

Remember When...

Reverend Mike Warthen



It was lonely in the back of the line when Mrs. Wilson instructed her third-grade class to line up for recess, "Please line up with the smallest in the front of the line and the 'biggest,' 'largest,' most mature at the end of the

line." You preferred the days when the alphabet was the criteria for securing your place in the procession. "Adams" usually assured you of being first in something.

Most school days began with faking a sore throat in a feeble attempt to stay home from school. Your parents could immediately and compassionately see through this clever attempt at truancy and strongly encouraged you to "get ready or you'll miss the bus again." You never considered that much of a loss. What's so bad about denying your schoolmates an opportunity to tell you their latest "your so fat..." joke?

By the time you make it to your seat in the back of the class, you're out of breath and scolded by Mrs. Wilson; "You'll never amount to anything being lazy." She simply doesn't realize the physical price one pays weighing 168 pounds in the third grade. You do your best to simply fit in and be "normal," but it never works. Your sense of humor has developed beyond your years to mask the pain of your scarred self-esteem and bruised ego.

You arrive on the playing field only to discover that kick ball is the only game your physical education instructor knows how to play. The best looking and highly skilled athletes are once again chosen as captains. Surprise! Then the lottery begins. The first three team members chosen on each side are welcomed with cheers and high-fives. Then the mediocre "wanna be's" are at least tolerated. Two remain to choose

from: "snorting Billy" and you. He was in the front of the processional that led you to the playing field moments ago. Billy wears glasses and is allergic to anything outdoors that is or ever was green (two more clear indicators that one is unsuited or unable to play a game). Billy is chosen and the team captain invites the opposition to take you to soften the blow of being stuck with Billy.

By day's end you wonder why you were mistreated. "Is it me?" "What did I do wrong?" You whisper a gentle cough as you wish your parents a "good night" in hopes that you can better sell the illness in the morning.

Obese children grow up in a cruel world. Kids, both young and old, can be brutal whether they intend to be or not. The bullies of third grade recess usually don't remember the hurt they have inflicted. The obese, however, can recall the color and print of the shirt they wore the day they were heckled and taunted, as they recount story after story of neglect and isolation.

I would encourage those of you suffering from obesity since childhood to remember the pain and allow it to motivate you toward kindness and unconditional love for others. Forgive those who abused you. Love as you would desire others to love you. May our God of peace and acceptance grant you serenity and healing as you embrace the journey of life. Investigate every turn with anticipation of healing, joy and contentment. ▲

Your sense of humor has developed beyond your years to mask the pain of your scarred self-esteem & bruised ego.

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Silhouette

Silhouette was created as an informative and supplemental tool for gastric bypass patients to utilize along their post-surgical journey to health and happiness.

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Dear Reader,

Well, Spring is here and the beach may be calling you for the first time in ages or quite possibly for the first time. South Florida in the springtime is a wonderful time for outdoor activities. Maybe this is the year you'll be able to enjoy the surf and sand with confidence. Don't forget the sun block.

Our Kids program has begun, and I would like to thank all of you who have entrusted us with caring for your children as well. Unfortunately we were not able to enroll everyone who attended an information session, but there will be opportunities with new or multiple groups in the future.

As I told you last issue, we are partnering with an industry-leading surgical equipment provider to staff and equip a training facility to prepare surgeons, surgical practices and hospitals to provide comprehensive training in Bariatric surgery and care. Well, this program has also begun, and you may have noticed some visitors in the office the past couple of weeks. These are students learning from you and our team of professionals how to deliver excellence in service and care to others in their area. The surgeons involved in this training will not be scrubbing in and performing surgery; they will be observing only. Thank you for helping us in this endeavor. Many of you have been or will be asked to assist in this training program by your willingness to allow these students to observe our staff in action. Rest assured that your care and confidentiality is our primary concern. We are honored to be influencing the discipline of Bariatric medicine in such a significant way.

Your U.S. Bariatric Resource Center is open and available to serve you. Remember, if you need vitamins or other specialty items; please visit the resource center in the East Annex building. It is easily accessible if you would like to drop in for a B-12 shot or to check your weight. Also, all of our Fort Lauderdale small group classes will be held in the resource center.

As you know, our Orlando office has experienced a few challenges. I am pleased to announce that we have found a solution to those challenges. Our very own Dr. David Diaz has agreed to move to the Orlando area to offer you the quality of care that you have grown to expect from our staff. During this transition, however, we will continue to provide our surgical services here in Fort Lauderdale. The good news is that we anticipate no disruption of service for postoperative care, education and support at Celebration Health. I deeply apologize for any inconvenience that this has placed upon you, but know that we remain committed to all of our patients and their postoperative success.

It is this commitment to our word that introduces our adopted core value of Justice. We are committed to being who we say that we are, even when it isn't convenient. It is our desire to treat each of our patients with equity and fairness. We have set standards of excellence in conduct and behavior for our staff and have developed an infrastructure to be in strict compliance with ethical standards. We are committed to making something right when an obvious injustice has occurred.

May God's continued blessings of peace and success rest upon each of you.

Sincerely yours,

Robert T. Marema, M.D.



Next Step: The Tummy Tuck

By David Diaz, M.D.

Skin-reduction surgery or a 'tummy tuck' is often desirable following significant weight loss. As a person loses weight, the body utilizes fat for its energy requirements and the visible results are a smaller size and reduced weight. Skin, however, doesn't shrink as rapidly as fat, and this results in areas of excess skin. The lower abdomen, inner thighs and tricep area of the arms are the most common anatomic locations where this occurs.

Of course, individuals experience varying degrees of excess skin after significant weight loss. The younger a person is, the more elasticity the skin has and the greater the likelihood that the skin will eventually shrink to fit the new body. Factors such as smoking, a history of ultraviolet skin damage, age, and a BMI greater than 50 are some of the causes of decreased elasticity. While exercise is great for the heart, muscles, mind and spirit, it doesn't do much for the skin.

The decision to proceed with a tummy tuck or removal of excess skin from the thighs or arms should be made at the right time and under the best possible conditions. It is very important that goal weight be achieved first. If skin reduction is done too soon, the re-development of redundant skin is likely once goal



David Diaz, M.D.

Michael Perez, M.D.

weight has been achieved. As a general guideline, the minimum time to wait before proceeding with a tummy tuck or skin reduction surgery is 18 months after gastric bypass. This allows sufficient time to lose the necessary weight and give the skin time to shrink. ▲

ANNOUNCEMENTS



Congratulations!

U.S. Bariatric is pleased to announce that Dr. David Diaz will be moving to the Orlando area to provide excellence in surgical service and care at Celebration Health. He has already begun seeing patients for their follow-up care, but the credentialing process will delay scheduling patients for surgery. We will keep you posted as to when he will be operating at Celebration Health. He will be missed in South Florida, but the residents of Central Florida will benefit from his experience and training. He is dedicated to Bariatric medicine and committed to improving lives as a vital component of a multidisciplinary team combating the disease of morbid obesity. Congratulations Central Florida.

The Gold Standard: Roux-en-Y Gastric Bypass Procedure





Childhood-Onset Obesity



By Whitney Wilhide, R.N.

For some people, obesity does not present itself until adulthood, often stemming from such things as pregnancy, an injury or a

traumatic experience. For many, however, the disease of obesity strikes during childhood. It has been documented that 15-20% of children in the U.S. today are obese. Causes may be genetic, hormonal, emotional (divorce of parents) and/or simply the result of being a member of today's society where television, video games and fast food prevail.

Studies have shown that the majority of obese children do not consume more calories than thin children, although the majority of society assumes this to be the case. Not only does childhood obesity cause negative anatomic, hormonal and metabolic changes in the body, but it also causes emotional changes that can be equally as harmful. Childhood is a time not only for physical growth, but for mental and emotional growth as well. The hurtful things that other children say, the dirty looks people give and the rejection from not being asked to participate in activities can severely alter this growth. Sadly, many obese children have no friends. Studies have shown that prejudice begins as early as kindergarten and that many children prefer to play with a handicapped child rather than an obese one. The feeling of inferiority obese children experience usually leads to problems in adulthood such as low self-esteem, depression, anxiety, troubled relationships and mistrust of others.

It is therefore extremely important to educate parents on the prevention of childhood obesity, focusing on diet, exercise, behavior modification, stimulus control and especially family involvement in the above. Treatment of obese adults is an ongoing struggle and usually does not result in long-term success.

Another key concern is health problems. Many health-related issues develop during childhood, but certainly

obese children are more prone to them. A number of obese children have elevated blood pressure, pulse rate and cardiac output, as well as orthopedic and dermatological problems. Because of obesity, Type II Diabetes has become more prevalent in children. Obesity in childhood

generally continues and leads to obesity in adulthood, as do the co-morbidities associated with it. Therefore, it is very important to evaluate obesity in children in order to help prevent both the physical and emotional disease progression. ▲

NUTRITION



Childhood & Adolescent Obesity... What is a Parent to do?



By Abbe Breiter
M.S., R.D., L.D./N

Obesity in children and adolescents is defined using a measure of body mass

index (BMI), however, unlike for adults, there is no critical BMI that describes obesity. Instead it is plotted on a growth chart as a percentile. Overweight and obesity for children (ages 6 to 11) and adolescents (age 12 to 19) are defined respectively as being at or above the 85th and 95th percentile of body mass index.

There are many contributing factors in the development of childhood and adolescent obesity – some are modifiable and others are not.

Modifiable causes include:

- Physical Activity - Lack of regular exercise.
- Sedentary Behavior - High frequency of television viewing, computer usage, and similar behavior that takes up time that could be used for physical activity.
- Socioeconomic Status - Low family incomes and non-working parents.
- Eating Habits - Over-consumption of high-calorie foods. Some eating patterns that have been associated with this behavior are eating when not hungry, eating while watching TV or doing homework.

Today we have an overwhelming choice of foods available for our immediate gratification by simply opening a bag or twisting off a lid.

- Environment - Lack of recreational facilities and over-exposure to high-calorie food advertisements.

Non-Modifiable causes include:

- Genetics - Greater risk of obesity has been found in children of obese and overweight parents. For so many of us, daily caloric intake is controlled by the availability of food and affordability of food. Fortunately in the United States, availability of food is not usually difficult, and although we spend a lower percentage of income on food than other countries, cost is not often what controls the amount of food we consume. Ready-to-eat food, convenience foods and drive thru's are the mainstay of many American family diets. Today we have an overwhelming choice of foods available for our immediate gratification by simply opening a bag or twisting off a lid.

Before you place your child or adolescent on a "diet," consider some of the simple changes you can make. Juices and sugary drinks can be replaced with water. If flavor is desired, lemon or lime can be added to the water. Families can commit to more quality meals together and snacks can be planned. Vegetables and fruits can be incorporated into meals with a little bit of advanced planning. Last but not least, SET THE EXAMPLE. If you as the parent demonstrate healthy food behaviors, and engage in physical activity yourself, your children will follow your lead. ▲



The Effects of Childhood Obesity on Weight-Loss Success



By Cynthia
Buffington, Ph.D.

The morbidly obese are resistant to weight loss by conventional therapies such as diet, behavior modification, and pharmaceuticals. Most individuals suffering

from morbid obesity have been on a multitude of weight loss programs, losing approximately 10% of total body weight or 20 to 30 pounds, only to regain all weight PLUS MORE over time. The extreme difficulty the morbidly obese have in maintaining weight loss long-term may result, in part, from their high incidence of childhood onset obesity.

Studies have found that the majority of morbidly obese adults were also obese children. Three out of four surgical patients at U.S. Bariatric have been obese since childhood, many (86%) since early childhood or infancy. And, according to our research findings, the earlier the age of obesity onset, the heavier the individual and the higher the number of previous failed weight loss attempts.

Individuals obese since childhood, as compared to adulthood, generally have greater difficulty managing their weight because childhood obesity may cause certain metabolic, hormonal, or behavioral defects that promote weight gain. For example, obesity during childhood (and adulthood) increases insulin, a hormone that enhances fat accumulation and reduces fat breakdown, and high insulin levels in childhood are known to track into adulthood.

Weight gain during certain stages of childhood, by increasing fat cell numbers, also makes weight management, as adults, difficult. The studies have found that the more fat cells an individual has, the harder it is to lose weight and sustain weight loss long-term. This is because weight loss reduces fat cell size but not number. Individuals who were obese as children are likely to have fat cell numbers far in excess of those who were normal size.

Childhood obesity also has psychosocial consequences, such as low self-esteem, low self-confidence, a poor self-image, feelings of shame that carry over into adulthood (often for a lifetime), along with depression and anxiety. Consequently, psychosocial distress may alter the production of certain hormones and brain messengers to increase appetite, food cravings and fat accumulation, making weight management difficult and often impossible.

Obesity during childhood increases weight by causing joint pain and fatigue with loss of mobility and reduced calorie utilization. Additionally, excessive fat accumulation during childhood may cause life-long conditions such as non-insulin dependent diabetes, arthritis, and hypertension which, in turn, are treated with drugs that promote weight gain and impede weight loss success.

Why then are the morbidly obese resistant to diet, behavior modification and other conventional therapies? Because the majority of individuals who are morbidly obese have been obese since childhood and childhood obesity causes anatomical, hormonal and neurological defects that make long-term weight loss success – by any means other than surgery – highly improbable. ▲



PSYCHOLOGY

Social Impact of Childhood Obesity



By Michael Parish,
Psy. D.

Childhood obesity dramatically impacts the lives of children and their families. Aside from health and nutritional issues, the disease of obesity plays an insidious

role in the psychological and social challenges faced by this young and vulnerable population. Research suggests that between the ages of 4-5, and 8-9, greater weight gain is correlated with temperament issues, increased personal disorganization and a diminished attention span. These factors, and other family stressors can, in turn, interfere with normal family problem solving and coping skills.

The literature points out that the obese do less well academically, have poorer job prospects and lower self-esteem. This lowered self-esteem is strongly correlated to stigmatization by other children because of the importance given to physical skills and appearance during the developmental years. Studies suggest that children view obesity less favorably than a range of physical disabilities, including facial deformity and lost limbs. Diminished self esteem is typically further aggravated by children's diminished sense of competence when they are unsuccessful in reducing their weight.

The social and developmental impact of

obesity has been demonstrated in numerous arenas. Obese children typically lead more socially isolated lives, which in turn, results in fewer opportunities to develop adequate social skills. It has even been noted in one review, that obese children are often taller than their peers, and are therefore expected to be more mature. Such inappropriate expectations may also have profound affects on childhood socialization.

So, what can we do? I would suggest that one step would include consulting with a behaviorally trained psychologist who has expertise in working with families. Parents have often shared with me how helpful it has been to have a professional who can serve as their "coach" while they intervene with their children at home. This method lessens the child's sense of feeling stigmatized, while enhancing the parents' confidence in their ability to successfully parent and care for their children.

While it would be impossible to provide an in-depth review of interventions, it might be helpful to keep in mind that small changes can have a profound, long-term impact. Some suggestions, however, might include (1) reduced television and video game time; (2) developing strategies to allow the child to exercise some control of their food choices and quantities; (3) empowering children, rewarding them through positive reinforcement, and avoiding power struggles. Finally, it is important, in order to avoid the risk of eating disorders later in life, not to tie a child's success with weight loss to a specific weight target. ▲

Obese children typically lead more socially isolated lives, which in turn, results in fewer opportunities to develop adequate social skills.



Obesity Culprits - Stop these Bandits!!!



By Justine Clark, B.S.
Exercise Physiologist

Obesity rates among our youth are climbing and there doesn't seem to be a solution in sight. Because our

children are watching more television than ever, they are exposed to food advertisements 4 to 6 hours a day. Advertisers know this and push food advertisements that focus on high-fat, sweet, salty foods and carbonated beverages. Consequently, fruit and vegetable consumption is at an all-time low for our kids.

Not only does television watching promote poor food choice habits but it

reduces physical activity to practically none. Studies now show, due to video games, television, telephones, the Internet, the lack of parent physical interaction, and non-participation in sporting and leisure activities, our children are experiencing the following health hazards:

- Decrease in insulin-like growth factor-I (IGF-I)
- Decrease in growth hormone (GH)
- Decrease in serotonin levels
- 3-fold risk of hypertension
- Decreased sleep quality
- Mood (depression)
- Type II Diabetes
- Heart Disease

Not only does television watching promote poor food choice habits but it reduces physical activity to practically none.

These are startling facts with catastrophic impacts on the health of our youth and their future mortality.

It is shown that for each hour of lost quality sleep, the odds of obesity increase by 80%. Poor sleep patterns and habits also contribute to a lack of physical activity. A 3% decline is observed when quality sleep is altered. It becomes a vicious cycle of inactivity and lethargy. The less active our children are, the more unmotivated they become, lending themselves vulnerable to lying around watching television for entertainment and making poor snack food choices. They don't call it a 'dummy box' for nothing! ▲

Simple & Delicious

RECIPES



You will find the following recipes to be simple but delicious. Preparing food should be fun, time-efficient, and most of all, it should fit into your lifestyle. If you have any recipes of your own you wish to share in future Silhouette issues please forward to chef@usbariatric.com or mail to U.S. Bariatric, Attn: Recipes 4800 NE 20th Terrace Suite 303 Fort Lauderdale, FL 33308.

Chicken Valencia

Chicken in a white wine sauce

- | | |
|---|---|
| 8 boneless chicken breasts, cut in half | 4 ounces fresh mushrooms, sliced |
| 1 tsp. salt and pepper | 1 large white onion, peeled and chopped |
| 1/4 cup flour | 1 clove fresh garlic, peeled and minced |
| 1/2 stick butter | 1 ounce fresh parsley, chopped fine |
| 4 ounces white wine | 4 ounces chicken stock |
| 2 medium tomatoes, peeled and chopped | |

First salt and pepper chicken breast. Next lightly coat with flour. Then place butter in large sauté pan on med-high heat. Once butter has melted, add coated chicken breast and sauté until chicken is golden brown. When chicken is browned on both sides, add white wine to deglaze the pan. Then add tomatoes, mushrooms, onions, garlic and chicken stock to pan. Let chicken dish sauté for 15 minutes or until chicken is cooked. The stock will become thickened while cooking. Finish with parsley. Yields 4 ounces, serves 8.

Per serving (excluding unknown items): 352 calories; 10g fat (26.5%); 54g protein; 7g carbohydrates; 1g dietary fiber; 147 mg cholesterol; 522 mg sodium

Spaghetti Veggies

Julienned vegetables sautéed

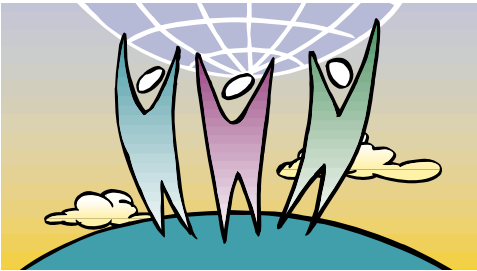
- 3 Tbsp. olive oil
- 1 large yellow squash, julienned
- 1 large zucchini, julienned
- 1 large white onion, julienned
- 8 ounces snow peas, whole
- 1 large carrot, julienned
- 1 large red bell pepper, julienned
- 3 cloves fresh garlic, peeled and minced
- 2 tsp. salt and pepper, to taste

In a large sauté pan heat olive oil. Next add garlic and sauté for 1 minute. Then add vegetables and sauté until onions are clear. Salt and pepper to taste. Yields 4 ounces, serves 8.

Per serving (excluding unknown items): 78 calories; 5g fat (57.6%); 2g protein; 7g carbohydrates; 2g dietary fiber; 0 mg cholesterol; 362 mg sodium

SERVING IDEAS:

Serve Chicken Valencia over a bed of Spaghetti Veggies. To spice things up a bit add 1/2 teaspoon crushed red pepper.



Informational Sessions

Intended for people interested in learning about surgical options for weight loss.

- Ft. Lauderdale – Every Tue. from 6:00-7:00 p.m. at Holy Cross Hospital Sister Innocent Conference Center.
- Orlando – Sun., March 16th and Sun., April 13th from 2:00-3:00 p.m. at 400 Celebration Place, Celebration, FL 34747. Hospital telephone: (407) 303-4114 for directions.
- West Palm Beach – Thu., March 10th and Thu., April 10th from 6:00-7:00 p.m. at the Jewish Community Center, located at 3151 N. Military Trail, W. Palm Beach FL 33409. Telephone: (561) 689-7700 for directions.
- Ft. Myers – Fri., March 21st and Fri., April 18th from 6:00-7:00 p.m. at HealthPark Medical Center, Room 1A, located at 9981 HealthPark Circle, Ft. Myers, FL. Hospital telephone: (941) 433-7799 for directions.

Support Groups

- Ft. Lauderdale – Tue., March 25th and Tue., April 22nd from 7:00-8:30 p.m. at Holy Cross Hospital Sister Innocent Conference Center.
- Orlando – Sun., March 16th and Sun., April 13th from 2:30-4:30 p.m. at Celebration Health.
- West Palm Beach – Thu., March 10th and Thu., April 10th from 7:30-8:30 p.m. at the Jewish Community Center.
- Ft. Myers – Fri., March 21st and Fri., April 18th from 7:30-8:30 p.m. at HealthPark Medical Center, Room 1B, located at 9981 HealthPark Circle, Ft. Myers, FL. Hospital telephone: (941) 433-7799 for directions.

RESERVATIONS ARE REQUIRED FOR ALL WORKSHOPS

Please call (954) 351-7770 ext. 108 or (800) 592-7546 ext. 108 to get information or reserve a space in any of the following classes:

The Magic Pill

Based on a book by Teri Kai Holtzclaw Ph.D, this workshop is a self-awareness guide on how to obtain and maintain successful weight loss after weight loss surgery.

- Ft Lauderdale – Every Thu. from 6:30-7:30 p.m. at U.S. Bariatric East Annex and every Fri. from 6:00-7:00 p.m. at U.S. Bariatric East Annex.
- Orlando – Every Thu. 5:30-6:30 p.m. at Celebration Health.
- Ft. Myers – Tue., March 4th and April 1st from 6:30-7:15 p.m. at HealthPark Medical Center.
- West Palm Beach – Every Wed. from 6:30-7:30 p.m. at the Palm Beach Atlantic University.

NEW! Cooking 101

Learn How to cook with Chef David. Cooking 101 will teach you all the basics for preparing exciting all-protein meals. (There is a nominal charge for food and supplies).

- Ft. Lauderdale – Tue., March 11th from 6:30-7:30 p.m. and Tue., April 8th from 6:30-7:30 p.m. at Holy Cross Hospital.

NEW! Cooking 102

Recommended only for patients who have achieved 75% of their weight loss. Chef David will teach patients how to add carbohydrates to their meals while still eating healthy. (There is a nominal charge for food and supplies).

- Ft. Lauderdale – Tue., March 25th from 6:30-7:30 p.m. and Tue., April 22nd from 6:30-7:30 p.m. at Holy Cross Hospital.

Addictions & Recovery

Open to anyone who wants solutions to the problem of cravings and the inability to control the urge to eat. This group is also intended for anyone finding themselves transferring addictions.

- Ft. Lauderdale – Mon., March 24th and Mon., April 28th from 6:30-7:30 p.m. at U.S. Bariatric East Annex.
- Orlando – Thu., March 27th and Thu., April 24th from 6:30-7:30 p.m. at Celebration Health.

Discovering Your Spiritual Strength

This is an ongoing spiritual based support group. Reverend Mike Warthen leads this discussion group open to anyone interested in spiritual guidance and fellowship.

- Ft. Lauderdale – Mon., March 3rd and Mon., April 7th from 6:30-7:30 p.m. at U.S. Bariatric East Annex.
- Orlando – Mon., March 3rd and Mon., April 7th from 6:30-7:30 p.m. at Celebration Health.

Building Blocks to Health

Open to anyone interested in increasing his or her understanding of health, nutrition and exercise. Justine Clark will lead an exercise class utilizing sport cords. Please dress in comfortable clothing and bring a mat, towel, water, and sports cords.

- Ft. Lauderdale – Every Tue. from 6:00-7:00 p.m. at U.S. Bariatric East Annex.

New Beginnings

Intended for patients who may have gotten a bit off track from their doctor's recommended diet.

- Ft. Lauderdale – Thu., March 20th and Thu., April 17th from 7:30-8:15 p.m. at U.S. Bariatric East Annex.
- Orlando – Thu., March 20th and Thu. April 17th from 6:30-7:15 p.m. at Celebration Health
- Ft. Myers – Thu., March 20th and Thu., April 17th from 7:00-7:45 p.m. at HealthPark Medical Center.

What's New for YOU at the Market

Label-reading at Publix. Learn how to figure out the nutritional content of the foods you buy.

- Ft. Lauderdale – Wed., March 5th and Wed., April 2nd from 6:30-7:30 p.m.
- Orlando – Mon., March 10th and Mon., April 8th from 6:00-7:00 p.m.
- West Palm Beach – Wed., March 12th and Wed., April 9th from 6:30-7:15 p.m.
- Ft. Myers – Wed., March 19th and Wed., April 16th from 7:00-8:00 p.m. at HealthPark Medical Center.



Patient Profile: Cindi Hutchinson

Date of Surgery: 11/24/01
Weight prior to surgery: 250 Lbs.
Current weight: 130 Lbs.
Height: 5' 3"

I blame my weight problems on an overactive fork. As a child with two working parents and a lot of time spent home alone, I developed a friendship with food. Eating was a great way to pass those after-school hours and a great source of comfort following the deaths of my grandmother and father, both of whom I was very close to.

Weight issues were always a part of my life. I lived on a sliding scale...going up and then back down...trying all the popular diets. Eventually I accepted the fact that I was going to be obese for the rest of my life and that there wasn't much I could do about it. I tried (and almost succeeded) to convince myself that weight didn't matter, but my low self-esteem and the sadness I felt were proof that it really did matter.

I saw myself as fat and unattractive so instead of focusing on myself, it was easier to devote my energy to my career. I currently hold a public office in the city of Ft. Lauderdale and my work has always been my life. I don't regret this entirely because I love my job, but I realize that there was definitely an imbalance in my life as I maneuvered myself down the career path.

When I learned about bariatric surgery through a friend, I instantly knew that it was what I needed to do. I really didn't have to think long and hard about it, because I saw it as the golden door to a new world for me. I started the process right away and in only a few months I was assigned a surgery date. Electing to have the surgery was an easy

decision and one that I have never regretted. I sailed through the recovery with flying colors, following all instructions to the letter. The team at U.S. Bariatric is so explicit about what to do and what not to do to ensure success, that it was very easy for me to reach my goal weight and feel good along the way. Within ten months of my surgery, I had surpassed my goal and now I find myself working to keep my weight up. I am not complaining!

So much has happened in the past year. Only someone who has gone through this type of life-altering transformation can truly appreciate the mental and emotional roller coaster that I have been riding. I think it boils down to the fact that my body changed very quickly but my mind is taking a bit longer to catch up. Bariatric patients are told countless times to expect this, but I don't think it actually hits home until much later in the weight-loss process. It happens when patients realize that other people's perception of them doesn't match the perception they have of themselves - mostly because the patients are still holding on to their old self-images. This is what I have experienced and I know that it is normal. It will just take a little more time to get my mind and body on the same page.

Just recently, I was at the grocery store and I left my food on the conveyor belt while I ran to get an item I had forgotten. When I returned to the checkout another woman's cart was blocking my way. I asked her if I could get by and she moved her cart over only a few inches and said, "Oh, you're

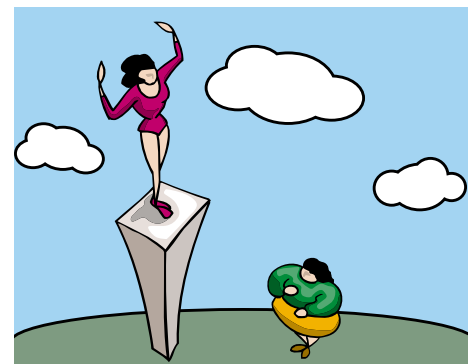
skinny; you can fit." I stopped in my tracks and enjoyed the moment. The woman asked why I stopped and I told her that I hadn't always been skinny and that it felt really good to hear someone refer to me that way. It's these seemingly insignificant happenings that really are the special ones for me.

For me right now, one of the biggest challenges I face is trying to relax. I have so much excess energy and I don't always know what to do with it. It calmed me quite a bit to learn from U.S. Bariatric that this is common. It is hard to get used to, though, after spending all but the last year of my life with a lack of energy. Again, I am not complaining. It's just another part of my new life I am adjusting to. There have been so

many positive changes, including a major boost to my self-confidence. But that's just the beginning. I now sleep through the night. I move around without any pain. I buy clothes anywhere without needing to try them on and I put them in the dryer without worrying about shrinkage (sometimes I actually hope my clothes will shrink!) When I think of how far I have come in a year, I am amazed and proud. Best of all, I still have a lifetime ahead of me to make a few minor improvements and enjoy the new me. ▲



Within ten months of my surgery, I had surpassed my goal and now I find myself working to keep my weight up.





Patient Profile: Santa Barbara (Sandy) Pagano

Date of Surgery: 10/13/00
Weight prior to surgery: 322 Lbs.
Current weight: 158 Lbs.
Height: 5' 6"

For many morbidly obese people considering gastric bypass surgery, the fear of serious complications or even death keeps them from going through with it. I, on the other hand, was so unhappy with my life that I didn't care if I died on the operating table. As I saw it then, death would be better than continuing to live such a miserable existence. Of course, I am well aware that only an extremely low percentage of bariatric surgery patients suffer serious complications, but even if the risks were much higher, I would have decided to have the surgery.

I wasn't an overweight child. In fact, I was athletic and very skinny - so much so that my family tried to fatten me up. Sometime during my mid-teen years I started noticing that I was larger than most of my friends, wearing a size 14 and weighing somewhere around 150 pounds. Looking back now, and knowing what I now know, I realize that I was only tall and large-boned and that my size was okay, but at the time it really bothered me to be different from my friends.



As is often the case, my weight continued to climb with each passing year. A history of depression in my family combined with many health issues concerning my daughters, kept me mentally and emotionally troubled. Food was my comfort and thus the vicious cycle of weight gain/depression/over-eating continued. At times I managed to lose a bit of weight, but as soon as the next bout of depression set in, I would start packing on the pounds again.

Carrying around 300 or more pounds sure takes its toll on the body; it certainly did on mine. I suffered from excruciating back and knee pain, often requiring the use of a wheel chair in order to get around. I needed to sleep with a c-pap mask for my sleep apnea condition and I had uncontrollable high blood pressure. I couldn't stand for more than ten minutes at a time and basically my weight held me prisoner in my own body, unable to do most of the things I wanted to do. I wasn't even able to climb the stairs to the second level of my own home. Travel was out of the question. I couldn't fit in an airplane seat and I would have been too uncomfortable to ride long distances in a car. Plus, using public toilets was, at best, a real challenge.

What motivated me to undergo bariatric surgery was my awareness of just how unhealthy I had become. I also feared that I would not be able to care for my ill daughter (also obese, who has since undergone bariatric surgery as well.) As I mentioned, as far as I was concerned personally, I had nothing to lose by going through with the surgery. Where my daughter was concerned, however, I wanted to improve my quality of life so that I could be there for her.

Recovery was fairly easy for me. I have had the support of my husband and daughter all along and that has really made a difference. I am extremely happy with my weight now and have been able to maintain it for a quite a while. If I go up a few pounds, I know what I have to do to get back down where I want to be. I don't worry about my weight getting out of control anymore. I am in control



and that is a great feeling!

I am definitely a different person now, inside and out. The changes on the inside are sometimes more wonderful than those on the outside because it feels so good to like myself. After all those years with low self-esteem, I am really enjoying how it feels to blend into the crowd and not feel like a freak. Yet at the same time, I enjoy the smiles from strangers on the street and having men open doors for me. These seem like nothing to a 'normal' person, but such common deficiencies are unfortunately uncommon to the obese. Being perceived differently by strangers is great, but it has definitely taken a while to get used to.

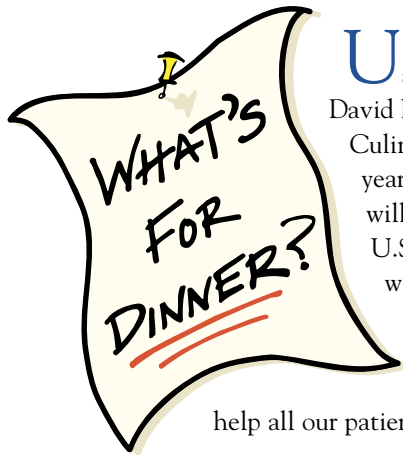
One of my future goals, apart from staying healthy, is to share my bariatric surgery experience with other obese people in the hopes that they too will consider giving themselves a second chance at living. I see them and I feel their pain because it wasn't very long ago that I was in their shoes. I want them to know that it doesn't have to be that way. Just look at me; I am living proof! ▲

The changes on the inside are sometimes more wonderful than those on the outside because it feels so good to like myself.

Submit your own Patient Profile. If you are interested in sharing your own 'story' in a future edition of Silhouette, please contact U.S. Bariatric for a patient questionnaire.



Learn how to cook...



U.S. Bariatric is pleased to announce the addition of David Fouts to our staff. David has a culinary degree from Florida Culinary Institute and comes to us with years of experience in culinary arts. He will be teaching two new workshops at the U.S. Bariatric Resources Center and he will be offering private consultations to our patients in the office. David is not only a chef, but a Bariatric patient as well. He will use his knowledge to help all our patients prepare tastier and nutritious meals.



Plastic Surgery Seminar Scheduled

On April 1st at 7:30 PM, U.S. Bariatric will hold its first seminar for patients who would like to learn more about plastic surgery. A local Cosmetic Surgeon has been invited to speak and answer questions. Don't miss this opportunity for more information on the appropriate time to consider cosmetic surgery and to discover options that are available to you. This Seminar will be held at the Sister Innocent Conference Center at Holy Cross Hospital.



U.S. Bariatric Resource Center Opens!

The new U.S. Bariatric Resource Center has opened and the new store inside has already become a popular stop for all patients. Not only are patients attending new workshops, but they are also shopping for their vitamins, shakes and other new products.

ANNOUNCEMENTS



U.S. Bariatric Resource Center Store Hours

- Mon: 8:30 a.m. - 5:00 p.m.
- Tue: 8:30 a.m. - 6:30 p.m.
Fourth Tue. of each month. . . . 8:30 a.m. - 9:30 p.m.
- Wed: 8:30 a.m. - 5:00 p.m.
- Thu: 8:30 a.m. - 6:30 p.m.
- Fri: 8:30 a.m. - 5:30 p.m.
- Sat: Closed
- Sun: Closed



Is Your Child Overweight?



By Pamela Shenk

Being overweight as a child was not easy and having a best friend all through school who was "skinny," only added to the teasing I had to

deal with on a regular basis from my classmates. Children can really be cruel with one another and I can remember complaining to my mother and being told to "just ignore them." She happened to be right, but that didn't make the remarks hurt any less.

My mother knew I was miserable with my excess weight, and every day when I would come home from school, my mother would have a glass of tomato juice and some lettuce and celery sticks waiting for me to munch

on. This didn't quite take the place of milk and cookies, but I knew she was trying

to help me release those extra pounds. My mother made sure there were no "bad foods" in our house. Instead there were good, nutritious foods and lots of love.

My mother tried so hard to keep me on track, yet what she didn't know was that when I would stop by my skinny friend's house after school, her mother often treated us to home-made French fries...from scratch. They were so good!

As a parent you may be doing everything right to help your child shed those unwanted pounds, but you may not be aware of what your child is eating when he or she is away from home. Have your child keep a journal of the foods consumed each day. Each night review these foods with your child. Should you

see a food that should be avoided, explain why it is not good, give your child lots of love and encouragement and he or she will be motivated to start fresh the next day.

Remember to reinforce the positive. Yelling at your child will only encourage

over-eating. After all, food is comfort. Get out and go for a walk with your child. The quality time you spend together will be good for both of you. Always save time to Live, Laugh and Love. ▲



WHAT'S NEW

Adjustable Gastric Band!



U.S. Bariatric now offers the adjustable gastric band for weight loss. The adjustable gastric band is a procedure that reduces the size of the stomach through the placement of an inflatable band around the stomach. Weight loss occurs because food does not pass through the stomach so quickly so that it takes smaller amounts of food to feel full.



Surgical placement of the band is performed laparoscopically and involves no cutting or stapling of the stomach and intestines. Because of this, the patient can usually leave the hospital 24 hours after the surgery and return to work within 2 weeks.

The band is inflatable and is attached to a tube connected to a reservoir located

just below the skin. Using a syringe and needle, the surgeon can adjust the size of the band and amount of weight loss by adding or removing fluid.

Weight loss with the band is generally slow but progressive for up to approximately 3 years. The initial U.S. studies, conducted to test the safety of the band for FDA approval, found that most patients lose about 40% of their excess weight.

However, more recent studies have found that individuals closely followed postoperatively, at centers like U.S. Bariatric, that offer a comprehensive multidisciplinary program, lose as much as 75% of their excess body weight. ▲



As a parent you may be doing everything right to help your child shed those unwanted pounds, but you may not be aware of what your child is eating when he or she is away from home.

BEFORE & AFTER



Todd Tanner
Date of surgery: 11/28/01
Weight before surgery: 396 lbs. Weight now: 215 lbs.

Is Bariatric Surgery for You?

- Are you 100 pounds or more overweight?
- Do you find yourself jumping from diet to diet with little or no success?
- Do you have difficulty walking up 10 steps without stopping to catch your breath?
- Do you choose a restaurant according to the size of its seats?
- Was your last automobile purchase based on a car that fit you rather than the car you actually wanted?
- Are you unable to participate in most of the outdoor activities your family and friends engage in?

If you answered 'yes' to one or more of these questions, Bariatric Surgery might be for you. Obesity affects more than one third of the adult population in this country. In fact, it is the most common form of malnutrition in the Western world.

This chronic disease, with its multiple and complex causes, involves much more than overeating alone. Controlling obesity is a lifetime physical, mental and emotional enterprise. Bariatric surgery, when combined with pre- and post-operative support, is an extremely effective way of restoring health to morbidly obese individuals.

We invite you to attend one of our informational sessions to learn more about our program.

Please see page 7 for locations and times or call 800-592-7546 for more information.