



## ON TRACK WITH BARIX

Support to Keep You On Track With a Healthful Lifestyle

# Obesity & Bariatric Surgery Myths

### **MYTH 1: Weight can be controlled through diet and exercise alone.**

This myth, if people just eat less and exercise more they can manage their weight, remains widely accepted in public and medical communities. This myth has caused more than its share of shame and has hindered people from seeking bariatric surgery, a scientifically proven solution, to treat their medical condition. The clinical evidence clearly shows that more than 95% of those who lose weight through diet and exercise will regain that weight (and often more) within 2-5 years. The body has strong physiological mechanisms that fight to keep excess weight making losing weight and keeping it off so difficult.

There are many factors in our modern day environment that have had an impact on increasing our body's set point — the weight that the body strives to maintain.

- *A more highly processed food supply increases food intake and the set point.*
- *Lack of exercise promotes food intake and a preference for less healthy food options.*
- *Chronic stress promotes obesity and metabolic dysfunction.*
- *Disruption of normal sleep patterns and/or a lack of sleep promote obesity and metabolic dysfunction.*
- *Many medications promote weight gain.*

Will power is not enough to overcome these environmental factors and re-establish the physiological set point. To change the set point to a healthier weight several lifestyle changes are required.

- *More natural and complex food selection.*
- *Regular exercise.*
- *Stress reduction.*
- *Improved sleep and circadian patterns.*
- *Avoidance of weight promoting drugs.*

These lifestyle options may help to reestablish a healthy set point in those with very small amounts of weight to lose. Those who suffer from obesity will need the additional treatment of bariatric surgery to successfully reestablish a lower set point at a healthy weight. Bariatric surgery provides a reduction of food intake and metabolic advantages that when coupled with the above lifestyle changes is a very effective tool for long-term weight control.

### **MYTH 2: Bariatric surgery works mainly by reducing calorie intake and absorption.**

Back in the 1950's when bariatric surgery started, the goal was to promote weight loss through surgical procedures that reduced calorie intake and reduced the absorption of nutrients—and it worked. But, since



The number of people struggling with severe obesity is climbing rapidly; over 15 million American's now have a body mass index of 40 or more. This is a 70% increase in a 10-year period. The burden of obesity brings with it both the cost of personal health and well-being and a high national healthcare cost. Weight loss surgery is the most effective, really the only, treatment option for those with a BMI of 35 or higher. Despite the wide acceptance of bariatric surgery throughout the medical community, many misconceptions about it and about obesity itself remain.

The Metabolic Applied Research Strategy (MARS) initiative is a research venture that seeks to better understand the mechanisms that make bariatric surgery so successful. MARS recently published five common myths about obesity and bariatric surgery. This newsletter provides a summary of those myths. The entire publication can be found online (<http://bariatrictimes.epubxp.com/i/82655>) for more details.

then, research has shown that there is more going on with bariatric surgery than first realized. For example, when a person's mouth is wired shut, they have a high level of hunger and seek to bypass the mechanical restriction. In contrast, gastric bypass and gastric sleeve surgeries result in decreases in hunger and the drive to eat, suggesting influences other than just a reduction in food intake and absorption of nutrients are behind the weight loss.

Both gastric sleeve and gastric bypass procedures result in the hormones that regulate appetite (ghrelin, glucagons-like peptide-1, peptide YY, CCK, and amylin) changing in ways that are opposite of what is seen with dieting. Energy expenditure is also increased and may account for up to half of the weight loss that occurs. So instead of fighting to keep fat cells full, these changes allow your body to lose weight and establish a new set point. It's like your body is working with you instead of against you at your weight loss efforts.

### **MYTH 3: Gastric sleeve surgery is not a metabolic procedure.**

The term metabolic surgery is used to describe the important effect of some types of bariatric surgery on a variety of metabolic systems, such as type 2 diabetes. Although, weight loss alone improves glucose regulation in type 2 diabetes, metabolic surgery refers to the improvements that occur above and beyond what is expected with weight loss alone. Gastric sleeve surgery along with gastric bypass has been shown to work better than medications for type 2 diabetes. In addition to the improvements in glucose control, other metabolic changes are seen with the gastric sleeve surgery.

### **MYTH 4: Type 2 diabetes improvements depend on weight loss.**

Type 2 diabetes affects over 8% of the American population and that number is rapidly increasing. The toll of this disease on quality of life and mortality is staggering with 230,000 annual deaths attributed to type 2 diabetes. There is a growing recognition of the positive impact of bariatric surgery on type 2 diabetes, with a large number of

patients seeming to have a complete remission. Many of the improvements in glucose control occur prior to significant weight loss with the gastric sleeve and gastric bypass surgeries indicating a metabolic effect. Even factoring in the significant decrease in food intake immediately after surgery, the improvements are greater than expected. How this happens is not yet entirely clear because of the complexity of type 2 diabetes. Once fully understood, the metabolic effects of weight loss surgery on type 2 diabetes could lead to new treatment options helping millions of Americans.

### **MYTH 5: Success after surgery is solely dependent on behavior.**

Bariatric surgery provides substantially greater long-term weight loss results than lifestyle changes and medications alone. The weight loss and metabolic changes that occur with the gastric bypass and sleeve surgeries improve diabetes, heart disease risk factors, cancer outcomes, quality of life and overall mortality. Despite the large percentage of patients who lose and maintain a healthy weight, weight loss and health benefit outcomes vary from patient to patient. It has been hypothesized that surgical technique, patient behavior and differences in patient biology may be factors in the variances seen. Gaining a clear understanding of why variations in weight loss occur can help to determine the most effective procedures and support systems for individuals.

What we now know is are the factors related to the greatest weight loss are a lower body mass index (BMI), absence of type 2 diabetes, ability to participate in more activity, higher education level and a greater participation in post-operative care. Newer research is also pointing to genetic variation as a factor of weight loss.

The bottom line is that an individual's behavior is an important factor in weight loss success, but not the only factor. Those who do not reach their goal weight or begin to regain weight after surgery do not need to feel shame, but should contact their surgeon to determine their options.

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To receive a **FREE RECONSTRUCTIVE SURGERY** guide, call 800-282-0066 or send us an email at [rc@barixclinics.com](mailto:rc@barixclinics.com) with your name and contact information. Our reconstructive surgery program is currently performed at our centers in Michigan, Ohio, and Pennsylvania. **Call us today for more information!**

## **SHARE YOUR SUCCESS**

Tell us about how your life has changed as a result of your weight loss surgery. Your story may be printed in this publication or on one of our websites and can serve as an inspiration to others.

Submit your story online ([http://www.barixclinicsstore.com/share\\_your\\_story.html](http://www.barixclinicsstore.com/share_your_story.html)).

We'd love to hear from you.

## **QUESTIONS ABOUT FINANCING YOUR SURGERY?**

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## Cranberry Orange Muffins

From Splenda.com

1 1/3 cups all-purpose flour  
1 teaspoon baking powder  
1/4 teaspoon baking soda  
1/4 cup butter  
1/4 cup Splenda®  
3/4 teaspoon orange zest  
1 large egg  
1/3 cup vanilla nonfat yogurt  
1/2 cup fresh cranberries, chopped

Preheat oven to 375° F. Line 6 muffin cups with paper liners or spray with nonstick spray. Mix together flour, baking powder and baking soda. Set aside.

Beat butter with an electric mixer until creamy. Gradually add Splenda and orange zest beating until light and fluffy. Add egg and beat. Stir in vanilla yogurt. Gradually stir in flour mixture until just combined.

Fold in cranberries. Spoon batter evenly into muffin cups. Bake 15–20 minutes or until lightly browned. Remove from pan, cool on wire rack. Makes 6 servings.

### NUTRITION INFORMATION PER SERVING:

200 calories, 5 grams protein, 9 grams fat, 28 grams carbohydrate, 220 mg sodium.

## Pumpkin Pie Spiced Coffee

From Splenda.com

3/4 cup brewed coffee  
2 tablespoons skim milk  
1/8 teaspoon pumpkin pie spice  
1 packet Splenda®

Place all ingredients in cup and stir. Makes 1 serving.

### NUTRITION INFORMATION PER SERVING:

15 calories, 1 gram protein, 0 grams fat, 3 grams carbohydrate, 15 mg sodium.

## Chocolate Chip Pumpkin Bars

From Splenda.com

1 1/3 cups flour  
1/4 cup Splenda® Brown Sugar Blend  
1/2 cup Splenda®  
1 cup old-fashioned oats  
1/2 cup chopped walnuts or pecans  
3/4 cup light margarine  
8 oz fat free cream cheese  
3 eggs  
15 oz canned pumpkin  
1 tablespoon pumpkin pie spice  
1 cup sugar free chocolate chips

Preheat oven to 350° F. Line a 13 x 9 inch pan with foil and spray with cooking spray. Set aside. Combine flour, Splenda Brown Sugar Blend and 1/4 cup of Splenda, oats and nuts. Cut in the margarine with a fork until the mixture is crumbly.

Press all by one cup of the crust mixture into the bottom of the prepared pan. Bake for 15 minutes and allow to cool.

Beat the cream cheese, eggs, 1/4 cup of Splenda, pumpkin and pumpkin pie spice until well blended. Pour cream cheese mixture over the pre-baked crust and sprinkle with the remaining crust mixture and the sugar free chocolate chips.

Bake for 25 minutes or until set. Lift from pan to cool. Cut into 24 bars.

### NUTRITION INFORMATION PER BAR:

150 calories, 4 grams protein, 5 grams fat, 21 grams carbohydrate, 150 mg sodium.

## REWARD YOURSELF

This month, you could earn a SPECIAL GIFT for your "It Worked For Me" tips or recipes! Just submit as many recipes and "It Worked For Me" tips as you like. The most original and creative will be awarded a special gift from our online store. Include your name and contact info with your entry—make sure your recipes follow Barix nutritional guidelines.



Tips must be submitted by November 30, 2012. Please send comments, ideas, recipes and "It Worked For Me" tips to Deb Hart, RD, LD at [dhart@foresthealth.com](mailto:dhart@foresthealth.com).

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