

# THE WEIGHT MANAGEMENT PROGRAM

## at MidState

Summer 2010



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## Dear Friend,

SAVE THE DATE ~ SEPTEMBER 25, 2010

Walk from Obesity at Hubbard Park

This year MidState is a proud sponsor of the Greater Connecticut “Walk from Obesity,” an event presented in cooperation with the American Society for Metabolic and Bariatric Surgery Foundation and the Obesity Action Coalition. The “Walk from Obesity” will be held on Saturday, September 25th at Hubbard Park, and the MidState Weight Management Program will be generously supporting the event by providing healthy snacks to participants. This nationwide event involves patients, health care professionals, the health care industry and concerned citizens to raise awareness of obesity as a critical public health problem. Funds raised through this walk are used for public education and research into obesity and obesity-related illnesses, as well as obesity prevention and treatment.

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203 694 5435

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Weight Management Program Coordinator



# GET UP AND GET GOING



*It is recommended that physical activity/exercise be performed for 150 minutes per week and be of light to moderate intensity. This can be done in 30 minute sessions/5 days per week.*

Regular physical activity/exercise is one of the most important steps to improve health. It reduces the risk of many adverse health outcomes. Some of the major health benefits of regular physical activity/exercise include lowering the risk of death from heart disease, lowering the risk of developing diabetes, lowering the risk of colon cancer, preventing high blood pressure, increasing muscle and bone strength, increasing lean muscle and decreasing body fat. Exercise also aids in weight control and is key for a weight loss effort, enhances psychological well-being, may reduce the risk of developing depression, and may reduce symptoms of depression and anxiety, and improve mood. Benefits occur for those of all ages and for those with disabilities. Aerobic (endurance) and muscle strengthening (resistance) physical activity/exercise are both recommended and both beneficial. It is recommended that physical activity/exercise be performed for 150 minutes per week and be of light to moderate intensity. This can be done in

30 minute sessions/5 days per week. Additional benefits can occur with an increase in intensity, frequency, and duration of physical activity/exercise.

Keeping in mind the concept of “energy balance” will help to understand how weight is affected. Weight is maintained when the energy intake (calories) equals the energy expended (physical activity/exercise). Weight is gained when more calories are consumed than energy expended. Weight is lost when the energy expended through physical activity/exercise is greater than the calories consumed. With this understanding, it can be seen that physical activity/exercise will provide us with the health benefits and improve weight loss, with a proper diet of course.

As with any exercise program, your physician should be consulted to evaluate your health status and approve the start of an individualized exercise program, especially if cardiac and muscle/bone/joint concerns/pains are present. A safe exercise program

will emphasize your knowledge of your target heart rate and your perceived exertion level, which are both ways of monitoring the intensity of your workout for safety and training. For successful adherence to an exercise program, or any type of physical activity, it needs to be enjoyable, and a variety of physical activities/exercises is good to stimulate both the body and the mind.

With obesity affecting approximately one third of the American population, it is time to take action. Increasing physical activity/exercise is one of the most important ways of taking action. The focus needs to be on adults and children alike and needs to be evident at various levels, such as the individual, the family, the school, and the community. So as part of your weight loss program, let physical activity/exercise be a key part of it, and enjoy the health benefits it offers you.

*Allison Wiernasz, PT  
Eastern Rehabilitation Network/Hartford Hospital*

# THE GASTRIC SLEEVE:

## 'In-between' Procedure Gaining Popularity

Laparoscopic adjustable gastric banding and Roux-en-Y gastric bypass are still favored by patients, surgeons and insurance carriers in the United States, but the relatively straight forward sleeve gastrectomy, originally employed as the first step of a two-part procedure, is catching on as an effective and efficient in-between option.

Sleeve gastrectomy attracts patients who do not want a foreign body - such as a gastric band - as well as those leery of the anatomical rearrangement that occurs with the gastric bypass. Furthermore, as a purely restrictive procedure, sleeve gastrectomy does not lead to micronutrient deficiencies that can be a problem in patients who undergo malabsorptive procedures.

Both the long-term and short-term risks and complications are definitely less compared with bypass, and slightly more compared with the band. Weight-loss achievement is much more rapid and efficient

than with the band, and slightly less than the bypass. That's why it is called the in-between procedure, because it falls in between those two. The long-term complications with the sleeve are actually less than with the band, which has a reoperation rate of 25% to 30% and a high explantation rate.

The largest known sleeve studies have found weight loss identical to that of gastric bypass. Weightloss is about 67% the first and second year, 60% the third year, and it drops to 50% the fourth year.

The resolution of co-morbidities is as good as well, about 85% for type 2 diabetes. The operation consists of a vertical gastrectomy of the entire greater curvature of the stomach, leaving a narrow tube or sleeve, along the lesser curvature.

Because the procedure, performed laparoscopically with linear staples, is relatively simple, there is little room for variation in approach and technique.

Leaks that occur very close to the esophagus seem to be in the range of 1% to 2%, and lower leaks along the staple line occur less frequently, maybe 0.5%. Bleeding occurs in about 1% to 2% of patients.

Although there is no clear-cut indication for the sleeve, it may be suitable for most patients who meet National Institutes of Health criteria for any bariatric surgery. The sleeve may be performed in patients who have contraindications for gastric bypass, such as patients who have intestinal conditions such as inflammatory bowel disease. The sleeve gastrectomy may also be an indication for patients who have had previous extensive intestinal operations.

The sleeve may not be a good choice for patients with a significant hiatal hernia or a history of severe gastroesophageal reflux disease.



47 calories  
2 grams fat  
96 mg sodium  
4 grams carbohydrate  
2 grams fiber  
6g protein

## YOLK-FREE DEVILED EGG

2 hard boiled eggs, yolks removed & discarded  
2 Tbs roasted red pepper humus  
1/4 cup finely chopped red pepper  
Slice the eggs in half. Remove & discard the yolks. Mix together the humus & chopped peppers. Spoon 1/4 of the mixture in each egg half.  
Serves:2

*Eat*  
to be well

MIDSTATE MEDICAL CENTER  
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## DO YOU HAVE A MIDSTATE DOCTOR? CALL 1 866 MMC 5678

# CALENDAR OF EVENTS

### **WEIGHT LOSS SURGERY SUPPORT GROUP OPEN MEETINGS 5:30 PM - 6:30 PM**

These groups offer a wonderful opportunity for pre-operative patients and their families to learn from experienced weight loss surgery patients.

#### **AUGUST 11, 2010**

Plastic Surgery after Bariatric Surgery

#### **SEPTEMBER 1, 2009**

Positive Affirmations: Being Nice to Yourself

#### **NOVEMBER 10, 2010**

Cold and Flu Season  
Sniffles, Coughs and Tummy Aches:  
Medication Options After Surgery

#### **DECEMBER 8, 2010**

Relaxation and Guided Imagery

### **WEIGHT LOSS SURGERY SUPPORT GROUP CLOSED MEETING 5:30 PM - 6:30 PM**

#### **SEPTEMBER 8, 2010**

Recipe and clothing swap-please submit your recipe to Kelly Miller for review by a dietician. E-mail recipe to [kkmillier@midstatemedical.org](mailto:kkmillier@midstatemedical.org)

#### **OCTOBER 13, 2010**

Challenging Celebrations! Coping with Holiday Madness and Holiday Eating

### **HEALTHY WEIGHT LOSS & EMOTIONAL EATING**

#### **OCTOBER 19, 2010**

**TUESDAY  
6:30 PM - 7:30 PM**

This program will provide an overview of some helpful weight loss tips going over nutrition and emotional eating.

### **WEIGHT LOSS SURGERY INFORMATION SEMINAR 7:00 PM - 8:15 PM**

#### **AUGUST 11, 2010**

#### **SEPTEMBER 8, 2010**

#### **OCTOBER 13, 2010**

#### **NOVEMBER 10, 2010**

#### **DECEMBER 8, 2010**

This seminar is an opportunity for individuals considering weight loss surgery to meet with our Weight Management Program Team and learn about the option of weight loss surgery. A bariatric surgeon will cover the medical/surgical aspects of obesity and the benefits of weight loss surgery. Our dietitian will talk about nutritional issues with a focus on post-op diet. Our pharmacist will briefly discuss medication issues and there will be a discussion on behavioral/emotional aspects of the surgery.

*Most classes meet the first Wednesday of the month unless otherwise noted.  
To register call 203 694 5435 or visit [www.midstateweightloss.org](http://www.midstateweightloss.org)*

For more information on The Weight Management Center at MidState visit [www.midstateweightloss.org](http://www.midstateweightloss.org)