

Bariatric

A journey to a new you!



NORTH MISSISSIPPI
MEDICAL CENTER

BARIATRIC CENTER

bytes

Winter 2020

Staying on Track in a Crazy Year

By Will Cauthen, M.D.
General & Bariatric Surgeon

Wow! 2020 has been an interesting year to say the least. We are currently back to seeing patients full time at NMMC Bariatric Center. We are also offering virtual visits and hoping to increase our virtual experience in the future. I have noticed that a number of patients have seemed to “fall off the wagon” somewhere between quarantine and becoming a professional at home teacher. I thought I would offer a few ideas on how to stay on track with your diet during these uncertain times.

Maintaining a good, healthy diet is all about making small choices over time that eventually add up to significant change. In order to make these choices easier and more consistent, we need to set ourselves up for success on the front end. It's a lot easier to say “no” to something once at the grocery store than 10-20 times at home. Don't go to the grocery store hungry. This will only lead to negative impulse food purchases. If you don't have unhealthy foods in the house, there will be no temptation to eat them. A bad decision to eat something unhealthy out of stress or boredom was not made in the moment but rather days before when the food was purchased.

I recommend meal prepping and using a grocery store click list so you can plan exactly what foods you need for the week without extra nonessentials. The food is delivered to your vehicle for pickup and you avoid the temptation of walking up and down every aisle in the store. When purchasing foods, check labels. You will be amazed what is hidden in so-called “healthy foods.” Do not trust the front of the bag or container just because it says healthy, low fat, etc. Be sure to check labels of herbs and spices you use for cooking. Some seasonings are loaded with added sugar. It's a good habit to buy fresh meats and vegetables whenever possible and avoid canned or “ready to eat” foods. These foods are loaded with unwanted fillers and preservatives.

Eat at home as much as possible – that way you know exactly what is in the food you are eating. You may have to get creative with new recipes and different ways to prepare certain vegetables, but there are a lot of good low carb recipes on apps like Pinterest. When you do go out to eat, avoid “fast food” altogether whenever possible. Check out the menu online before getting to the restaurant. This will allow you time to make a sensible choice without being in a hurry. I know a lot of you are short on time during the week between work and kids' activities. This is where meal prepping becomes extremely

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NMMC is designated as an Accredited Center by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program. The designation helps ensure patients that the health care facility and surgeon meet stringent criteria and provide high quality care. Because of the designation, more health plans now cover weight loss surgery at NMMC.

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www.nmhs.net/weight-loss-surgery

SUGAR-FREE

SPICED TEA MIX

Patient Submitted Recipe

- 1 can sugar-free Tang (all 4 tubs)
- 1 1/3 cup sugar substitute such as Splenda®
- 2 tubs no or low-calorie lemonade mix
- 1 cup instant unsweetened tea such as Crystal Light®
- 2 tsp. cinnamon
- 1 tsp. ground cloves

Mix and keep warm

Note: Per 8 oz.: 10 calories, 2 grams carbohydrate

SLOW COOKER TURKEY BREAST

Patient Submitted Recipe

- 1 whole large turkey breast, bone in, thawed
- 1 package fat free Italian dressing mix
- 1 16 oz. jar mild whole peppercorn peppers

Place turkey breast in slow cooker and sprinkle with dressing mix. Pour peppers, juice and all, over turkey. Cook for 8 hours or overnight. Pull meat apart with a fork and discard skin and bones. *Leaving it in the juice will keep it moist, but by the second day, it will also make it spicier.

Note: Per 3 oz. serving: 138 calories, 19 grams protein, 6 grams fat, 2 grams carbohydrate

valuable. It will allow you to avoid grabbing food on the go out of convenience. Also, be sure to keep plenty of healthy snacks on hand.

Our diet needs to be centered around protein. Proteins are our building blocks. We need at least 60 grams of protein every day. This will help you stay fuller for longer and digestion of protein uses energy. It will also help build and maintain a healthy immune system and prevent muscle loss. Make sure you are getting plenty of water, at least 60 ounces per day. I recommend keeping a water bottle with you at all times. Keep a record of daily protein and water intake. This information would fit nicely into a daily food journal.

Don't forget about exercise. Exercise should be a vital part of your life, not only for maintaining a healthy weight but also for overall cardiovascular health. Cardiovascular disease is the leading cause of death in the United States. Obesity increases that risk. We need to stay active and stop making excuses. Having a Fitbit or other type of fitness tracker will help keep you on track and motivated. I recommend having a workout buddy to keep you accountable.

I hope this helps. I will be doing my best to lead by example. Even with all the ups and downs, it has still been a great year at the NMMC Bariatric Center. On behalf of myself, Dr. Pinson, and the entire Bariatric Center staff, I would like to wish everyone a Happy Thanksgiving, Merry Christmas and Happy New Year!

Cardiovascular Benefits of Bariatric Surgery

Barry Bertolet, M.D.

Interventional Cardiologist

Cardiovascular disease (CVD) is the world's leading cause of mortality, representing approximately 31% of all deaths, BUT CVD represents nearly 50% of all deaths in Mississippi.

Risk factors for CVD are age (males 45 years or females 55 years), gender (male), family history of CVD, hypertension, cholesterol abnormalities, smoking, diabetes, obesity and sedentary lifestyle. Obviously, some of these risk factors are non-modifiable. Modifiable risk factors include a sedentary lifestyle, tobacco use, unhealthy diet, obesity, hypertension, diabetes and cholesterol abnormalities.

Obesity is a well established major risk factor of CVD, and waist circumference – especially when due to excess visceral fat – has been linked to many CVD risk factors including cholesterol abnormalities, insulin resistance, glucose intolerance, clotting abnormalities and blood vessel dysfunction. These factors are also linked to adverse CVD outcomes. Weight loss in such obese patients improves these CVD risk factors.

Traditionally, health care providers have focused on lifestyle interventions and medications to reduce CVD risk. Obese patients are commonly directed to increase physical activity. Studies show that performing moderate physical activity can achieve a 30% CVD risk reduction and reduce the incidence of premature death from CVD by about 50%. However, patients with severe obesity often suffer from physical limitations caused by severe joint and back pain, which can ultimately lead to a sedentary lifestyle; thus, generating a vicious cycle of inactivity, low exercise capacity, further weight gain and ultimately, increased mortality risk.

Additionally, and unfortunately, nonsurgical weight loss trials have failed to demonstrate any benefit in terms of CVD events in obese individuals. However,

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a concept has emerged of using surgical alterations of the gastrointestinal tract to reduce CVD risk.

Bariatric surgery has been shown to reduce visceral fat with subsequent reduction in CVD risk factors. In a 12-year observational study of weight loss surgery patients compared to nonsurgical patients, investigators showed long-term durability of weight loss and effective reduction in rates of diabetes, hypertension and cholesterol abnormalities. Another review demonstrated a 40% relative risk reduction of CVD and striking remission rates in hypertension, diabetes and cholesterol abnormalities (68%, 75% and 71%, respectively).

Weight loss following bariatric surgery has also been associated with improvements in the heart and blood vessels themselves. Beneficial findings include improvement in heart function and heart chamber sizes. After surgery, a significant reduction of plaque build-up in the arteries and a significant improvement in blood flow has been demonstrated.

Obese patients having weight loss surgery experience a near 40% reduction in first occurrence of all-cause mortality, coronary artery events, cerebrovascular events, heart failure, nephropathy and atrial fibrillation. The Swedish Obese Subjects (SOS) study is one of the largest prospective, nonrandomized controlled studies looking at these cardiac outcomes. The surgery patients had 53% fewer CVD deaths; 33% fewer myocardial infarctions or strokes; and 29% fewer first time atrial fibrillation events.

In summary, bariatric surgery provides substantial improvement in cardiovascular risks, which in turn provides impressive reduction in future cardiac events – these are benefits that cannot be replicated with other weight reduction methods. Weight reduction surgery becomes an effective tool for preventive medicine physicians and cardiologists to improve their patient outcomes.

Pre-operative Evaluation with Your Gastroenterologist

*Chris Decker, M.D.
Gastroenterologist*

Obesity is now a public health crisis, especially in our region and state. Bariatric surgery can result in significant, life changing weight loss and offers an alternative treatment when dietary and medical therapy have failed. A pre-operative medical evaluation is a very important part of determining if surgery is the best approach for you.

The American Society of Gastrointestinal Endoscopy recommends pre-operative upper endoscopy for patients who are considering bariatric surgery. If you have a history of acid reflux, heartburn, indigestion, abdominal pain, and/or trouble swallowing, you should have an upper endoscopy (EGD) prior to surgery. At the Center for Digestive Health in Tupelo, we perform EGD which involves passing a small endoscope down your esophagus into your stomach and small intestine while you are under sedation. EGD can help identify findings that may alter your surgical approach.

Helicobacter Pylori (h. Pylori) infection, hiatal hernia, esophagitis, peptic ulcers and rarely tumors can be diagnosed during EGD with important treatment started prior to surgery. If you commonly take anti-reflux medications or antacids, EGD is necessary as well.

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TURKEY STUFFED WITH WILD RICE & CRANBERRIES

(Serves 20)

4 cups cooked long grain & wild rice
1/3 cup slivered almonds
3/4 cup finely chopped onion (1 large)
2 medium cooked apples, peeled or unpeeled, coarsely chopped (2 cups)
1/2 cup fresh cranberries, chopped
1 boneless whole turkey breast (4 to 5 lbs.), thaw if frozen

In large bowl, mix all ingredients except turkey. Cut turkey into slices at 1-inch intervals about three-fourths of the way through, forming deep pockets. In a 3- to 4-quart slow cooker, place turkey. Stuff pockets with wild rice mixture. Place remaining rice mixture around edge of slow cooker. Cover; cook on low heat setting 8 to 9 hours or until juice of turkey is clear when center of thickest part is cut (170°F). Thermometer inserted in center of stuffing should read 165°F.

Note: 158 calories, 23 grams protein, 2 grams fat, 12 grams carbohydrate

SKINNY CRAB DIP

(Serves 12 (2 T. each))

2 oz. fat-free cream cheese or 1/3-less-fat cream cheese softened
2 tsp. lemon juice or white wine vinegar
1 T. chopped fresh dill or
1 tsp. dried dill weed
2 T. fat-free mayonnaise or salad dressing
1/8 tsp. black pepper
2 T. finely chopped chives or green onions
2 cans (8 oz. each) crabmeat, well drained

In medium bowl, combine cream cheese with mayonnaise. Stir until very smooth. Add chives or green onions, lemon juice or vinegar, dill and pepper. Stir to mix thoroughly. Stir in crab. Cover and refrigerate several hours before serving. Serve with a sturdy, small lettuce leaf such as Radicchio (resembles red cabbage) or Endive (non-curly/French or Belgian variety) or Romaine.

Note: 35 calories, 7 grams protein, 0.5 grams fat, 0 carbohydrate

For asymptomatic patients who do not take these medications or have a history of gastrointestinal symptoms, we do recommend screening for h. Pylori infection prior to surgery. This infection can be seen in up to 70% of our population and is a risk factor for developing stomach ulcers and cancer. When found, a short course of antibiotics is usually prescribed, and eradication of infection will need to be confirmed. At Digestive Health Specialists in Tupelo, we offer a unique, non-invasive way to screen for h. Pylori which involves breath testing that can isolate the infection from your stomach.

If you struggle with obesity, the staff of the North Mississippi Bariatric Center and Digestive Health Specialists are here to help guide you to durable, long lasting weight loss therapy which can result in major health improvements.

Success Stories

Hana Wallace of Ripley has lost 124 pounds since having weight loss surgery in September 2019 at NMMC. When she weighed over 300 pounds, Hana suffered with joint pain and sleep apnea. “I have way more energy. I am now able to run with ease and enjoy playing outside with my daughter,” says Hana, who went from living a sedentary lifestyle to looking forward to exercise. “I am no longer stuck in a life full of unhealthy habits, and for that, I am eternally grateful.” She encourages anyone contemplating weight loss surgery not to wait another day. “This decision not only helped improve my quality of life,” Hana says, “but has also had a positive impact on those around me.”



Cody Spencer of Fulton has lost 146 pounds since having weight loss surgery at NMMC in October 2019. When he weighed 326 pounds, Cody struggled with high blood pressure, acid reflux and joint pain. Now he's off all medication and feels great. “I exercise daily and am more active,” Cody says. “I sleep better and don't tire as easily.” Because of his experience, he recommends Dr. Will Cauthen and the NMMC Bariatric Center to anyone considering weight loss surgery. “It is a hard process,” Cody says, “but the results are well worth it!”



Weight Loss Support Groups

Live-stream at 6 p.m. at www.nmhs.net/weight-loss-support-group on the following dates:

Thursday, Nov. 5
Exercising after Weight Loss Surgery
NMMC Wellness Center Staff

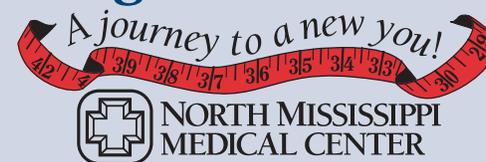
Thursday, Dec. 3
Healthy Holiday Food Options
NMMC Bariatric Center Staff

Thursday, Jan. 7
Obesity & Sleep Apnea
Stevie Crane, RPSGT
NMMC Sleep Disorders Center

Support group meetings are free and held the first Thursday of each month. The group provides education and emotional support for individuals who are considering or have already had weight loss surgery. For more information, call (662) 377-SLIM (7546) or 1-866-908-9465.

The pandemic canceled the 2020 Weight Loss Health Fair, but we're planning something VIRTUALLY better for 2021!

Weigh Down 2021



BARIATRIC CENTER

Join us Jan. 11-15 on the North Mississippi Health Services Facebook page for interviews with doctors and other medical experts about how weight loss can benefit sleep apnea, heart disease and diabetes; who is a candidate for weight loss surgery; insurance requirements; what to expect after surgery; emotions and eating; reading food labels; plastic and reconstructive surgery after weight loss and much more!