### SURGERY

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"My kids were teenagers and not the easiest age to raise, and my husband traveled every week Mondays through Fridays. This was such a difficult period and I again turned to food to cope."

The excess weight caused high blood pressure, sleep apnea, swollen feet and ankles, arthritis and shortness of breath." I was always fatigued and often had headaches, Gilmer said. My biggest worry was that I would die an early death."

An early death was also the

death.

An early death was also the fear of Kathy Mitchell, 34, of Rochester Hills, who has two young children, Andy, 5, and Emily, 3. "I didn't want to die Emity, 3. "I didn't want to die before my children grew up, and I felt this was a possibility when I weighed 225 pounds. Also, I was worried that my size would be embarrassing for my son when he started school."

### RESEARCH

Shortly after her daughter was born, Mitchell did what the other two overweight mothers had done: She began to research the different kinds of bariatrie surgeries to learn if this was an option for her. Six months later, she made an experience at Bloomfold.

this was an option for her. Six months later, she made an appointment at Bloomfield Bariatries in Bloomfield Hills. In July 2001, she had a duodenal switch procedure performed by Dr. Mustafa A. Hares, Fellow of the American College of Surgeons. This is the same procedure that Avesian and Gilmer underwent a year earlier. Since the surgery, Avesian has lost more than 130 pounds; Gilmer and Mitchell have each lost 115 pounds. "We chose this specific procedure because we all felt it was the best for us," said Gilmer. She added that it was true that for to us, said Gilmer, she added that it was true that the considered surgery. This procedure is ustr-friending the said of the procedure is ustr-friending to the said of the

This, to me, was the deciding Actor.

Aversian added that they also those Bloomfield Barlatrics because it offers a great deal of support for its patients.

Jackle Smiretka, clinical coordinator and program director, has been in the barlatric surgery field for more than 20 years. She began this Bloomfield Hills program in 1997 to assure that patients get the emotional and physical support needed before, during and after the surgery.

Some barlatric programs

and after the surgery.
"Some bariatric programs
treat patients as if they were
part of a factory production
line. Their sole goal is to get
them in, give them surgery and
then get them out with very little knowledge, support and follow-up," she said. "Our pro-

gram is designed to educate and support our patients as long as needed so that the sur-gery will offer permanent suc-cess. We make sure our patients are knowledgwable about every detail of their sur-gery and know what to expect and what is required of them after the surgery is performed. after the surgery is performed." Bloomfield Bariatrics

Bloomfield Bariatries rusines patients of the property of the patients of the

professionals, such as cardiologists and pulmonologists, if needed, to determine if they are suitable candidates. We also make sure our patients know that bariatric surgery is a tool and it is only as good as the patient who uses it, she said.

#### PROCEDURES

Bariatric surgery is one of the most drastic methods for achieving weight loss. The procedure chosen by Avesian, Gilmer and Mitchell - the duo-

grocedure funder by Avesian, Gilmer and Mitchell - the duodenal switch - is the most complicated pastric bypass operation. It does, however, offer the benefits of better nutrient absorption and less chance of regaining weight. In this surgery, a portion of the stomach its removed and the smaller stomach that temains is connected to a small section of the duodenum and the final segment of the small intestine. This surgery preserves the photic valve, which allows the food to empty normally into the small intestine. In addition, the appendix and gill bladder are often removed.

Other bariatric procedures

include restrictive surgeries, which use either a band or stawhich use either a band or stu-ples or both to make the stom ach smaller, or other gastric bypass operations that, in addition to making the stomach smaller with banding or staples, limits the food's pas-sage to a shorter length of the intestinal track. This, in turn, reduces calorie and nutrient

reduces calorie and autrient absorption.

"Because there is limited nutrient absorption with any gastrie bypass surgery, patients are required to maintain a life-time vitamin and mineral reg-imen, said Smiertka.

Although Avesian, Gilmer and Mitchell often continue to attend the necromary amadato-

and Mitchell often continue to attend the program's mandato-ry support meetings, they have joined others to form their own informal group, which meets about once a month for dinner

and talk

Our group has been wonderful for all of us. If any one
of us has a specific concern,
usually somebody else in the
group has learned how to deal
with this problem. Sharing
information has made all the
difference, said Avesian, who
had a particularly difficult time
after her surgery. She experienced extreme nausea whenever sha eta. Because of this, ever she ate. Because of this, she lost too much weight too

fast. Trast I thought that I had made a terrible mistake by getting the surgery because I felt so sick. The said. But eventually this passed and mybody adjusted to the changes made during the procedure. Now I am doing just fine, and, because of the weight loss. I am so happy each and every day. I smile all the time because of the way I look and use of the way I look and

ree..
Gilmer and Mitchell also are enjoying the benefits of weight loss that have resulted because of the procedure. Like

# Avesian, Mitchell also was nauseated following surgery and lost the bulk of her weight quickly. Normally with gastrie bypass procedures, weight loss results over an 18-month to two-year period. After that, the body adjusts to the size of the stomach and further weight loss usually requires the same healthy habits as needed by most dieters – reduced calorie intake and regular exercise.

the same healthy habits as needed by most dieters - reduced calorie intake and regular exercise.

According to Gilmer, she is trying to lose another 30 to 40 pounds to reach her goal. It's just as hard for me to lose this additional weight as it is for everybody less. I might not be able to eat as much at one time as others, but I have to make sure I don't graze all day and that I choose healthy foods. I have to do what every-body else has to do,' she said.

While these patients report positive results of the surgery - all their health problems have decreased with the weight loss - there have been a few side effects that they knew were possible, but didn't anticipate. All experience increased gas build-up after they cat.

She added that another problem is that many bariatric patients need plastie surgery to remove excess skin, caused by the enormous weight loss, from various parts of their bodies, including abdomen, upper arms and legs.

"If the surgery is needed for incellical reasons, it is usually covered by insurance. If it is considered cosmetic surgery, it can be very expensive."

Bariatric surgery, itself, can also be expensive althought is now covered in whole or in part by many insurance plans. Also, in 12002, the Internal

now covered in whole or in part by many insurance plans. Also, in 2002, the Internal Revenue Service issued a regu-

Also, in 2002, the Internal Revenue Service issued a regulation citing obesity as a disease and allows some deductions for the cost of surgery. For further information about braintic surgery and for a recommendation of a bariatric surgeon or program, consult your personal physician or health care provider. Also, for general information, there are more than 1,000 Web sites on the Internet that deal with this weight-loss option. Like all surgeries, in addition to the benefits, as stated by the women interstated by the women inter-viewed for this article, there are risks, some of which are listed below.

### **Arbor Hospice gears** up for Art Dash 2003

Arbor Hospice & Home Care announces "Art Dash 2003" 6:30 p.m. Thursday, May 15, at the St. John's Golf & Conference Center in Northville.

Proceeds from the highly

Center in Northville.
Proceeds from the highly anticipated event will benefit Arbor Hospice and its Northville office, which cares for hundreds of patients each year throughout the Novi, Northville, and Plymouth areas.

In its first year Art Dash sold out within just a few wreeks, and we expect the same eager response this year, says Laurie Marrs, co-chair says Laurie Marrs, co-chair for the Art Dash event. Not only did the event bring the community tygether for a truly unique occasion, but it raised awareness as to the all-important mission of Arbor Hospice & Home Care and its impact on hundreds of families throughout the region.

Beginning at 6:30 p.m., patrons will enjoy a light buffer, wine, beer and cash but and have a chance to 'cye' the 100

pieces of art generously donated by area artists, valued from \$200 up into the thousands of ollars. Then, at 8:30 p.m. sharp, the dash begins! At 20-second intervals, a patron's tick-et stub is drawn from a lottery wheel. When each name is called, he or she 'dashes' to the piece of art that they want to call their own. By evening's end, each ticket purchaser will sky claim to a piece of art. No one will go home empty-handed on this very special occasion. Tickets are \$200, which admits up to two attendees per

admits up to two attendees per ticket. Only 100 tickets are being sold to this event so interbeing sold to this event so inter-neted parties are encouraged to register early to reserve their space. To register for Art Dash or for further information, please contact Glenda Gordon Kime at Arbar Hospice & Home Care at (734) 662-5999, ext. 152, or visit Arbar Hospice & Home Care on-line at www.arborhospice.org.

### INDEX

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diabetes or type 2 diabetes and don't know it, but a doctor can order tests to diagnose these conditions.

If you have metabolic syndrome or type 2 diabetes, it becomes nearly impossible to lose weight on your wan - medical assistance is recommended for weight control if you have either of these dangerous conditions.

However, it is important to understand that with sustained weight loss, both metabolic syndrome and type 2 diabetes can be completely cured.

Health care professionals and others have speculated on why we have become so fat so fast since the early 1990s. Clearly, the fast-food takeover of our eating habits with super-sizing of high-caloric fast foods loaded with sugars, refined carbohydrates and fats has played a big part in this problem.

Whether you eaf fast food or not, you may have already found out that weight is very

not, you may have already found out that weight is very

easy to gain and very hard to lose. Probably the best analogy to sustained weight control is safe car driving. The safe driver, like the person with appropriate body weight, drives and maintains a car (whether new oo lod) with appropriate care, makes the right choices on speed and safe turns, and keeps the car under centrol at all times. You, in fact, are best off if you do the same with eating and your body weight.

After determining your BMI, he next steps (which will be outlined in future articles) are

outlined in future articles) are to address an overweight or obesity problem from a multidimensional approach with leadily food choices, portion control, calorie counting, exercise and psychological strategies. It is important to understand that most people who are at a normal body weight and "look good" are working at it—and are not; just simply blessed with good luck.

Dr. Peter A. McCullough is chief of Beaumont Hospital's division of Nutrition and Preventive Medicine and medical director of the Beaumont Weight Control Center

## Bariatric surgery has serious risks

In procedures that use bands or staples to reduce the stomach, there can be erosjon of the band or breakdown of the staple line, which for 10 to 20 percent of patients can require addi-tional surgery. Also, there can be leakage of stomach juices, which requires an

emergency operation.
"Dumping syndrome"
may result in some gastric
bypass surgeries. This is
caused when food moves
too rapidly through the
small intestine.
Symptoms may include
nausea, sweating, weakness, faintness and diarrhea, as well as the inability
to ent sweets.
Vomiting can result if food
has not been chewed well.
Large food particles can emergency operation. Dumping syndron

stomach.
Abdominal hernias can
develop requiring follow-up surgery. More than one-third of

More than one-turn of gastric bypass surgery patients develop gallstones because of the rapid and enormous weight loss. To avoid this problem, many patients have their gallbladder removed during the surgery.

gery.
Almost one-third of patients who have undergone surgery develop nutritional deficiencies. This problem can be avoided by strict adherence to a lifetime vitamin and mineral regimen

In a small number of cases (less than one percent), com-plications from the surgery can lead to death.



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