www.walking.about.com

- 1. Layered Clothing**– Base layer is next to your skin and this fabric should draw sweat away from the skin so that it does not get irritated. The insulating layer should add warmth if needed in colder weather. This should be removable as you start to warm up. The outer layer protects you from the elements and can also be removed as you warm up. By layering you are assured of having enough clothing but not too much.
- 2. Shoes**– if you are walking on asphalt/cinder or pavement athletic shoes will do well. If you frequent trail walking then a more rugged shoe will help with the loose dirt and rocks. Waterproof shoes might also be necessary if you walk in the rain or through streams.
- 3. Socks**– the fabric of your socks should be made from CoolMax, polypropylene, or other wicking fabrics. They wick away sweat to evaporate and help prevent blisters. In the cold winter weather many hikers wear an inner sock of wicking fabric and an outer sock of wool or wool blend to provide insulation.
- 4. Hats**– Billed caps are great for most weather because the bill will shade your eyes. Knit or fleece caps in cold weather will keep both your head and ears warm. Visors will also help shade your eyes but will not protect the top of your head from the sun.
- 5. Backpacks**– If you have enough pockets, you may not need a pack but a pack is a great way to carry the rest of your walking essentials and non-essentials. A good pack will distribute the weight evenly at the center of your mass. Waist packs and backpacks with belly straps are the best option for carrying more than a pound. Avoid purses or other options that put the load on just one shoulder.
- 6. Water**– You should always drink water before, during and after your workout. Thirst often doesn't catch up with your body's need for water. Your comfort and stamina depends on getting enough water while walking. You need to drink every half hour if walking at a moderate pace, more often if you are sweating.
- 7. Sun Protection**– Your skin needs protection in order to prevent skin cancer, wrinkles and burn. Never leave home without wearing sunscreen even on a cloudy day. An outdoor walker gets lots of exposure to sun and wind, you need to reduce that consistently. Apply sunscreen 30 minutes before your walk so it will absorb into your skin. Put it on thick and don't forget your ears and any bald spots. Protect your lips with lip sun block. To protect your eyes choose sunglasses that give both UVA and UVB protection.
- 8. Route Plan**– No hiker sets out without a trail map or a compass, and neither should a walker head out without an idea of where they are going. Some may find wandering around a bit lost to be enjoyable but most find it frustrating or scary.
- 9. ID and Money**– Don't leave home without carrying some sort of identification in case of an accident or emergency. Carry at least enough money for a phone call or a few dollars for a small snack or drink somewhere along the way.
- 10. Good to Have Non-Essentials**– small first aid kit that would fit in your backpack, small snack if you will be out walking for longer than an hour, whistle, umbrella or a walking stick for hiking trails.

GCNWL Recipe Winners



Skinny Minnie Tortilla Soup- submitted by Michelle Spitzley

- 1 can fat free refried beans
- 1 can 97% fat free chicken broth
- 1 can corn
- 1 can white meat chicken
- 1 can creamed corn
- 1 can black beans, drained
- 1 cup salsa
- 2 cups shredded cheddar cheese
- Tortilla chips



Combine all ingredients except chips, heat thoroughly and top with chips.



Protein Drinks- submitted by Jeannie White

Chocolate Coconut

- 1/3 banana
- 1 scoop Strawberries
- 1 Tbsp. Protein Powder
- 2 heaping Tbs. Coco Powder
- 1 scoop coconut
- 1 Tbsp. Non-Fat Milk
- Water



Add all fruit and dry ingredients first then add liquid to 10 oz. level in blender. Add 1 scoop of ice and blend well.

Tastes like Cheesecake

- 1/3 banana
- 1 Tbsp. Protein Powder
- 1 tsp. dry milk
- 1 scoop yogurt
- Pineapple Juice



Add all fruit and dry ingredients first then add liquid to 10 oz. level in blender. Add 1 scoop of ice and blend well.

Note from George- Dysfunctional Eating

She sat there in the our Center, eating M after M after M after M from her bag of M&Ms. She neither tried to hide this activity nor appeared the least bit guilty about it. During our interview which followed in the exam room, she complained that she was gaining weight and I needed to do something about it or she would gain all of her weight back again despite her gastric bypass surgery. Fortunately, one of our staff had clued me in about her earlier behavior in the waiting room and I asked her why she was eating those candies. She replied with a carefree shrug, "Oh, I do it all the time."

I thought, "What's wrong with this picture? What are we missing here?" Then, trying another tack, threw another question at her, "Do you have a strong craving for sweets?" She replied, "Why, yes, I just can't stop. I have to eat them all the time. I'm a driven woman!"

Now, she had lost just over 140 pounds and was well under 200 pounds for her five feet five inches in height. She had appeared, up to this visit, to be a reliable, sensible person who held a responsible position in a well-known business. How could this be, I asked myself? This was well over a dozen years ago.

A few years earlier than the above encounter, Dr. Mason, the "father of obesity surgery" who invented the vertical banded gastroplasty and gastric bypass for the

treatment of morbid obesity and related problems, had found his patients were able to eat junk food far easier than any other food and, some, overdoing this type of diet, re-gained considerable weight. He called this "dysfunctional eating."

His description fit my patient to a T, and how? Only she had had a gastric bypass not a gastroplasty. But, there seemed to be something Dr. Mason's patients and this lady had in common which drove them to potentially harm themselves by eating large amounts of junk food. Was it possible that this lady was not alone but just more flagrant in her dysfunctional eating? Since then, other patients, two, three or four years following their surgery, revealed their "SECRET" to my questioning. They had indeed re-developed an abnormal appetite and craving, particularly for sweets in most cases. They were too ashamed to tell me, blamed themselves and were more-or-less guilt-ridden—presumably that's why it hadn't come to my attention before.

This lady with the M&M's had really been a God-send without my realizing it at first. She had helped me to discover a problem following our bariatric surgery which had been invisible. Interestingly enough, at the next meeting of our national obesity surgery society, the American Society for Bariatric Surgery, one of the surgeons, while giving a paper, lit into those patients who had re-gained considerable weight following surgery. He seemed to be blaming them for making "his"

surgery fail. My patients with this problem were, after all, not alone. And, it seemed clearer as more surgeons described this same problem, that perhaps there was something basic to many obesity surgery patients which made some of them dysfunctional eaters years after their surgery. Extending this logic, this basic problem seemed most likely a biological one and NOT the "fault" of the patient. What the chemistry is, and why it only happens in some patients, and not in most others, remains a mystery.

While unfortunately we don't have all the answers, there are some ways that we have found to help manage some of these patients' dysfunctional eating drives successfully. If you have had this problem develop, why not return to your surgeon's clinic and discuss it with him. And if it has been a while since you were there, perhaps you might want to return for your perhaps overdue, annual examination.



CCWL Customer Satisfaction Survey Results

Center for Comprehensive Weight Loss sent out a customer satisfaction survey to all patients that had surgery in 2004. CCWL mailed 650 surveys and had 288 returned for a return rate of 44.3%.

The survey had overall program and site specific questions from:

Holzer Center for Comprehensive Weight Loss in Gallipolis, Ohio

Hurley Center for Comprehensive Weight Loss in Flint, Michigan

32% of total respondents heard about their respective program from a former patient while 2nd place was 19% who heard from television

Why did patients choose Center for Comprehensive Weight Loss?

TOP TWO REASONS: Convenient location of the hospital and the Comprehensive program offered

Quality of Life Questions:

Holzer

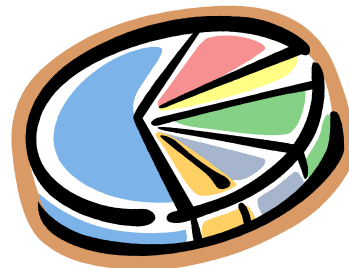
Relationship with spouse got better 41.4%

Had a hard time dealing psychologically 3.6%

Hurley

Relationship with spouse got better 41.3%

Had a hard time dealing psychologically 3%



Satisfaction with the Call Center:

Holzer: 91%

Hurley: 79.1%

Look forward to receiving newsletter:

Holzer: 74%

Hurley: 75%

Like newsletter:

Holzer: 82%

Hurley: 62%

CCWL had surgeries in 2004 at our newest site St. John Oakland but the surveys that were returned were not completed and therefore the results were inconclusive.