

# GASTRIC BYPASS SURGERY

Hope for Obesity

by Maryjo Faith Morgan |

**O**besity is the last acceptable prejudice in our society." Becki Mudgett, R.N., delivers this message with an edge in her voice, indignant at false judgments the general public makes about obese people, regardless of their education, ability or accomplishments. "It isn't about willpower or being lazy but rather the result of a combination of factors, including genetics, environment, activity levels, and the lack of satiety."

Mudgett is a team member of Northern Colorado Surgical Associates (NCSA), the practice where Merlin G. Otteman, M.D., pioneered bariatric surgery in the 1980s. Now located in the Harmony Campus of Poudre Valley Hospital (PVH), it is one of the premier offices performing gastric bypass (GBP) surgeries along the Front Range. A valuable product of her expertise is the "blue book," an educational tool she compiled to provide prospective patients with solid information and also as a unique template for the new lives of post-surgical patients. The statistics she shares are sobering. "Ninety-seven percent of people will fail on diets once they are one hundred pounds overweight, so it just doesn't work for these people to diet. They will gain and lose weight over and over again; it's very frustrating. Only three percent of people will lose that much weight dieting. For the rest, surgery—gastric bypass—is the answer. That's why we do the surgery."

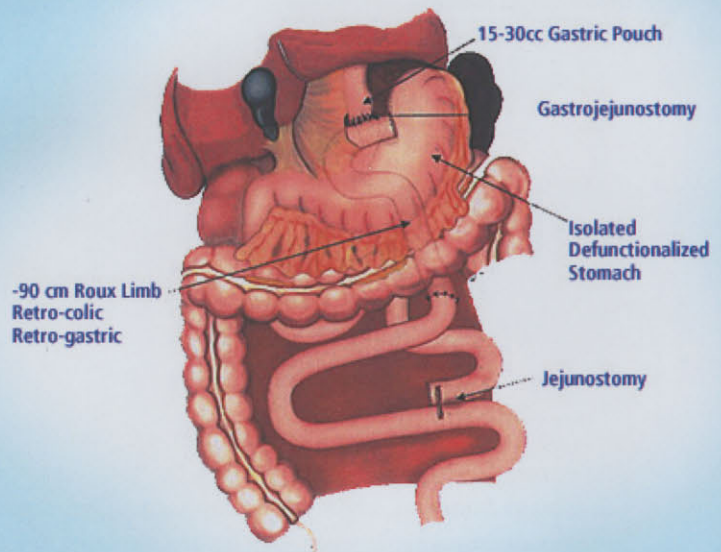
Virginia Englert, M.S., is the CanDo Coordinator for Poudre Valley Health System; CanDo is the acronym for "Coalition for Activity & Nutrition to Defeat Obesity." According to Englert, there are nine million morbidly obese adults in the U.S., with a surprising 65.1 percent of the population overweight and obese. Although obese and overweight individuals in Larimer County make up only 49 percent of the population, which is lower than the national average, the number of obese people here doubled from 1990 to 2000, a significant increase. Furthermore, over half of the adults in Larimer County get insufficient or no physical activity, and 75 percent eat fewer than the recommended five servings of fruits and vegetables daily.

Robert R. Quaid, M.D., F.A.C.S. is a protégé of Dr. Otteman's, and is now Medical Director of the PVH Gastric Bypass Program. There were 204 Gastric Bypass surgeries performed at PVH in

2004 and about 1800 weight loss surgeries since 1995, validating the program's success. Dr. Quaid is straightforward about the benefits and the risks: "Roux-en-Y gastric bypass is the most common surgery done in this country for morbid obesity by far, and it is the most successful. It has the best results in terms of weight loss and improvement for other medical conditions."

NCSA is willing to accept referrals of the high-risk patients no one else will touch. "When they finally come to us our patients are literally dying from obesity and the comorbid diseases that come along with it; we give them the opportunity to partner with us to save their lives." He points out that obesity, with its comorbid conditions of diabetes, hypertension, and sleep apnea, is a leading cause of preventable death, second only to smoking. "Obesity is a significant health problem, not somebody's failure, and we need to get rid of the stigma associated with being morbidly obese. Choosing to have something like GBP is not a sign of failure. This is just not the case." Dr. Quaid's quiet voice belies the passion in his eyes. "Gastric bypass surgery is not the easy way

## Roux-en-Y GASTRIC BYPASS SURGERY



Both open and laparoscopic procedures involve the creation of a smaller stomach pouch, which is formed using stitches and staples. By limiting the available stomach reservoir to 20 ml (about the size of an egg), patients are only able to take a very limited diet of solid foods. A bypass is constructed from the small intestine; this helps limit the amount of nutrients and calories the body absorbs. Patients experience sugar intolerance after the surgery called Dumping Syndrome, which results in nausea, cramping, and diarrhea whenever sugar is taken in, which prevents patients from 'cheating' with high-calorie liquid foods such as pop, ice cream, and chocolate. This mechanism improves the success rate over other restrictive procedures, and permits a long-term success rate of greater than 90 percent.

out, and morbidly obese people are not failures just because they have not been successful in losing and keeping off the weight." Mudgett adds, "Our patients have been thinking of taking this step for a long time, sometimes years. They may see another's success or sometimes they simply reach a point of personal desperation and seek drastic solutions when the realization that life is not going to get any better hits them."

**Being obese isn't about willpower or being lazy—but rather the result of a combination of factors, including genetic, environment, activity levels, and the lack of satiety.**

The reality is that weight loss surgery is one of the more difficult choices a morbidly obese person can make. It is a big commitment to a lifelong change. Dr. Quaid stresses, "GBP is not a cosmetic surgery. In terms of medical issues, the big one that jumps out is diabetes. We are going to cure

eight out of ten diabetics with the surgery. We'll also do that for hypertension and get rid of the sleep apnea, too. And with an average weight loss of 70 percent of excess weight, patients do get the cosmetic benefit of losing that weight, but this surgery is not a quick fix."

Risks are methodically addressed, as with any serious surgery. Some patients require removal of the gallbladder at the time of the surgery, and all patients need to take



*Jim before GBP surgery. Today he is off all heart and diabetes medications.*



*Chris before BFP surgery. She recently went skiing for the first time ever and loved it.*



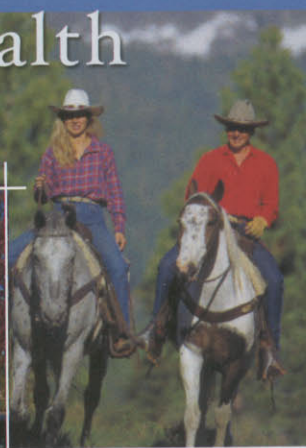
*Front Row: Jim with his wife Chris and Chris' sister Barbara, the first of the five to have GBP surgery; Back Row: Jim's nephew Ed and Jim's sister Barbara, who underwent surgery just a couple of months ago.*

## Regain Good Health

Gastric Bypass Surgery is not just weight loss surgery.



James M. Dickinson, M.D. Stefan M. Pettine, M.D. Robert R. Quaid, M.D.



- Most surgeries are done laparoscopically
- Shorter hospital stays
- Less pain and faster healing
- Minimally invasive

Gastric Bypass Surgery can lead to improvements or resolution in diabetes, arthritis, high levels of cholesterol, and high blood pressure.

*"We're doing the surgery to help the medical conditions, to increase the length of their lives, and to improve the quality of their lives, and the weight loss is the bridge to get there."*

Robert Quaid, MD  
Northern Colorado Surgical Associates  
Medical Director, PVH  
Gastric Bypass Program



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certain vitamins to avoid vitamin and mineral deficiencies. Post-operative patients are strongly encouraged to attend monthly support group meetings to stay on track with the tough work of relearning everything about eating, and to help others along. Although the need varies with each individual, subsequent surgeries may be necessary to remove excess skin and sometimes the gallbladder.

Obese people deal on a daily basis with social stigma, rude remarks, thoughtless jokes, interactions with people who won't meet their eyes, or who furtively take a second look. Many things that the rest of society takes for granted, like crossing your legs, sitting in theater and airline seats, or simply getting in your car and buckling up can be difficult, embarrassing, and painful for an obese person.

Knowing that, Mudgett reiterates that GBP surgery is about increased quality of life with patients living 10 to 15 years longer, enjoying healthier, and more active lives. Some women are finally able to get pregnant and deliver healthy babies. Fathers are able to enjoy active pursuits with their children. People have the self-

esteem to leave bad relationships, or forge ahead into healthy ones.

Many of these people who have made the commitment to themselves and have undergone the life-changing GBP are enthusiastically open about it. Five members of one Fort Collins family has lost a combined weight of 715 pounds! Chris is proud that she and her family had the determination to take back their lives from the obesity that was ruining them.

"We all watched my sister Barbara go through her surgery first, and were encouraged by her progress; she'll celebrate five years soon. Then I had my surgery and it's already been four years for me. I recently went skiing for the first time ever and loved it. Post GBP our nephew Ed took his inaugural horseback ride at 37 years of age and has since enjoyed a more active lifestyle. After a heart attack and almost losing a leg to diabetes, my husband Jim had his surgery. Today, only a year later, he is off all heart and diabetes medications, and is now able to take walks with me and even ride a bike. Ed's sister Barbara just had her GBP a few months ago and has already lost 80 pounds! We're all happy

for her because we know she's in for the time of her life. It's all a miracle to us, each of us. It's incredible, and we light up when we see each other. I feel brand new each day."

Debbie, an LPN who has a family history of morbid obesity struggled with weight all her life. She studied her options seriously and at 370 pounds realized that if she didn't hurry up and do something, she would be in the same boat as the stroke and heart attack patients she nursed daily. She was keenly aware that for many people, "as the pounds melt away, skeletons come up out of the fat," and that the surgery addresses only the physical, not the psychological aspects of obesity. Deeply seated coping mechanisms revolving around food would have to be replaced. So she lined up a support system and had her bypass done in 2003. Now after losing 150 pounds, Debbie, who wears size a 18, is able to climb in and out of the boat to go halibut fishing and even canoeing, things she never considered at her pre-surgery weight when she wore size 32 jeans. "I've learned not to 'chug a lug,' to drink and eat slowly, and also to chew my food well.

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Although I've had numerous complications from the surgery and a difficult time getting medications right, I'd do it again in a minute!"

"Just make sure you are ready to be committed to eat well the rest of your life, and DO IT NOW before it is a more serious health risk, before you let your lungs and heart go too far. But if you think you'll just keep eating the way you have been—forget it!" These words of wisdom come from De, a respiratory therapist in Fort Collins who has made a commitment to herself to stay off sugar, eat right, and go back to school for an advanced degree. Recovery from GBP surgery has not been easy for De, whose first surgery ended up needing repairs, and even after two years sometimes still has nausea. In her daily work with post-GBP surgery patients, she saw people die who didn't pay attention. But what made the biggest impression on her were all the good things she saw, all the successes and improved quality of life. "I feel like I can do anything, go anywhere. I only have 40 pounds to go, and when people look at me now, they see just me, not a fat person." De, who has already lost 80 pounds, says she doesn't feel gross anymore. "The confidence overwhelms you after you get that weight off and society can't hold you there. I have so much more energy!"

To the people who choose this life-altering surgery, there is no turning back without dire consequences. The tough daily, hourly choices remain, such as taking two or three minutes between bites, consciously chewing each bite thoroughly, passing up sweets, and having regular check-ups. However, imagine being suddenly set free to do what you choose to do, not only what you can manage. Imagine being free to start your family, without the worries of a diabetes-complicated pregnancy, knowing that your stronger, healthier body can withstand the rigors of carrying a baby. Imagine the change it would be to know that your chance of living a longer and more active life is finally within reach, and as the pounds drop away, so do many binding limitations. This is the experience of many GBP patients, and for them life becomes new and full.



Maryjo Faith Morgan is a regular contributing writer to *Style Magazine*.

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