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Gastric Bypass Surgery: “Lives phenomenally changed...”

The Bariatric Surgery Program

The most dramatic element of Parkland Medical Center’s new Bariatric Surgery Program, is Dr. Anne Loosmann’s work in the operating room to reduce the size of a patient’s stomach and pave the way for extraordinary, often life-saving, weight reduction. Impressive as it is, however, it’s also the easy part. “While the surgery itself is technically demanding,” Dr. Loosmann states, “it is just one step in a long process that places exceptional responsibilities on the patients for changes in their diet, exercise patterns and overall lifestyles.

“This is a surgical procedure that requires absolute commitment by patients, as well as careful, intensive screening, education and support process by us as caregivers.”

Bariatrics is the field of medicine that deals with the causes, prevention and treatment of excessive weight, a specialty that is particularly relevant in a time when it is estimated that some 50 percent of Americans are significantly overweight, with 20 percent morbidly obese, or at least 30 percent above their ideal weight. While it may seem that everyone wants to lose 15 or 20 pounds, morbid obesity usually means that individuals are 100 pounds or more over their

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ideal weight.

While Americans spend millions of dollars each year on weight loss

programs and diet books, pills and fads, weight control is often not a losing game. It's estimated that 95 percent of those who lose weight through periodic diets – without making actual, permanent lifestyle changes – gain it back within a year. For those people 15-to-20 pounds overweight, it's a psychological downer; for the obese it's a serious health problem.

“Obesity can lead to diabetes, high blood pressure, coronary artery disease,

arthritis, high cholesterol and sleep apnea problems,” says Beth Engelsman, PT, Parkland's Director of Rehabilitation Services, who led the effort to establish the Bariatric Surgery Program at the medical center. “For these patients, surgery is the last resort.” And for the right patients, she notes, it can be a successful resort. “This is an effective procedure,” she says. “People do lose weight following this surgery, often up to 80 percent of their excess weight, and they generally keep it off. Statistics show that 12 to 15 years down the road, they've kept off 50 to 60 percent of their initial losses. **“It's not cosmetic surgery, this is lifesaving surgery,”** she suggests. “This procedure can add years to people's lives. By losing this weight, they lessen their susceptibility to hypertension and other medical problems, even their need for multiple medications.”

Parkland's Bariatric Program is the first to be established in southern New

Hampshire, and it was developed, Engelsman says, to respond to a need that was not being served in the region. Dr. Loosmann, a general surgeon with extensive experience in abdominal surgery, proposed its establishment last summer. Parkland Medical Center staff researched other bariatric programs intensively, and attended conferences to ensure that they created a model that met patients' total needs, not just a new operating room procedure.

The surgery itself takes about three hours to complete, but the screening and

education process that leads patients to it can be as long as nine months. Prospective patients, who express interest in the procedure, are interviewed initially by a registered nurse who identifies those who are likely candidates and those who are not. Individuals with alcohol or serious drug problems, liver

disease, absence of family support or an apparent lack of commitment or understanding of this procedure are screened out. Candidates are also screened by Dr. Loosmann, a registered dietitian and a psychologist.

“People really have to be committed to this,” says Eileen Keefe, RN, BSN, Director of Nursing Education at Parkland. “The biggest concern, is that the lifestyle changes required are huge following gastric bypass surgery. People have to understand that they are taking a major step in their lives - to be and stay healthy - and be prepared to deal with it. ”Keefe notes that they launched the program with an informational session in February, 2002. Some people came saying they wanted the surgery so that, afterwards, they could eat all they wanted. “When they heard what they really had to do, they dropped out quickly,” she says.

In brief, Dr. Loosmann performs a “Roux-en-Y” gastric bypass procedure, reducing the size of the stomach by stapling part of it to create a small pouch. Additionally, a segment of the small intestine is connected to the new pouch, causing food to bypass the intestine’s upper section. This reduces absorption of calories and nutrients. Hospitalization lasts four to six days, and full recovery can take six to eight weeks.

“Limiting the amount of food the stomach can hold makes the patient feel full almost immediately,” notes Peggy Connors, RD, Director of Food and Nutrition Services at Parkland. “The need to eat is reduced. Some people say they feel full for the first time in their lives. ”**Here’s where the life-long commitment comes in.** “These patients have to understand that the foods they can eat, not just the quantities but the types, are going to be different for the rest of their lives, ” Connors says. “The size of the meals that patient can eat after surgery, is very small – 1 cup to perhaps 1½ cups eventually - plus a couple of snacks a day and “snacks” means protein shakes, not candy bars.

“Dessert is not going to be a part of their lives ever again,” she says. “They can’t eat sugar. If they do, they’ll get sick. It goes through the stomach so quickly that it goes to the small intestine undigested. Other foods they cannot eat are foods that are high in fat. They can’t eat fat or fried foods. Additionally, they cannot eat very soft food, such as plain white bread, since it could get caught

and may cause blockages. Bread can only be eaten toasted. Stringy foods that are difficult to chew into small pieces like asparagus are also out because they, too, are difficult to break down, and may cause blockages. “After surgery people have to be conscious of getting enough protein,” she notes. “And they are probably going to have to take vitamin and mineral supplements for their rest of their lives.”

When people who attend Parkland’s informational sessions hear about the level of personal commitment required, many opt out, while others with good reason stay. “This procedure does help people lose weight,” Engelsman says, “and they tend to keep it off. And this weight loss does diminish the risk of developing other medical problems, such as diabetes, hypertension and arthritis.

“Just as important, these people have a chance to have an active life. Their lives are phenomenally changed.” Connors cites the example of a woman they encountered while researching other programs who, before her surgery, had never been able to take her son two houses down the street for a play group. **“They feel in control, where they have never felt in control before,”** Keefe says. “They don’t have to put up with the last socially acceptable prejudice in our society – obesity.”

Post-surgical support is also a part of the program. “We have to be careful that people understand that losing weight isn’t going to solve all their problems,” Keefe says. “There can be significant changes in their lives – in their marriages, friendships, and other relationships. We follow-up by scheduling counseling visits.

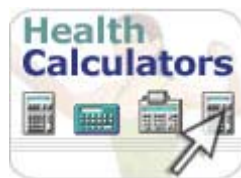
In addition, an ongoing support group has been established, open not just to Parkland patients but to anyone who has had the surgery or who is considering it. For more information, call 603-432-1500 X3079.

Criteria for insurance coverage of this surgery varies with each insurance company. Please contact your company to see what their rules are. One common criteria relates to body mass index (BMI). This score takes into account patient height in relation to their weight. According to the National Heart, Blood, and Lung Institute, "Weight loss surgery is an option for carefully

selected patients with clinically severe obesity (BMI ≥ 40 or ≥ 35 and with comorbid conditions) *when less invasive methods of weight loss have failed* and the patient is at a high risk for obesity-associated morbidity or mortality...."

Some comorbid conditions may include: diabetes, hypertension, chronic joint pain, esophageal reflux/dyspepsia, sleep apnea, hyperlipidemia, restrictive lung disease, obstructive lung disease, ventral hernia, urinary incontinence, venous stasis, pseudotumor cerebri.

By using the health calculator below you can determine your BMI.



Get Better Health by the Numbers

Use our new health calculators to determine where you stand physically and learn what you can do to improve your condition. Try it today. It's fast, easy, and fun.

Click here for the Bariatric Surgery Intake Evaluation Please print and fill out the evaluation for your first information night. Please refer to our **Community Calendar** for future sessions.

Other Links of Interest:

"Links to Other Web Sites of Interest (these sites are not affiliated with Parkland Medical Center)."

Weightlossurgeryinfo.com

Obesityhelp.com

Sabariatric.com

NIDDK.NIH.GOV

Obesitycenter.org

ASBS.org

Parkland Medical Center

One Parkland Drive
Derry, NH 03038
Telephone: (603)432-1500

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