

# Wittgrove Bariatric Center

*Lose Weight... Gain Health*

SUMMER 2008



## A Note from

## Dr. Alan Wittgrove

*It is always our goal to strive to make our program better. We try to achieve this by asking our patients for feedback on their experiences as well as their suggestions. We also continue to develop our multidisciplinary team through education, in-services and team building meetings. I am proud to announce that four nurses who work with our patients have become Certified Bariatric Nurses (CBN): our program director, Tracy Martinez, RN, BSN, CBN and hospital nurses Jeanne Downs RN, CBN, Florence Tai, RN, CBN and Jeannine Bell, RN, CBN. These nurses all passed the 165-question certification exam, demonstrating their in-depth knowledge and expertise in caring for the bariatric surgical patient both before and after surgery. Congratulations to each of them!*

## The Ride of My Life

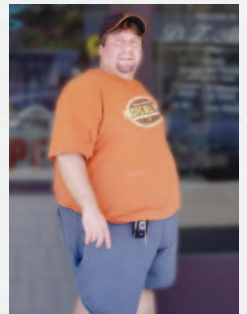
by Seth Margolies

In October of 2003, I went to my first support group meeting at the Wittgrove Bariatric Center. I was a few days post-op, and when it was time for me to say something about myself I simply stated my name and my intention to be the best post-op bariatric patient I can be. I was determined to give this new life and journey my best shot. That night I never could have imagined what my journey would turn into.

Exactly three and half years to the day of my surgery, I set out from Scripps Memorial Hospital La Jolla on a bicycle trip across America. It was my intention not only to prove to myself that I could accomplish something if I put my mind to it but also make people aware of the problems of obesity in our country.

Ok, that is the “official” version. The truth is, I got sick and tired of hearing people say that I had taken the easy way out with surgery. I rode from La Jolla, CA to St. Augustine, FL—a total of 3,269 miles. The trip took just over 50 days, preceded by months of early-morning workouts, long hours in the gym, injuries and recoveries. Now let’s hear someone say I took the easy way out!

The cycling trip turned out to be one of the most rewarding things I have ever done. I was able to see this country, talk to weight loss surgery patients throughout the south, lobby legislators, teach schoolchildren and finally accomplish something that I am proud of. The ride changed the way I look at life, and in turn I hope to be a more compassionate, smarter, and caring person for having done it. The letters of encouragement I received from many of you made me realize how fortunate I am to be part of the WBC community.



# Internal Hernia: Cause for Concern?

by Dr. Alan Wittgrove

In this newsletter, I want to address the Center's thoughts and philosophy about gastric bypass surgery v. the laparoscopic adjustable gastric band, both of which have been making news lately. I have experience with both procedures, and I feel it is important to discuss the differences between the two and take a look at the pros and cons of each.

First, though, I'd like to clarify one point. There are two companies that have FDA-approved bands in the U.S. One of the bands is named the "Lap Band"; however, like "Kleenex" facial tissues, the term "Lap Band" is being used generically when in fact it is a trademarked name. For simplicity's sake, I will refer to the laparoscopic adjustable gastric bands as "gastric band."

Gastric bypass surgery has been around for many more years than the gastric band, and its predictability is better understood. I have been performing the gastric bypass laparoscopically since 1993; we have studied and published our results and I feel comfortable with that data. Personally, I have done more than 4,500 laparoscopic gastric bypass operations.

I was also part of the FDA study on the Lap Band system back in the late 1990's.

## Predictability

The gastric bypass has rather predictable results for most bariatric patients; this predictability is not the same with the band. In our studies, the average percent excess body weight lost with the bypass was about 75%, and most every patient related a feeling of "satiety" which began right after the operation. These findings have been similar whether patients had BMI of 40 or 55, whether they were over 60 or in their teens, and whether they also had sleep apnea, hypertension or reflux diseases. The only group that lost a little less weight was the diabetic group (even though the diabetes resolved in over 90% of these patients and improved in the other 10%).

With the gastric band, the results that have been seen in Europe and Latin America have not been as predictable, though some patients have lost significant amounts of weight. In addition, the gastric band seems to be more follow-up intense, as the patient and the office try to get the band filled to a "magic" level that gives the patient a sense of satiety. Not every patient gets that satiety and therefore the operation relies on its primary mechanism of action: restriction. There is a longer wait for the weight loss with the band whereas the bypass patients begin shedding the weight the first week.

## Complications

The band has a slightly better complication rate than bypass, but it certainly depends on the center and the experience of the surgeon and the team. For example, the nationally quoted mortality rate for the bypass is about 0.5%, and for the band is 0.1%. My personal mortality rate for the gastric bypass is 0.00025%. If one were to pick the band over the bypass strictly for safety it would not make sense in my practice.

## Diabetes

I would be remiss if I didn't mention diabetic patients specifically for considering band v. bypass. Diabetes is more than high blood sugar levels and not enough insulin; in fact, most Type 2 diabetics have too much insulin, but its effect is blocked by agents produced by their own bodies. Weight reduction often decreases the amount of those blocking agents, but the

disease of diabetes itself keeps people from losing weight.

The operation of the gastric bypass changes the metabolic effect of diabetes from the first post operative day in nearly all patients. The effect from the band is not as predictable. I do not recommend the band for diabetic patients.

## Follow-Up

Lastly, the success of each bariatric procedure is due to a sound surgery and a commitment to lifestyle changes and lifelong follow-up. The gastric band seems to need even more follow-up than gastric bypass largely due to the need for adjustments, slower weight loss, and less weight loss overall. However, because the gastric band is a restrictive procedure rather than a malabsorptive one, there is no need for B12 supplementation.

## Gastric Band Surgery at WBC

Should a patient and I decide to proceed with gastric banding, I will use Ethicon's *Realize* gastric band. Ethicon has a dynamic Internet-based educational and motivational tracking system available for patients after their surgery; this is one of the reasons that I believe this is a superior product.

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*For more information on "things to consider" when comparing the bypass and the banding procedures, please visit our website at [www.lapbypass.com](http://www.lapbypass.com)*



# Magic Moments

**Jenee**—*As silly as this may seem, I realized this past summer that I do not have to use the handicapped stall in public bathrooms. I fit in the regular stalls now!*

**Koreena**—*On my wedding day, I didn't wear a plus-size dress, I wore a size 14! I had the most perfect day and I look at the pictures now and cry; they are of a person who is no longer 284lbs but of someone who is 168lbs and feeling like the most beautiful person in the world.*

**Elaine**—*I pulled through Starbucks last week and the guy who helped me commented to the girl filling my drink order that he thought I was really pretty!*

**Cathy**—*"Before," I could not walk up a flight of stairs without hanging on to the hand railing. "After," I completed a triathlon and I am now in training to be a flight attendant.*

**Virginia**—*After losing 90lbs, while standing at the "pick up" counter at Circuit City, I felt a sensation around my ankles. I looked down to discover that my half slip and my underpants had fallen to the floor. I guess I better go shopping!*

**Darla**—*I water-skied again on my old slalom ski and I felt like a kid again. I never thought I would be able to do that again and felt good doing it. It was the best day I've had in a long time.*

# The Couch



## Mind Your Eating

Cathy Reto, Ph.D., Program Psychologist

**W**hat was the last thing you ate? And where did you eat—at a table, or perhaps in your car? Did you do anything else while you were eating, like watch television or talk on the phone? And how did you feel before, during, and after you ate?

One of the significant differences between people who successfully manage their weight and people who constantly struggle is mindful eating. When you do something mindfully, you give full attention to what you are doing and make conscious, thoughtful decisions about your actions. I strongly recommend that, before surgery, people start to practice mindful eating techniques. Turn off the TV, sit down at a table with your food, and focus on your meal. Before you put your food into your mouth, take a moment to look at the colors and savor the smell. Enjoy the taste and feel of the food in your mouth. Put your fork down between bites, and chew slowly. Think about how the food tastes, not about the problem you have at work or the chores you need to do after dinner. You may find that, by focusing on the experience of eating, you enjoy your meals more, feel satisfied sooner, and actually eat less.



## On-Q: An Exciting Option for Post-Op Pain Relief

**C**an a tiny high-tech balloon offer bariatric surgery patients continuous relief from post-operative pain without unpleasant side effects? Yes!

ON-Q is a small balloon that holds a pain-numbing medication, which it delivers directly into the surgical incision site through a tiny tube. The medication is delivered continuously for up to five days, so pain relief is constant. Plus, because it affects only the area around the incision, there are no side effects such as nausea, drowsiness or constipation.

Your surgeon puts ON-Q in place during surgery, and that's it. No pills to take or schedules to follow. All you do is wear the balloon, which can be slipped into a pocket or attached to your clothing. You or your doctor can remove it after the medication is gone.

# Fitness For Life



When you walk into a gym, you'll likely see people on the cardio machines, in the weight room, and stretching or doing yoga. In an ideal fitness world, all of these people would make time for all three activities—a cross-training scenario that illustrates complete physical fitness.

The American College of Sports Medicine states that physical fitness includes cardiovascular endurance, muscular strength, and flexibility. When you address all three areas, you improve your health and lower your risk for disease.

**Cardiovascular fitness** includes moderate to high-intensity periods of time. Cardiovascular fitness can improve mood, lower blood pressure, and reduce the risk for heart disease and diabetes.

Cardiovascular fitness includes activities such as walking (3 to 4 miles per hour), hiking (slower than 10 miles per hour), and swimming.

**Muscular strength** refers to the force that can be generated by a muscle.

## 2007 Fitness Retreat

# A Time for Renewal

Tracy Martinez, R.N., BSN, CBN

Our 2007 annual fitness retreat and reunion was held Sept. 7-9 at the beautiful Del Mar Hilton. Just when you think last year's retreat couldn't be topped, it was, with themes that included renewal, harmony, reconnection, and self-time.

Individuals attended from many areas including Canada, Idaho, and Nevada, as well as throughout California. Friday evening began with a meet and greet and buffet dinner. The opening ceremony included intention setting with the WBC team sharing their goals for the weekend. Our keynote speaker, Jim Kuhnsman, B.A., M.A., presented "All About Us." This moving presentation, rich with the power of positive affirmation, self-actualization and camaraderie, carried throughout the entire weekend. The evening closed with meditation and stretch class.



Saturday's packed schedule began with a Pilates class taught by Kathy O'Rourke. With almost everyone wearing the retreat t-shirts, we shared breakfast by the pool then moved into breakout sessions on health, nutrition, fitness and tips for long-term success. Participants enjoyed an NIA class, a phenomenal combination of free-expression dance and aerobic workout taught by a dynamic instructor, Melissa Dice.

Saturday evening's fun agenda included a great dinner, door prizes, a one-year pinning ceremony, and of course, dancing. Yes, Dr. Wittgrove did the electric slide!

Sunday started with yoga and a stress education class, followed by breakfast and the inspirational, emotional closing ceremonies. Photos, emails and phone numbers were exchanged.

There is nothing more important than health, both emotionally and physically. I believe our retreat is a great experience because it not only emphasizes good health but offers tools to achieve and maintain it for the long term. We look forward to next year's reunion.

# Healthy Eating



## Chicken & Vegetable Casserole

8	boneless, skinless chicken breast halves	1	rib celery, chopped
2	cups potatoes, peeled and quartered	1	cup frozen lima beans
3-4	carrots, peeled and cut into chunks	1½	cups water
1	onion, chopped	½	tsp. salt
		¼	tsp. black pepper
		10¾	oz. low-fat or fat-free cream of chicken soup

Rinse chicken. Pat dry. Place in slow cooker. Add potatoes, carrots, onion, celery, lima beans, water, salt, and pepper. Pour cream of chicken soup over all. Cover and cook on low 3-4 hours.

**Yield:** 8-10 servings

**Per Serving:** 190 calories (35 calories from fat), 4g total fat (1g saturated, 0g trans), 40mg cholesterol, 500mg sodium, 20g total carbohydrate (4g sugar), 17g protein, 100% DV vitamin A, 10% DV vitamin C, 4% DV calcium, 10% DV iron.

For more information on Healthy Habits visit our web site [www.lapbypass.com](http://www.lapbypass.com)

Strength is the ability to perform exercise for prolonged periods. Regular exercise helps to reduce blood pressure, and reduce risk of heart disease. Strength increases with your activity level. To build it: walking briskly, swimming, dancing and bicycling. Strength refers to the maximal force a specific muscle. Weight

resistance exercises force muscles to contract against resistance; this simple action builds lean muscle mass, stimulates bone growth, and helps increase cardiovascular endurance. In addition, it increases resting metabolic rate (the rate at which we burn calories at rest). This can add up to an extra 300–400 calories burned each day. The following resistance training activities can improve muscular strength: free weights or machines, body weight exercises such as push-ups, and weight-bearing poses in Pilates and yoga.

**Flexibility** is the ability to move each joint through its complete range of motion, which enables us to maximize our movements and helps prevent injury. Any activity—from playing sports to changing a light bulb—involves our joints, so flexibility is crucial to overall fitness. Flexibility exercises include: stretching, yoga, Pilates and Tai Chi.

Each fitness component brings great health benefits and, in turn, helps the others perform at their peak. Cross-train for optimal physical fitness.

## On the Scripps La Jolla Campus

# Meet Dr. Janet Schwartz

Janet Schwartz, M.D., has been a family practice and general care physician for 35 years; since 1988, she has focused exclusively on medical care for women, including primary care and outpatient gynecological care. Along with two nurse practitioners, she



provides care for women from adolescence through “the golden years” and is available to handle urgent

as well as routine issues. She is a member of the North American Menopause Society and the Academy of Family Physicians; two years ago, she added medical cosmetic procedures to her practice, and performs all procedures herself.

“We try to create an environment that promotes health and is wellness-oriented,” Dr. Schwartz explains. “But if our patients do need specialized care, we act as the ‘team captain’ so that patients aren’t wandering from specialist to specialist wondering who to go to for the care they need.”

Dr. Schwartz is especially aware of the physical and psychological issues associated with morbid obesity in women, and strongly supports bariatric surgery when appropriate.

“It is really life-saving for some people, and I am not hesitant to recommend it for the right patients,” she says. “Some people simply cannot lose the weight and keep it off on their own, and obese patients are at such high risk, not only for diabetes and hyperlipidemia and high blood pressure, but also for arthritis and joint replacement problems. They ruin their knees and hips and ankles and become less and less mobile, and it becomes a vicious cycle.”

Dr. Schwartz works closely with Dr. Wittgrove and the bariatric center staff, and has seen the surgery change people’s lives—not just improving their medical conditions, but their quality of life as well.

“The truth is there are prejudices about obesity, that people are lazy or just don’t try hard enough to lose weight,” she explains. “But obesity is a disease state that has serious consequences and needs appropriate treatment. With the development of laparoscopic bypass surgery, the surgery is safer than being obese.”

Dr. Schwartz offers comprehensive health care for women, including gynecologic and menopause care with an emphasis on health maintenance. Her office is located at 9834 Genesee Ave., Ste 320, on the Scripps Memorial Hospital La Jolla campus.

## Ambassador Program

# Spreading the Word

It has often been said that students make the best teachers. In this case, we know that patients make the best teachers.

Someone who suffers from the disease of morbid obesity often feels isolated in their emotional attempts at losing weight. So, when someone who has had bariatric surgery to control their disease is asked about their weight loss and improved health, it is often a great opportunity to “give back.” Through our ambassador and mentor program, we have seen the greatest examples of education, reaching out and conveying empathy from Wittgrove Bariatric Center patients to others in need. Like Doris, who went back to the naval station she retired from and a coworker recognized her voice but not her. The following month Doris went with this coworker to one of our patient informational seminars. Or Connie, who arranged for Dr. Wittgrove to meet with some physicians in her area to educate them on bariatric surgery. Or Howard, who introduced a friend of his who suffered from morbid obesity to Dr. Wittgrove at a wedding. Or Kathy, whose primary doctor learned about Type 2 diabetes resolution after her gastric bypass.

Unfortunately there is a great need to educate both the medical field as well as the general population about bariatric surgery and its success at keeping the chronic disease of morbid obesity at bay.

# Scripps Memorial Hospital La Jolla



One of Southern California's premier medical centers, Scripps Memorial Hospital La Jolla is the first hospital in San Diego to be recognized by the American Nurses Association for excellence in patient care with the prestigious Magnet designation. Scripps La Jolla is also listed among the nation's Best Hospitals by *U.S. News & World Report* for Cardiology and Gynecology.

The hospital offers a wide range of clinical and surgical services, including a level II trauma center and 24-hour emergency services; intensive care; interventional cardiology and radiology; oncology services; cardiothoracic and orthopedic services; neurology; ophthalmology; bariatric surgery and women's health services.

**Call 1-800-SCRIPPS (1-800-727-4777)**  
**or visit [www.scripps.org](http://www.scripps.org)**

 **Scripps Memorial  
Hospital La Jolla**  
*A World of Healing*

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