

Q: Keeping the pounds off after weight loss surgery.  
Welcome to SBH Bronx Health talk produced by SBH Health System and Broadcast from the beautiful studios at St. Barnabas Hospital in the Bronx, I'm Steven Clark. One of the greatest fears patients seeking weightless surgery have is that they will eventually gain the weight back. This is understandable considering that virtually every patient who has undergone weight loss surgery had some time been a yo-yo dieter during their weightless journey. With us today to discuss this is Rebecca Koch a registered dietician at the center for bariatric Surgery at SBH, welcome Rebecca

*A: Thank you Steve*

Q: so first of all let me ask you, the program is a year old now, how's it doing?

*A: Its growing we have about 60 post-operative patients now who have completed the surgery, and over 200 who are in the process of preparing for surgery, and our first surgery was done here in September of 2018 so some of our patients are reaching that one year mark and they're really happy with their weight loss and feeling good about their health. So that's great to see.*

Q: Ok let's start out um how do you determine if the patient is a good candidate for weight loss surgery?

*A: Well there is some things we have to look at the first is their body mass index or BMI, so that's an equation that takes into account, their height and their weight it's a*

*pretty simplistic measurement it doesn't tell us the complete story of the persons health but it can give us an idea of how obese a person is, and we also have to look at their other health issues they have that are related to their weight like diabetes, or obstructive sleep apnea. So basically if their body mass index is greater than 40 they may be a candidate, or if its greater than 35 with a related health problem like the type 2 diabetes they may be a candidate, and were also take in to account their current diet and exercise habits if they tried losing weight before.*

Q: I guess most have right?

*A: Most of them have in my experience a lot of them have been on and off diets for a long time possibly since they were a teenager.*

Q: Do these tend to be people, from a nutrition perspective, are these people who need to be educated on eating properly, or are these people who just don't have the discipline to eat properly?

*A: So, education is important for all of our patients and I see like the full spectrum. I deal with patients who have never been educated on diet in the past, and maybe they always have eaten a diet that's high in processed foods, and added sugar, so in that case education is important and we should focus on making some changes in their diet and their lifestyle before really deciding on surgery. But I also meet patients that have been educated about diet numerous times they may have been on like kind of fad*

*diets, or really unsustainable weight loss diets, and that kind of yoyo affect is actually driving their weight up over time which is what science shows, so for those patients sometimes its teaching them what they learn is incorrect or not beneficial for them.*

Q: Do you find again in the Bronx that we're working here with a, you know a diverse population, but also we're dealing with people who tend to be lower on the socio economic scale perhaps you know they haven't been well educated historically in what's proper and what's improper to eat. Do you find in the time before they actually are scheduled to have surgery that they do change their eating habits?

*A: Yes, and I expect them to if there are some things that need to be changed, I expect them to think about protein, to think about eating more vegetables, about drinking water. We ask them to start making those changes and preparation for surgery and*

Q: Do some people actually don't need to have surgery because they lose weight during this educational process?

*A: I've had a few patients who met with me and were ready to have surgery and they've decided not to have surgery or to postpone the surgery, because they felt they were doing so well just with the diet, and exercise and there's changes they felt that they didn't need to have surgery at that point.*

Q: Wow that good that's sort of a win even though you know...

A: *Yeah I thought so*

Q: mmhmm now again after the surgery and from what I understand about weight loss surgery is that there's sort of a honeymoon period where after you have the surgery most patients change their habits simply because of how they feel you know maybe for what a year, a year and a half, isn't that right?

A: *Yeah so, it's pretty easy to lose weight especially in the first six months after surgery, and that's really a result of the surgery itself. It's more challenging to maintain the weight loss after the first like year in a half to two years when your weight kind of stabilizes, and that's why we focus so much on talking about diet, and exercise, and making these lifestyle changes because that's what helps to maintain the weight loss in the long run.*

Q: I read somewhere that um a significant percentage of weight loss surgery patients do gain five or more percent of their weight back, do you find that to be true?

A: *Well I can't speak to the patients here at St. Barnabas*

Q: it's still too early?

A: *Yeah because it's a newer program I think it is shown that patients do, I think with gastric bypass the expectation is like 60-80% of their excess weight will be lost typically*

*greater than 50% is maintained, So, they do tend to regain a little.*

Q: the sleeve procedure is a more minimally evasive procedure right? It's less dramatic?

*A: Yes, it's a less complicated procedure but weight loss is usually less dramatic with that. I believe that still, about 50% of the excess weight is more, that's expected weight loss.*

Q: well after surgery I know there are certain vitamins and supplements that all patients need to take right? What exactly are those?

*A: So, we recommend a bariatric multivitamin which um is a higher in some nutrients that bariatric patients need. Usually we do a liquid or chewable for about 2 months after surgery so that it's easier for them to digest and absorb. We also focus on calcium, and vitamin D, and B12 is a nutrient that's very important for these patients because their absorption has decreased, even with the sleeve the absorption is decreased so that is the best to give that through an injection, or like a nasal spray rather than orally for the best absorption.*

Q: I understand again we talked about the program starting a little over a year ago, so those initial patients are now a year post-surgical. Have they maintained their weight?

*A: As of now, yes.*

Q: Do you have to talk to them though? Again I guess certain hormones kick in after a year, a year in a half like you said and suddenly you know the honey moon period is over and I guess they either have changed their eating habits hopefully, or they haven't right? This is where the tire hits the road so to speak, right? Where is up to them to have been educated and then suddenly they change the way they eat so again they had sort of a do over but now is up to them, right?

*A: Yeah, if they go back to eating highly processed foods, drinking sugary beverages, fried food, a lot of starchy like refined carbohydrates, like white bread and white rice. They can start to regain the weight gradually, if they focus on what we always talk about lean proteins, vegetables, high fiber foods, lots of water sugar free beverages, that's what will help them maintain the weight along with exercise so of course there's people who can't exercise for medical reasons but anyone who is able to should be encouraged to start a regular exercise regime to burn calories and to build muscle which helps boosts their metabolism and help maintain the weight loss and also just help feel better*

Q: Can you tell us a little bit about these early these early patients where are they today without getting to involved obviously cause of HIPAA Regulations but how have they done?

*A: I just saw one last week who's like right about the one your point and he's really happy with his health, he's*

*eating regular foods and we did have to talk about like, you still need to avoid pasta, and you need to avoid drinking regular soda he still doesn't like water, so he's drinking stuff like crystal light, and the sugar free Gatorade so I'm just starving him for his fat I reinforce that you need to stick with the lean proteins, keep trying to eat vegetables. I also encouraged him to eat regularly, one of his habits is he only eats once a day, so I try to encourage him to eat at least 2-3 times a day make sure he's given all the nutrients he needs.*

Q: uh yeah also so how do you prepare your foods it's also important, right?

A: *Yeah, so definitely try to avoid cooking with extra fat, like no frying or sautéing, encourage patients to eat foods that are baked, or steamed, or boiled, basically cooked without extra fat. Is that what you mean?*

Q: Yeah

A: *or do you mean like*

Q: Yeah no I meant preparation; I remember speaking to the initial patient, she told me that she used to eat a certain way. She used to eat a lot of fried foods and she's gone away from that.

A: *Yeah so you can take a perfectly healthy food like a potato, isn't a terribly unhealthy food. Chop it up into French fries, you are basically quadrupling the calories. So, if someone wants to eat a small piece of a baked*

*potato or roasted potato that can be part of your diet, French fries of course try to avoid.*

Q: Right I guess the patients sort of have a lifetime access to you to discuss their diets, right? I mean do they call you typically if they're concerned about something if they're falling off the wagon or something like that?

*A: Yeah, I encourage them to reach out to me; they have my email and my phone number. After surgery they'll have like a one week visit, and then like a one month visit, and then it's like quarterly, so it's less frequent and by that point I've gotten to know them. We've met numerous times, we've done this six months pre-op education, so they should have the knowledge and some of the skills to make their own decisions about what foods are right for them, and you know basically managing their own diets, but I'm definitely available, yes.*

Q: Now you're starting support groups now?

A: Yes

Q: Tell us about that.

*A: Yeah, so I'm really looking forward to our first support group so this is a program where we'll invite patients who have had surgery, patients who are considering surgery, and their friends and family and anyone who's kind of part of their support system is welcomed as well. We'll have guest speakers, we'll have kind of a different topic each meeting, and we'll also encourage the patients to kind of*

*learn from each other, and share their own experiences, and ask questions. So I think it's going to be really great for a lot of our patients, so we'll have monthly meetings our first one's next week so I'm really looking forward to it. We have a guest speaker from celebrating vitamins, it's a company that makes bariatric supplements, and she's going to be talking to us about important nutrients for surgery, and then she's going to have some samples for the patients to try. So I think it's going to be a good time.*

Q: If someone wanted to participate in one of these support group seminars, how will they?

*A: Well I ask them to rsvp, basically they can just show up, if they have never seen me or the doctor before, I recommend coming in for an appointment first.*

Q: How will they contact you?

*A: They can call me or send me an email my phone number is (718) 960-3871, my email is rkoch@sbhny.org and I will get back to you as soon as possible.*

Q: Ok great, um good luck on those support groups, and thank you Rebecca for joining us today in SBH Bronx Health Talk. For more information on services available, available at SBH Health System visit [www.sbhny.org](http://www.sbhny.org) and thank you for joining us today.

*A: Thank you for having me.*