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GRENADA MOM LOSES WEIGHT, GAINS LIFE BACK

GRENADA, Miss.—Holly Sprayberry of Grenada wrote a new chapter in her life a few years ago.

The 33-year-old wife and mother was already working full-time as a paramedic when she started nursing school. She had battled weight problems for 16 years—finding it hard to lose the extra weight from her first pregnancy and adding on after each of the next two.

“I had tried everything from Weight Watchers to the Atkins diet,” Sprayberry said. “Once I even lost 50 pounds, but I gained it right back.” She had been taking high blood pressure medicine for several years, plus both prescription and over-the-counter remedies for GERD (gastroesophageal reflux disease). Her back, knees, legs and feet hurt every day.

After researching weight loss surgery, Sprayberry attended a free informational seminar. There she met Terry Pinson, M.D., a general and bariatric surgeon who serves as medical director for North Mississippi Medical Center’s Bariatric Center in Tupelo. Dr. Pinson performs three types of bariatric (weight loss) procedures—laparoscopic Roux-en-Y gastric bypass, laparoscopic adjustable gastric band surgery and laparoscopic vertical sleeve gastrectomy.

The most common weight loss surgery, gastric bypass creates a very small upper stomach pouch—less than one ounce—by transecting the stomach. Because it doesn’t take much food or liquid to fill the new, small pouch, the person enjoys eating a lot less. In addition, food is not absorbed as well as it once was, contributing to rapid weight loss.

Laparoscopic vertical sleeve gastrectomy generates weight loss by restricting the amount of food that may be consumed without bypassing the stomach or a portion of the small intestine. A portion of the stomach is removed and a new stomach pouch is formed. This particular procedure helps to reduce the sensation of hunger by possibly eliminating some of the gastrointestinal hormones responsible for the hunger pains. The

stomach is reduced in volume but functions normally so most food items can be consumed but only in smaller portions.

After discussing the options with Dr. Pinson, Sprayberry opted for laparoscopic adjustable gastric band surgery. In this procedure, a silicone band is placed around the upper part of the stomach and filled with saline. This creates a new, smaller stomach pouch that can hold only a small amount of food. The gastric band is the least invasive of the three procedures, as it does not require stomach cutting and stapling or gastrointestinal re-routing to bypass normal digestion.

Since her procedure in August 2008, Sprayberry has lost 115 pounds. Her body mass index (height-to-weight ratio) has gone from 37 to an ideal 22. Her blood pressure is back to normal and she no longer suffers from GERD. She doesn't get short of breath nor have constant aches and pains in her joints.

The dramatic weight loss also gave her newfound energy for nursing school at Holmes Community College. Since graduating in December 2009, she works as a registered nurse for Mississippi Home Care in Eupora. She also enjoys church activities, camping, hunting, fishing, riding four-wheelers and anything outdoors with her husband and children—ages 16, 14 and 3.

“Weight loss surgery is not a cure; it's a tool,” Sprayberry said. “Don't think that it's a quick fix. I still have to watch what I eat and exercise. This was the best decision I ever made.”

To learn if bariatric surgery is right for you, talk to your doctor or visit www.nmhs.net/bariatric_center.

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Sidebar

Why Weight?

Dr. Terry Pinson and his staff present a free Bariatric Educational Seminar twice each month in Tupelo. Topics include weight loss surgery's health benefits and risks; different types of weight loss surgery; who is a good candidate; questions to ask a physician; what to expect before, during and after surgery; advanced techniques and technologies; and insurance coverage. To register or for more information, call 1-866-908-9465.