It’s not a destination, it’s a journey
by Shalimar McDaniel

I’ve struggled with my weight since I can remember and was always the chubby kid. As a teenager, I became very active in cheerleading and softball, but in order to do those things I had to be “skinny.” At the age of 13, I developed an eating disorder and my struggle with food addiction continued. Only after joining the Army at 19 did I realize the importance of exercise and healthy eating. Unfortunately, it didn’t last and my lifelong battle with food addiction eventually won. After serving two years in the Army, I married and had three children. My weight continued to fluctuate and, I took every diet pill and tried every diet in order to become “skinny” again. I starved, binged, and purged for the next 13 years.

In September 2009, I decided to have the Lapband and was able to lose 110 lbs—maintaining my goal weight for three years. A major setback occurred and my doctor decided it must come out. I was devastated and fell into depression which led to the regain of 100 lbs. On November 30, 2016, I made the decision to have gastric bypass and it changed my life.

I work daily to achieve a realistic weight by following a low carb, no sugar, and high protein diet. I drink water—lots of water—throughout the day. I don’t take any medications and feel better than I have in years. I take my vitamins religiously and have blood work done every six months to ensure my blood levels stable. I no longer live in fear of diabetes, high blood pressure, or heart disease. I’m a member of an online support groups which encourage me greatly. We share our experiences, get feedback, and strengthen each other.

My before picture is one I took in Hawaii at my heaviest with my beautiful daughters. Behind the smile is misery, knowing how heavy I’d become and not wanting my picture to be posted on social media. My after picture was taken today, feeling confident and happy in my skin.

Conscious eating + exercise I enjoy = success. I’ve learned through this wonderful, but sometimes challenging experience, that health and happiness is a daily choice. It’s not a destination, but a journey. Dr. Sanborn and his staff have been exceptional during this process. I remember the day of surgery, Dr. Sanborn asked me what I wanted most out of this surgery. My response was that I didn’t want to be sick. I’m 1 year and 3 months post op and feel better than I ever!

Highest Weight: 235 | Surgery Weight: 217
Current Weight: 146 | Happy Place: TBD
Dealing with difficult foods/building better self-control

Most people trying to change their eating habits often have a set of foods that are harder to give up or say "no" to. In the beginning, you may want to try to focus on totally avoiding those foods. But in the long run, avoidance-based coping strategies do not promote a sense of personal control over the difficult-to-resist food or dealing with difficult situations that involve food.

After bariatric surgery eating some high sugar or fatty foods may result in you having very unpleasant experiences that are referred to as "dumping," although what will affect you may not be predictable. Many patients assume that dumping will stop them from problem eating in the future. While this is likely true in the short run, research has shown that in general, having a very unpleasant bodily consequence is not a very effective way to change behavior in the long run. Even in the short run, dumping is still a form of external control over your behavior, and may not result in developing better self-controls over poor eating habits.

In the long run, successful people develop a sense of self-control (often referred to in behavior therapy as a sense of self-efficacy) over time by directly dealing with problem foods and problem situations that used to lead to poor eating. Research has consistently shown that high levels of self-efficacy, based on actual experiences of self-control, tend to promote higher levels of long-term success in maintaining behavior change.

One way to increase your self-efficacy is by a process of gradually exposing yourself to more challenging food-related situations, starting with simpler ones first. You will most likely experience the urge to eat; the goal is to allow the urge to eat a problem food to peak, pass, and eventually go away, while not acting on the urge. All urges are like waves that will pass, if allowed. Over time, you should find that the strength of the urge decreases.

Another example is to learn how to eat small portions of challenging, but acceptable foods. That can be done by repeated episodes of eating a few bites, allowing the rest of the food to sit on your plate in view while trying to be mindfully aware of the urge to eat until it passes, and then later putting up the remaining food. Over time this creates a sense of control over that food item, and the ability to eat a small amount and stop. In contrast, eating a few bites and then rapidly throwing out the rest of the food does not promote a sense of self-control, because basically you are telling yourself that you cannot stop in any way other than by throwing out the food.

Another example would be going to a social event in which you know that there will be a number of problem foods. Of course, making sure that there are other good food options is a necessary part of a successful plan. Allowing yourself to walk through the food area, observe the problem foods, while mindfully noting the urges to eat those foods peak and pass, without eating, can over time increase your sense of self-efficacy about dealing with both those foods and that type of situation. In the same way, successfully and politely declining offers and/or encouragement from others to eat problem foods can also over time increase your sense of self-control. In those cases, you may also need to develop better self-assertion skills to be more able to skillfully refuse offers of problem foods. And, any time you are successful in managing a problem eating-related issue, it is also important to provide lots of praise for yourself and to recognize that you were able to deal with what was once a very difficult situation.

What is generally not helpful for dealing with urges to eat are attempts to suppress those urges by trying to not think about the related food, or to replace that urge with some other thought. Research shows that attempts to make yourself not think about some thought, emotion, or image generally results in having that thought or image more often. And trying to push out an urge with some other thought or image can accidentally result in that new thought becoming associated with the thought being suppressed, and making them connected.
Ask the Navigator

Theresa writes:

Dear Navigator,

Why is it important to keep your follow up appointments after bariatric surgery? I can see the importance of coming back for the first couple appointments post-surgery to check up on my wound sites and such, but other than weighing me, which I will be doing at home, why do I need to be seen?

Theresa,

Thanks for your question. Follow up appointments are very important to your weight loss success, but not in the way you might think. Though there is a lot of proof that patients are far more successful with accountability this is not the only reason why we recommend frequent follow ups. The short term effects of weight loss surgery are well understood, but the longer term effects on nutrition and body systems are still being studied. We know that after weight loss surgery there is malabsorption of vitamins and minerals which requires daily supplementation and periodic monitoring. Nutritional deficiencies can occur over years and therefore need evaluation on a yearly basis. It is important that we catch nutritional deficits before long term complication occur. Lab work is completed every six months for the first three years and then yearly thereafter. The follow up lab work can be completed by your family physician but it is important that they are aware of the specific bariatric labs that need monitoring; they include labs outside of your typical blood panel.

We look forward to seeing you at your follow up soon.

Rachel Newmyer RN
Bariatric Patient Navigator

If you have any questions for Rachel, email them to metabolicsurgery@erlanger.org.

Healthy Recipe

Chicken & Broccoli Salad

from insidekaren'skitchen.com

Salad Ingredients:
- 3 cups broccoli florets, cut into bite-size pieces
- 2 cup diced cooked chicken breasts
- 8 slices of center-cut bacon, cooked crisp, drained & crumbled
- ½ cup diced red onion
- ½ cup shredded carrot
- ½ cup red grapes, halved
- ½ cup toasted cashews (or walnuts or sunflower seeds)

Dressing Ingredients:
- ½ cup olive-oil mayonnaise
- ½ cup plain non-fat Greek yogurt
- ¼ cup white wine vinegar
- 2 packets of a non-nutritive sweetener (like stevia)
- ¼ tsp sea salt

Instructions:
1. Place broccoli in a microwave-safe dish, cover and microwave on HIGH for 2 ½ to 3 minutes or until slightly tender. Rinse under cold water immediately and drain.
2. Combine broccoli, chicken, bacon, carrot, grapes and toasted cashews in a large bowl. Set aside.
3. For the dressing. Whisk together the mayonnaise, Greek yogurt, vinegar, non-nutritive sweetener and salt in a small bowl until smooth and creamy. Pour over broccoli/chicken mixture and toss to coat evenly. Cover and refrigerate for at least 30 minutes before serving.
Meal Planning

One of the biggest challenges to healthy eating can be lack of time. Healthy eating plays an important role in meeting long-term goals, but with so many other things on our plate it can be easy to put our nutrition goals on the back burner and opt to grab a meal out or run through a drive-thru. Meal planning and preparation can help not only save time and money but allow you to stick to your goals. Here are 10 quick and easy healthy meal planning tips:

1. **Create a master recipe list**
   Compile a list of 10–20 meals that are household favorites. These should be easy go-to recipes that don’t require too many ingredients and are quick to make on those busy weeknights.

2. **Spend some time looking for recipes**
   This is a great way to get some inspiration and ideas for adding variety into your meal plan. Create a file for new recipes to try, add them to a Pinterest board, or hang them on the fridge. Here are some great websites to get inspiration:
   - cookinglight.com
   - eatingwell.com
   - bariatriceating.com
   - skinnytaste.com

3. **Write down your meal plan**
   Plan your menu for the week and coordinate with what is on your calendar. If you know you have a busy night where you don’t get home until late, plan to have leftovers or put something in the crockpot in the morning so it’s ready when you get home.

4. **Plan your menu around what you already have on hand**
   To get started, organize your pantry, refrigerator, and freezer and take inventory. Plan meals around what you already have on hand to prevent waste and save money on food costs.

5. **Set a day to go to the grocery store**
   Studies show individuals who make a grocery list are more likely to stick to the list. Plan your grocery day on the same day each week so it becomes more routine.

6. **Make a double batch of your favorite meals**
   Make things easier by making a double batch of favorite meals and freeze half. Cooked chicken, chili, and soups store well in the freezer.

7. **Don’t forget to plan for all three meals**
   Plan out your breakfast and lunch meals for the week. When you plan for success you will be less likely to end up running through a drive-thru or skipping a meal. Utilize leftovers from dinner for lunch the next day, or switch it up by adding leftover protein to a salad.

8. **Prep what you can ahead of time**
   If you have extra time wash and prep your vegetables for the week so you can easily throw your meals together. Get your crockpot meal together in a freezer bag so you can just dump the ingredients in the crockpot in the morning and set the timer. Or, roast a chicken on the weekend and you have chicken ready to throw on a salad or used for sandwiches the next week. The more you can do ahead of time the less work you will have during the week.

9. **Carve out time to plan ahead**
   Setting aside time for meal planning and prep for the next week can save you not only time but money in the long run.

10. **Reuse your weekly meal plans**
    If a weekly meal plan went really well, save that menu to incorporate in another week.

If there is a nutrition topic you would like the dietician to cover in an upcoming newsletter please email metabolicsurgery@erlanger.org.
Bariatric surgery works mostly because it will help me feel full much sooner.

Everyone knows that satisfied “full” feeling, especially after a large meal like Thanksgiving. That feeling is commonly associated with having eaten well, and we are conditioned to think we haven’t eaten enough if we don’t feel this way after a meal. By contrast, I often hear my patients before bariatric surgery say that they almost never feel “full,” and if they do, the feeling only lasts a short time before they are hungry again. These individuals may seek bariatric surgery primarily for the perception that surgery may fix their deficient satisfaction with eating.

So is this how bariatric surgery works? It is true that almost all bariatric surgical procedures do limit the size of the stomach, which is medically called the “restrictive” effect. What may be open for debate is the degree to which the restrictive effect causes weight loss after bariatric surgery. It’s best to think of the postoperative stomach like a small funnel. If food is chewed well enough or if liquids are consumed, they will almost immediately slide through the outlet of the funnel (or in this case the stomach) into the small intestine. This emptying actually occurs much faster than a normal stomach. However, the funnel can be overwhelmed by not chewing well enough, eating foods of dry or rough consistency, or eating too quickly. When the funnel is overwhelmed, the new stomach is then “full,” but this feels nothing like the satisfied sensation that can be experienced when eating before surgery. In fact, a full stomach after surgery is often uncomfortable or even painful, and may cause you to throw up. “Full” before surgery is nothing like “full” after surgery, and the way you experience eating after your operation will never quite be the same.

Now, this does then beg the question of how exactly does bariatric surgery help you lose weight if it doesn’t help you to get “full” sooner. Perhaps counter intuitively, the strongest effects of gastric bypass and sleeve gastrectomy surgery occur precisely because the stomach empties much more quickly. Research has demonstrated that introducing less digested food into the small intestine quickly after eating changes the way the hormones in your intestine signal your pancreas and brain. We don’t entirely understand how this works, but we do know these changes in hormonal signals make our bodies more sensitive to insulin, can boost metabolism, make us less hungry, and can help us to be more satisfied with food. These are the true metabolic effects of surgery that right now cannot be achieved in any other way.

This leads me to declare the statement in question as thoroughly busted. We don’t expect or want you to be “full” sooner in the traditional sense of the word after bariatric surgery. We construct the operations to essentially hack your metabolism in a way that changes your hunger and “fullness.”
Employee Spotlight

As we continue to strive for excellent care here at Erlanger Metabolic and Bariatric Surgery Center, we have hired two new surgical coordinators. Please join us in welcoming Serena McSears and Amy Jo Watkins!

What do you enjoy most about being a surgical coordinator?

I enjoy being able to help our clients get to surgery. The greatest part is when you let clients know their checklist is completed and that we will be submitting to insurance, hearing their excitement on the phone about moving to the next step puts a smile on my face.

What activities do you enjoy in your free time?

My husband and I enjoy hiking. We moved from Nashville in August and we have been exploring Lookout Mountain and Signal Mountain. I also enjoy baking and trying out new recipes. You might also catch me reading in my free time.

Is there anything you would like our clients to know?

I think it’s important that they understand the process. There are different steps that occur once their check list is complete. First, the surgeon has to review the chart. Then, we have to submit their case to insurance. Next, we have to find a surgery date. It is also important to know this is a lifelong change. It’s more than the work that needs to be completed to get the surgery, it is also a lot of work after.

Strawberry Peach Smoothie

from UNJURY.com

Ingredients:
- 1 scoop vanilla shake mix (UNJURY Vanilla)
- ¼ cup DANNON Light & Fit Strawberry yogurt
- ¼ cup Tropicana Trop50 No Pulp Orange Juice
- ¼ cup peaches, frozen, unsweetened
- ¼ cup ice

Nutritional Info

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Instructions:

1. Add the orange juice to the blender.
2. Add the ice and the yogurt.
3. Add UNJURY vanilla shake mix.
4. Blend for 10–15 seconds, until a smooth
5. Add fruit
GAIN THE EDGE.
LOSE THE WEIGHT.

The ORBERA™ Managed Weight Loss System Is Here.
Comprehensive 2-Part Program | No drugs, no surgery, just results.

SPECIAL PRICING
$5,750

Talk to your doctor to see if ORBERA™ is right for you.

Important ORBERA™ Intragastric Balloon System Safety Information

The ORBERA™ Intragastric Balloon System is a weight loss aid for adults 22 years and older suffering from obesity, with a body mass index (BMI) ≥ 35 and ≤ 40 kg/m², who have tried other weight loss programs, such as following supervised diet, exercise, and behavior modification programs, but who were unable to lose weight and keep it off.

To receive ORBERA™ you must be willing to also follow a 6-month program, beginning with the placement of ORBERA™ and continuing for 6 months after that includes a healthy diet and exercise plan. If the diet and exercise program is not followed, you will not experience significant weight loss results. In fact, you may experience any weight gain.

Losing weight and keeping it off is not easy, so you will be supported throughout this program by a team of physicians, psychologists, and nutritionists. This team will help you make and maintain major changes in your eating and exercise habits.

ORBERA™ is placed for no more than six months. Any time that the balloon is in the stomach for longer than six months puts you at risk for complications, such as bowel obstruction, which can be fatal.

Some patients are ineligible to receive ORBERA™. Your doctor will ask you about your medical history and will also perform a physical examination to determine your eligibility for the device. Additionally, at the time of placement, the device may identify certain factors, such as stomach irritation or ulcers, which may prevent you from receiving ORBERA™.

You must not receive ORBERA™ if you are pregnant, a woman planning to become pregnant within six months, have, or breast-feeding.

Complications that may result from the use of ORBERA™ include the risks associated with any endoscopic procedure and those associated with the medications and methods used in this procedure, as well as your ability to tolerate a foreign object placed in your stomach. Possible complications include partial or complete blockage of the balloon by food, insufficient or no weight loss, adverse health consequences leading from weight loss, stomach discomfort, changes in eating patterns, altered eating patterns, and reflux. Occasionally, fluid may leak from the device, which can cause irritation, injury to the lining of the digestive tract, stomach or esophagus, and balloon deflation.

Important: For full safety information please visit orbera.com or talk with your doctor, or call Apollo Customer Support at 1-888-MYORBERA.

CAUTION: Rx only.

References: 1. Directions For Use (DFU) ORBERA™ Intragastric Balloon System (ORBERA™), Austin, TX: Apollo Endosurgery, Inc. © 2016 Apollo Endosurgery, Inc. All rights reserved. Any third-party trademarks used herein are the property of their respective owners.
# Upcoming Support Groups

Support Groups meet from 5:30 – 6:30 PM unless otherwise noted.

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<th>DATE &amp; LOCATION</th>
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<tr>
<td>April 2 – Erlanger East (A)</td>
<td>Spring Cleaning: Setting up your environment for success</td>
<td>Aimee Dyess</td>
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<tr>
<td>April 4 – Erlanger Baroness</td>
<td>Spring Cleaning: Setting up your environment for success</td>
<td>Aimee Dyess</td>
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<td>April 9 – Siskin</td>
<td>Mindful Eating</td>
<td>Elizabeth O’Brien</td>
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<td>April 16 – Erlanger East (A)</td>
<td>Celebrating Non-Scale Victories</td>
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<td>April 23 – Siskin</td>
<td>A Map for Getting Unstuck</td>
<td>Elizabeth O’Brien</td>
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<td>April 30 – Siskin</td>
<td>What’s “weighing” on your mind?</td>
<td>Elizabeth O’Brien</td>
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<td>May 2 – Erlanger Baroness</td>
<td>Eating Self-Assessment</td>
<td>Aimee Dyess</td>
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<td>May 7 – Erlanger East (B)</td>
<td>Eating Self-Assessment</td>
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<td>May 14 – Siskin</td>
<td>Summer Self-Care</td>
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<td>May 21 – Erlanger East (B)</td>
<td>Brown Bag it: Grab and Go Lunch Ideas</td>
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<td>May 28 – Siskin</td>
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<td>Happy Memorial Day</td>
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<td><strong>JUNE</strong></td>
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<td>June 4 – Erlanger East (B)</td>
<td>Down the Road: Self Defeating Behaviors</td>
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<td>June 6 – Erlanger Baroness</td>
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<td>June 11 – Siskin</td>
<td>The Mental Challenge of Exercise</td>
<td>Elizabeth O’Brien</td>
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<td>June 18 – Erlanger East (B)</td>
<td>Walk and Talk (bring your walking shoes)</td>
<td>Aimee Dyess</td>
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<td>June 25 – Siskin</td>
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**Erlanger East Hospital**: 1755 Gunbarrel Road, Chattanooga, TN 37421  
First and third Mondays each month 5:30–6:30 PM  
*Located through the Women’s & Children’s Lobby, Entrance B, in Classroom A or B (see date).*

**Siskin Hospital**: One Siskin Plaza, Chattanooga, TN 37403  
Second, fourth, and fifth Mondays each month 5:30–6:30 PM  
*Located through the outpatient entrance in the main conference room. Go through the double glass doors, turn left past the registration windows, and the conference room is on the left.*

**Erlanger Baroness Hospital**: 979 East Third Street, Suite C-620, Chattanooga, TN 37403  
First Wednesday of each month 12:00–12:45 PM  
*Located in the Medical Mall within Erlanger Baroness Hospital. Take the C Elevator to the sixth floor.*

If Monday is a holiday, no support group meeting will be held.

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Know someone interested in bariatric surgery? Call our office at **423-778-2906** to sign up for a free seminar.  
If you have suggestions for future support group topics, please email **metabolicsurgery@erlanger.org**.