



The Milestone

A point in time, marking a key event or accomplishment

THE MONTHLY E-NEWSLETTER OF OKLAHOMA WEIGHT LOSS OPTIONS • NORMAN, OK

Send in questions, recipes, comments, topics of interest, etc.

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Summer Hydration and Exercise



Well, it’s hot. And it’s going to continue to be hot. Staying hydrated PE-

RIOD is a struggle, then you throw in the sun, sweat and outdoor activities...which makes it that much harder.

Our bodies are approximately 60% water. *Water discipline* (planned water intake) is essential to stay hydrated whether you are sitting still or swimming outside.

We all have known for years that we need to drink 64 ounces of water everyday. Where did that number come from?

On a normal, moderate temperature, lazy day; a person loses about 1 1/2 liters (~6 cups) of fluid from urine, and approximately 1 liter (3-4 cups) through the skin and breathing. This totals to about 64+ ounces of fluid lost without even trying.

So healthy hydration is a matter of staying balanced between the liquid you lose and the liquid you drink. (Of course it would be a good thing to drink all the water you can!)

For every 100 calories you burn while working out, your body requires 4 ounces (1/2 cup) of water in addition to your daily water requirement. (68 ounces of water instead of 64).

Typical water losses during exercise:

1 hour of weight training=8 oz.

A softball game=16 oz.

Bicycling for 30 minutes=16 oz.

Tips for proper hydration:

1. Do not wait until you are thirsty before you drink water.
2. Once you start exercising, drink water throughout your workout.
3. Start and end your day with water. (Your body loses water while you sleep, so drink a glass before you sleep and a glass when you wake up).
4. Drink 1-2 cups (cup=8 oz.) of water 30 minutes before exercise.
5. Drink 1/2-1 cup of water every 15 minutes of exercise.
6. Drink at least 2 cups of water after exercise.

Be aware of dehydration symptoms: thirst, headaches, dry eyes, drowsiness, loss of concentration, irritability, muscle cramps, and nausea (status post bariatric surgery).

During these hot summer months, hydration is critical. Water, as well as electrolytes such as sodium and potassium are lost when exercising. Make sure your diet is

adequate in fresh oranges, honeydew melon, apricots, and bananas.

Fluid-replacement drinks (sports drinks) can be used DURING exercise to help maintain water balance in the body. A modified version of sports drinks may be helpful for bariatric IN MODERATION to stay hydrated if you are exercising heavily for a long duration (at least 45 minutes)

Low-cal fluid replacements:

1. Diluted Gatorade® (1 cup water, 1 cup Gatorade®)
2. Mix 1 cup water, 1 cup low-cal orange juice, pinch of salt.

Remember that these drinks do contain calories and some nutrients that may not be tolerated by some people. These drinks should not be consumed on a regular basis but can be helpful in some situations.

For more information or questions on appropriate hydration after bariatric surgery, feel free to email me or call the office.

Have a happy, hydrated summer workout!

Kasey Koster R.D., L.D.
Bariatric Dietitian
Editor



Brenda Jones

I had been fighting a weight problem most of my life. For the last 15 years before my surgery, my weight had really gotten out of control. I tried all diets, pills and exercise. It seemed like the harder I tried the more weight I gained. My mother, father and brother all had been battling high blood pressure and in 1997 my father had a stroke. Shortly after that I had to start taking medication for high blood pressure. My doctors told me that I was high risk for a stroke and I needed to lose weight. When I had a friend die of stroke from high blood pressure at the age of 42...that hit me like a ton of bricks! I did research and decided to have the surgery by Dr. Keith. All the people I told about my decision were shocked and didn't think I weighed enough to have bariatric surgery.

In February of 2003 after one of the ice storms, the pipes burst in my house causing \$40K damage to our home and we had to stay in a hotel. My surgery was postponed for 2 1/2 months.

I remember my first visit with Dr. Keith and he said, "Why are you here? This appointment is for weight loss surgery, are you sure you are at the right place?" I guess I was one of those people who appeared to look smaller than I actually was!

On June 24, 2003, I had my surgery. The first two days after

surgery, everything seemed to be going well. On the third day I was in a lot of pain, nauseated and throwing up all day long. June 29th, I was back in surgery. After that surgery I got a staph infection and ended up in ICU for a week. Then I started getting better and was feeling really great.

The day before I was supposed to go home, they unhooked me from the IV and I started having the same pains, throwing up and nausea. After more x-rays, Dr. Keith discovered I had a bowel obstruction in a different area and I was off to surgery again. Finally after 4 surgeries and 28 days later I went home. During this tough ordeal, my family, friends, Dr. Keith, his staff and Norman Regional Hospital were very supportive, and some of the nurses made it their personal mission and went beyond the call of duty to help me. I am very grateful and I will never forget them.

After finally getting out of the hospital, my recovery was pretty normal and on schedule. At my follow up appointment in September, Dr. Keith asked me if I had been exercising and I said "no".

He said, "Young lady, we have been through a lot, remember weight loss surgery is only a tool. I expect you to start walking for 30 minutes, 3-4 times

a week, then I expect you to start doing resistance training, go to the gym, get some tapes or hire a personal trainer. By the time you come for your next appointment, I want to see the results". I said OK! He was holding me accountable. We HAD been through a lot and I wasn't going to let him down. I drank my protein shakes every day, followed his instruction on eating protein first, then vegetables, and carbs last. I joined All American, hired a personal trainer and worked out 3 times a week. I surprised him with a 90 pound weight loss in December!

I just celebrated my 2 year anniversary of RNY surgery. I have lost a total of 135 pounds, and my life has totally changed. I love the new me, and I have not had to take blood pressure medication in the last 2 years, and I feel so much better.

I am so glad I made the right choice in choosing Dr. Keith to do my RNY surgery. I have talked to other people that had the RNY done by other doctors and received no before or after support, tools, or instructions. Dr. Keith cares about the success of his patients and I will always be grateful to him for saving my life, holding me accountable for my own success. He gave me tools and support that changed my life!

BEFORE...



"Dr. Keith held me accountable for my own success."



AFTER!!!

Note from the Editor:

If you would like to share your journey with weight loss surgery...send me your story! We all would like to hear it!

Thanks Brenda!

—KK

Bariatric No-Bake Cookies

2 cups quick-cooking rolled oats

3/4 cup Splenda® Granular

3 Tbsp. unsweetened cocoa powder

1 Tbsp. vanilla extract

1 Tbsp. water

1/2 cup margarine or butter

1/4 cup reduced-fat creamy peanut butter

1/4 cup chopped walnuts

1. In a large bowl, combine oats, Splenda® granular and cocoa.

2. Mix in the water, vanilla and butter to form a dough-like texture.

3. Drop dough by spoonful onto cookie sheet covered with wax paper.

4. Chill for about 1 hour and serve!

Nutrition Information

(Makes 24 cookies, srvg=1 cookie)

80 calories

5 g fat

6 g carbohydrates

2 g fiber

2 g protein



The Dietitian says: This is a good recipe to use IN MODERATION as a bariatric appropriate dessert. Healthy aspects of this recipe include the oatmeal, peanut butter, and walnuts. Oatmeal is a complex carbohydrate that is a good source of soluble fiber and B vitamins. Oatmeal is a whole grain that is important to help provide energy and fuel the body needs. It also typically promotes regular bowel movements and helps lower cholesterol in most people. Peanut butter is a protein source and beneficial when used sparingly. Walnuts provide protein, fiber and the all important omega 3 fatty acids that are essential for nutrient metabolism, heart health and hair, skin and nail integrity.

YOU ARE CORDIALLY INVITED TO ATTEND THE OPEN HOUSE !

THURSDAY, JULY 14, 2005

5:00 P.M. - 7:30 P.M.

3400 W. TECUMSEH ROAD
NORMAN REGIONAL HEALTHPLEX CAMPUS

PATRICK G. LIVINGSTON, DO
FAMILY PHYSICIAN

RONNIE L. KEITH, DO
LANA G. NELSON, DO
GENERAL SURGERY
OKLAHOMA WEIGHT LOSS OPTIONS

ORTHOPAEDIC & SPORTS MEDICINE CENTER-NORMAN P.C.

JACK J. BELLER, MD
DAVID W. BOBB, MD
WILLIAM P. HARRIS, MD
MARK R. MOSES, MD
STEVE C. SHULTZ, JR., MD
R. BRAD VOGEL, DO

CATERED BY MIDWAY DELI

RSVP: 405-440-8802

Head Hunger: Strategies for Dealing with Cravings & Destructive Eating

By
Jim R. Keller, Ph.D.
Licensed Psychologist

One hot topic among weight loss surgery circles is that of “head hunger”. What is “head hunger” anyway? Having worked with many bariatric patients over the last few years, I have come to know head hunger as the brain’s response to a trigger for eating based on years of conditioning or habit development. Specifically, some triggering event or situation occurs that prompts the brain to turn to food because it has learned over the course of time that food can, in some fashion, address the problem at hand. In fact, millions of Americans (whether they have a weight problem or not) use food for reasons other than to stay alive. Whether it’s to deal with stress, boredom, to recreate or reward one’s self, food is one of the most commonly used *substances* in our society. One of the major reasons for this is that we in Western culture are blessed with a plentiful society in which food is not only abundant, but actually pushed on us from every direction be it a billboard, radio broadcast, omnipresent television commercials, or the placement of fast food restaurants on every corner.

In urban life, one can barely spit without hitting a McDonald’s or Burger King or Pizza Hut and who among us hasn’t been seduced by the late night ad for the local ice cream and dairy store. Yup, food is everywhere and we Americans have learned to use it, love it, and depend upon it. Therefore, it’s not surprising that so many of us have learned to rely on food to solve emotional and other problems in our lives. As a result, many of us experience powerful cravings on a daily basis.

The weight loss surgery patient is in a unique position, for many physically cannot respond to cravings in the manner to which they have become accustomed, for their surgery has put a kink in that. Moreover, such patients are compelled to find a way to successfully manage head hunger, for it can insidiously sabotage even the most restrictive of bariatric procedures. For many weight loss surgery patients, this is not an easy or pleasant predicament.

A Systematic Approach for Busting Head Hunger

One method that I instruct patients to utilize in dealing with head hunger is a more systematic approach designed to identify and defeat destructive thoughts, feelings, and habits.

Step One

The first step in busting head hunger is recognizing when it’s happening. So many of our behaviors in our busy lives are nearly automatic, or take place without conscious thought or contemplation. For example, some eating triggers are so powerful that they prompt us to simply respond (eat) without *any* delay, thought, or questioning of the behavior. In short, we must combat this “automatic pilot” in our brains that has us halfway down a column of Oreos before we even recognize it.

Step Two

The second step in the process is to better understand the relationship between the triggering event, the craving itself, and the consequences of our actions. Or simply put, I encourage patients to examine head hunger with an “ABC’s” approach. The “A” is the Antecedent (trigger) to the craving or the behavior. In other words, the “A” represents what happened just before the head hunger craving that may have triggered it. Or, if you have already given into the craving and eaten, it’s the trigger that preceded the eating behavior. “B” represents the actual Behavior; either the behavior you crave (the desire to eat something), or the eating behavior you actually did and you are now analyzing. “C” represents the Consequences of our actions, or how we feel physically and emotionally after having behaved in some way (eaten) or what we think might be the consequences if we elect to go ahead and give into a craving.

In other words, when you have a head hunger craving you are encouraged to first **STOP** and review the ABC's, or quickly analyze the head hunger craving:

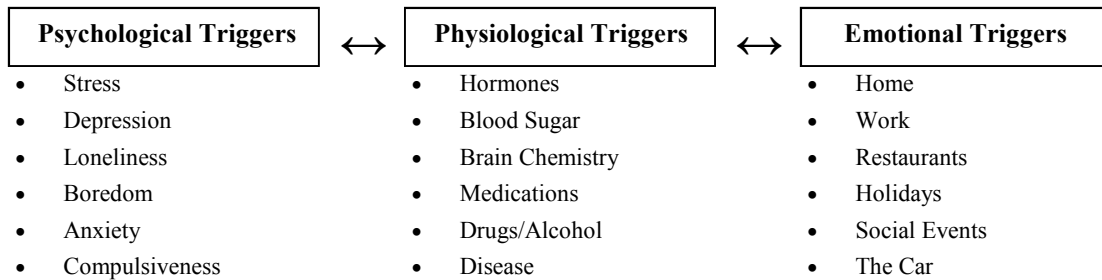
- A What was the triggering event before the craving or eating (the "A");
- B What behavior (eating) am I wanting to do or have I done (the "B");
- C What would be the consequences of that behavior (the "C").

The goal is to identify and better understand not only the triggering events for the initial craving, but to come up with alternative behavioral choices rather than the negative eating that our brain initially proposed that we engage in. For example, when stressed your brain may say, "pizza...must have pizza". Using the ABC model, the goal would be to recognize the initial trigger (the stress) and begin to think up some alternatives besides pizza to handle the stress... maybe call a friend, play a game on the internet, take a walk around the building, pick up your favorite book. As your thinking of alternatives, and hopefully more adaptive behaviors, think about what the consequences would be from each of those other choices. For example, would calling a friend rather than eating three slices of pizza prevent you from feeling so guilty and maybe even physically ill? Is that a more preferable outcome than your brain's choice of downing a wedge of stuffed crust heaven?

While stopping and analyzing the craving doesn't necessarily guarantee that we'll make the right choices, literature has shown that if a patient can simply interject some conscious thought between the triggering event and the eating behavior, they at least have a fighting chance to not follow through on the brain's first choice which is often the worst choice.

Step Three

The third step in this three-step process is to try to keep in mind that the eating triggers that you will face on a daily basis can take many forms and typically fall into one of three categories (Figure 1). Many of us are familiar with emotional triggers for eating such as stress, boredom, depression, loneliness, reward, punishment, etc. We are all learning more about physiological triggers for eating such as low blood sugar, hormonal influences, etc. But one category that we often neglect to see as the root of many eating triggers is our environment.



Especially in American culture, we live in a world in which eating settings are everywhere. We eat in our car, we eat in our kitchens, we eat in our living rooms, in front of the television, on the patio, in the bedroom, at our desk at work, in the break room, at the park, while shopping at the grocery store, and we Americans love to eat at the ballpark, amusement park, swimming pool, movie theatre, and countless other places.

Ask yourself, "In how many places in my daily life do I eat?". You might be surprised how many eating setting you expose yourself to every day. Therefore, this is often a very helpful place to start when you are attempting to minimize your eating triggers.

The goal: limiting the places in which you eat can limit the environmental triggers for eating.

If we can become more aware of the many different types of triggers for eating, we can better anticipate the head hunger cravings and, therefore, better utilize strategies such as the ABC model to combat these episodes. Head hunger is not easy to handle for any red-blooded, food-loving American, but is especially challenging following weight loss surgery. As we all know, a small pouch or a band will not guarantee lasting weight loss, only a positive *lifestyle* (behaviors, thoughts, and habits) will protect a weight loss surgery patient from relapse. — JK

Dr. Lana Nelson, D.O.



We welcome a new surgeon to our team, Lana G. Nelson, D.O., who will be joining OWLO this month. Dr. Nelson is returning to Oklahoma from Tampa, Florida where she has just completed her Fellowship in *Advanced Laparoscopic Gastrointestinal and Bariatric Surgery*.

Dr. Nelson is a native of Tulsa and a graduate of Oral Roberts University. After serving as a biology instructor for a year at ORU, she moved to New Orleans, Louisiana, where she received her Master of Science in Public Health from Tulane University. She returned home to Tulsa to attend Oklahoma State University College of Osteopathic Medicine where she received her Doctor of Osteopathic Medicine.

From there, Dr. Nelson move to Ohio to complete her internship and surgical training. She then moved on to Tampa to complete additional training in Advanced Laparoscopic Gastrointestinal and Bariatric Surgery at the University of South Florida.

Dr. Nelson has been actively involved in the research of obesity and the effects of bariatric surgery on co-existing medical conditions. She has authored and presented numerous topics of research concerning bariatric surgery with emphasis on laparoscopic technique. In addition, she has a special interest in educating other health care providers about treatment of obesity and obesity related illnesses. She was recently interviewed for *Today's Christian Woman* regarding both a woman's perspective and spiritual perspective of obesity surgery. Her interview was featured on their website with the May/June 2005 issue.

When asked why she chose bariatric surgery as her primary focus of interest, she replied that it allows her to combine her love of surgery with a unique opportunity in patient care. She specifically enjoys the ability to help others achieve health while establishing long-lasting relationships with her patients.

Dr. Nelson has been all over the world and has made a full circle by returning to Oklahoma. Her family still live in Bixby, OK, and she wanted to be closer to them as well as work with Oklahoma WEIGHT LOSS Options. She was impressed with the established multidisciplinary program, excellent outcomes, and a team dedicated to the specific needs of bariatric surgery patients. She is looking forward to working with OWLO.

In her personal time, Dr. Nelson's hobbies include scrapbooking, reading, and Scrabble!

FUN FACT

Kentucky Fried Chicken changed it's name to *KFC* in 1991 to eliminate the word "fried" from the company name.



Why Does Popcorn Pop? © 1995

Check out this hot website:



<http://www.dietfacts.com/fastfood.asp>

Nutrition facts for foods in over 300 restaurants!

Upcoming events and next issue...

- **New Direction® Chocolate Pudding meal replacement coming in mid July**
- **Kanani Falls® Apple Cinnamon Protein Bars coming in mid July**
- **Exercise tips from Rose Kalinski, PT**
- **Clothing exchange AUGUST 20th at NRH Education Center after LOD**
Face to Face meeting (11-2pm)

We honor the memory of Dr. Robert M. Spector, M.D., General Surgeon

If you know of any weight loss patients who would like to receive this newsletter, email kkoster@owlo.com to be added to the contact list.

If you do not wish to receive this newsletter, send an email to the address above to unsubscribe.

Until next time!

-KK



July 2005

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Sun	Mon	Tue	Wed	Thu	Fri	Sat
3	4 Independence Day	5	6 Informational Seminar at NRH Education Center 6:30 pm	7 Lap Band Support Group at NRH HealthPlex (3rd floor) 6-7 pm	8	9
10	11	12 Support group at NRH Education Center: Hydration 6-7:30 pm	13	14 Open House at the NRH HealthPlex 5:00-7:30	15	16
17	18	19	20 Informational Seminar at NRH Education Center 6:30 pm	21 Lap Band Support Group at NRH HealthPlex (3rd floor) 6-7 pm	22	23
24	25	26 Support group at NRH Education Center: Summer Fitness 6-7:30 pm	27	28	29	30
31	August					
	1	2	3 Informational Seminar at NRH Education Center 6:30 pm	4 Lap Band Support Group at NRH HealthPlex (3rd floor) 6-7 pm	5	6