



SIERRA BARIATRIC SURGERY

Cheri Di Dio's Recipes, pg 5
FEATURING: Turkey Marsala

NEWS

EXTRA!
EXTRA!

Volume 2 Issue 5 - May, 2005

MARK YOUR CALENDAR: JUNE 25TH FIRST ANNUAL FAMILY PICNIC

Auburn, CA – Plans are in the works for an all volunteer summer family picnic.

The picnic is slated to be held at noon on June 25th at Regional Park, directly following Dr. Jenkins' Information Seminar.

The first of its kind for this group of Weight Loss Surgery patients, the pot-luck picnic will include lighter-fare and activities for the kids.

With the help of the Sierra Bariatric Surgery volunteer patient team, the day will prove to be a fun experience for all. Those attending the support group meeting on May 19th will have the opportunity to sign-up to bring items under categories such as: Paper Products, Main Dish, Drinks, or can sign-up to run the kids activities, etc.

As with all of the support group activities, everyone is invited to attend; staff, preop, and postop patients alike.

Here is some information about the park and how to get there:

Going north on Hwy 49, beyond Education Street, turn left on Quartz Drive, right on Park Drive and follow it around to the main parking lot of the park. We'll be in picnic area #3 which is further away from the parking lot (look for the green and blue balloons).

The park has a lot of trees and a large pond, so bring your fishing pole for trout fishing (the lake is stocked). There is also a cool play structure for the kids.

To sign-up to bring something or for more information, call Lori at (916) 705-7309. See you there!

ONLINE NEWS

Have you visited
www.SierraBariatrics.com?

Information Central

Nearly 80% of those who are considering Weight Loss Surgery perform research online. Considering the complexities of undergoing WLS it's no wonder people find the internet to be an efficient way to get their fill of information.

Together Online

Thanks to post-op patients who participate in virtual sharing through message boards, surgery "lookyous" are learning to walk the walk and talk the talk.

Sierra Bariatric's Online Community

The patients of Sierra Bariatric Surgery have begun to develop their own virtual network of sharing. The Online Community is a place to find advice as you consider surgery options, or ask for emotional support as you adjust to the new, thinner you after surgery.

How to Participate

Join the Online Community by going to www.SierraBariatrics.com -- Click on the orange "Join Now" button Or click on the link that says "Online Community".

Everyone is welcome to join!



SIERRA BARIATRIC SURGERY

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Who Can You Call?

FOR MEDICAL CONCERNS or TO MAKE AN APPOINTMENT:

Call Dr. Jenkins' Office 530.823.0701

FOR SUPPORT (NOT FOR MEDICAL CONCERNS):

Jeffrey Jenkins, MD, Bariatric Surgeon
Dr.Jenkins@SierraBariatrics.com (Call the office with
medical concerns; Email may be checked infrequently.)

Jan Haemmig, Fellow Patient, Support Group Volunteer
530.265.2931 or Volunteer@SierraBariatrics.com

Lori Ridgway, Fellow Patient, Education & Support
Bariatric Behavior Analyst
916.705.7309 or Lori@SierraBariatrics.com

Pam Kesler, MFT, Bariatric Therapist
Kesler, Elliott & Associates
530.888.7958

DIRECT ALL MEDICAL CONCERNS TO THE OFFICE

WLS Website Resources

www.SierraBariatrics.com

www.obesityhelp.com
For patients by patients

www.asbs.org
The American Society for Bariatric Surgery

www.obesity.org
Information from the American Obesity Association

(While the internet is an excellent source of information,
please be aware of information found on the internet as it
may not be accurate.)

www.SierraBariatrics.com
Join the MESSAGE BOARD!

Sutter Hospice Thrift Shop Clothing Exchange

To set-up a one-to-one clothing exchange arrangement,
please request a letter to bring to Sutter Hospice Thrift
Shop. The arrangement is for a one year period beginning
anytime after you undergo surgery.

The Thrift Shop is located at 13342 Lincoln behind KFC.
You must present a letter to participate.

SIERRA BARIATRIC SURGERY

Calendar of Events

ALL EVENTS HELD AT SUTTER AUBURN FAITH
HOSPITAL UNLESS OTHERWISE NOTED
BRING YOUR FRIENDS!

May 28th, 2005 Memorial Weekend
NO MEETING

June 16th, 2005 7pm
Post-Op Support Group Meeting

June 25th, 2005 10am - noon
★Free Informational Seminar
*If you know somebody who would like to
learn more about Weight Loss Surgery
invite them to attend this presentation by
Jeffrey R. Jenkins, MD, FACS.*
NOON -- PICNIC TO FOLLOW

July 21st, 2005 7pm
Post-Op Support Group Meeting

July 23rd, 2005 NOON
General Support Group Meeting
Special Guest Speaker
To be announced

August 18th, 2005 7pm
Post-Op Support Group Meeting

August 27th, 2005 10am - noon
★Free Informational Seminar
Followed by a Panel Discussion featuring
Post-Op Patients

September 11th – 18th
2nd Annual WLS Cruise & Conference

September 24th, 2005
★ **WALK FROM OBESITY**

Post-op Support Group Meetings are held the third
Thursday of every month. We meet at Sutter Auburn Faith
Hospital in Conference Room A.

The Surgeon's Point of View

Jeffrey R. Jenkins, MD, FACS

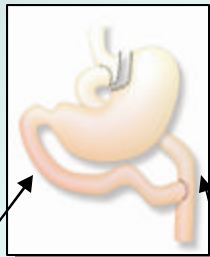
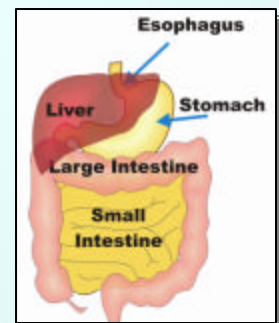


Iron Deficiency

Iron is a trace element that is readily available in most Western diets. It is found in two primary forms; heme and non-heme. The heme form is thought to be the “best” form. It is the form the human body can most easily absorb and utilize. You find this form in animal sources such as red meat, dark poultry, shrimp, and tuna. The heme form of iron is released from food when it is digested by enzymes in the stomach and small intestine.

The other form of iron, non-heme, is found mostly in plants. This form of iron is harder to absorb because it takes more processing to release the iron from the plant source. Certain other foods can inhibit the absorption of this type of iron. They include tannins in tea, oxalates in green vegetables, chocolate, berries, compounds in grains, soy protein, and egg yolks. Absorption can be enhanced by simultaneous ingestion of heme iron (your mother always told you to eat your vegetables with your meat). Other substances such as Vitamin C, citric acid, and lactic acid improve absorption, as well.

Once iron is freed from the food that is ingested, it has to be absorbed. The difference between *digestion* and *absorption* is that digestion is the process of breaking down the food into smaller, simpler units the body can use. Absorption occurs when the small units are taken into the cells of the gastrointestinal (GI) tract and utilized for the energy or other properties they contain. The majority of digestion occurs in the upper GI tract, beginning with the saliva in your mouth and continuing well into the small intestine. Absorption occurs to a minor degree in the mouth and stomach, but the majority of the absorption occurs in the small intestine.



Iron is primarily absorbed in the duodenum. This is the first portion of the small intestine as it exits the stomach. The anatomy after a Roux-en-Y gastric bypass completely bypasses the stomach and the duodenum. Therefore, the iron never even goes through the part of the GI tract that is responsible for iron digestion and absorption. Obviously, some of the iron is absorbed in other parts of the small intestine; otherwise everyone would become iron deficient and anemic.

DUODENUM

“ROUX” LIMB (AFTER BYPASS)

The average dose for elemental iron replacement is about 15-20 mg once or twice daily. You may find iron in the store supplied in the 325mg concentration. The elemental concentration can be found on the back label of the bottle and usually reflects the fact that the iron is bound in a form that needs to be broken down prior to releasing the elemental form. So don't get confused if you are advised to take 325 mg twice daily, the elemental iron will only be 15-20 mg in that compound.

One thing to keep in mind when supplementing with iron; many foods and vitamins affect the absorption of iron. Vitamin A appears to support iron absorption. Copper is required for iron metabolism and is usually found in multivitamins. Zinc and calcium can impair the absorption of iron. Therefore, it is a good idea to take your iron at different times than your calcium. Iron is supplied in many forms in stores.

As you can see, it is very important to continue with your follow-up on a routine basis so your iron level (among others) can be checked. Not every patient will require iron replacement, but if you are deficient in iron you may become anemic and this will affect your energy levels, as well.

~ Jeffrey R. Jenkins, MD, FACS



Oh, BEHAVE!

By Lori Ridgway

Staying Motivated – Navigating the Hazards

In past installments of “Oh, BEHAVE!” we’ve reviewed the Keys to Success and Goal Setting, among many other topics. The common theme between each topic has always been investing in yourself through PERSONAL ACCOUNTABILITY.

Are you invested in yourself? Of course you are. You have taken on the responsibility of taking care of yourself and have taken the first step to improve your health. You **are** invested to some degree – now is the time to up the ante.

Take advantage of the *behavioral momentum* you’ve created. Your persistency will pay off, even in the face of a challenge.

For most Weight Loss Surgery patients the challenge faced is **staying motivated** to maintain the lifestyle changes, consistently, for the long-term. It’s natural to experience some set-backs, or some time periods when we veer off track.

Maintaining behavioral momentum keeps the tools that you need very close by so that when you do veer off track it isn’t as difficult to get back on the road to success. Being aware of potential hazards is your first defense.

Here are some of the most frequent hazards WLS patients come across and some solutions:

Poorly defined goals, or setting goals too high.

If you set a vague goal you will be able to move around the target and either always hit it or never hit it and everywhere in between. If you set an unattainable goal you risk becoming discouraged by your lack of success. Be sure to know exactly what you want and exactly what is possible. Set small and measurable goals. If your goal is to eat less frequently decide how frequently you will eat, track your progress, and reward yourself when you succeed (do not reward yourself with eating).

Entering unfamiliar territory.

Instead of thinking about how uncomfortable you feel or how silly you feel to be paying such close attention to food choices, think of how many things you’ve done in your life that were firsts. Your family and friends may have never known you to be a “health food nut” and you may feel they won’t accept you in that role. Consider yourself a new role model. You’ll be doing everyone a favor by encouraging healthy eating. Find others who are already in that role, attend support group meetings and meet others who have the same interest in changing.

Measuring success by the number on the scale.

The number of pounds that you weigh fluctuates from hour to hour and is simply one of many variables that measure your health. If you weigh yourself daily you may become discouraged when you realize you’ve landed on a plateau. Long-term, your weight is best measured monthly. Find other ways to measure success; are your clothes fitting looser or are you walking further in the same amount of time during your workout? Combine all of the information you gather and use negative results to alarm you to make adjustments to your regimen.

There may be many other hazards you will face, but rest assured there are solutions if you think through the problem. Make yourself aware of any barriers to your success and take the time to work through finding solutions. Your personal accountability (the investment in yourself) is the key factor in staying motivated. Your lifestyle changes make a big impact on your long-term success. Your investment will have an incredible payoff, LONG-TERM HEALTH!

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CHERI DI DIO'S RECIPES & FUN FOOD FINDS

Always high protein but never compromising on taste!

Turkey Marsala

Originally used with beef, this recipe uses the lighter, healthier substitution of turkey. Although it's easy to prepare, the rich sauce tastes like you've spent all day in the kitchen. This dish is pleasantly paired with the Whipped Cauliflower, and followed by Pineapple Delight for dessert.

20 oz. turkey breast tenderloins
1/4 c. all-purpose flour
1/2 t. salt, *divided*
1/2 t. pepper, *divided*
1 T. olive oil
1/2 pound fresh mushrooms, sliced
1 T. butter
1/2 c. reduced-sodium chicken broth
1/2 c. Marsala wine (or 1/3 c. reduced-sodium chicken broth, 3 T. white grape juice and 2 t. white wine vinegar)
1 t. lemon juice

Cut tenderloins in half and flatten to 3/4-inch thickness. In a large resealable plastic bag, combine flour, 1/4 t. salt and 1/4 t. pepper. Add turkey and shake to coat. In a large nonstick skillet, heat olive oil. Cook turkey in oil over medium heat for 7 - 8 minutes on each side, or until juices run clear. Remove and keep warm.

In the same skillet, melt butter. Sauté mushrooms in butter for 4 minutes, or until tender. Stir in the broth and wine (or broth mixture). Cook over medium heat 12 - 15 minutes, or until liquid is reduced by half. Stir in lemon juice and remaining salt and pepper. Serve over turkey. Makes 4 servings.

Nutritional Analysis (per 4 oz. cooked turkey with 1/4 c. mushroom mixture): 36 g protein; 295 calories; 12 g carbohydrates; 1 g fiber; 8 g fat (3 g saturated fat); 77 mg cholesterol; 482 mg sodium

Whipped Cauliflower

1 med head cauliflower, cut into florets
1/4 c. fat-free milk
2 T. canola oil
1/4 t. salt
1/8 t. white pepper

Steam cauliflower 8 - 10 minutes, or until tender; cool slightly. Place the milk and oil in a blender or food processor. Add the cauliflower, salt and pepper; cover and process until blended. Serve immediately. Makes 4 servings.

Nutritional Analysis (per 1/2 c. serving): 3 g protein; 105 calories; 8 g carbohydrates; 4 g fiber; 7 g fat (1 g saturated fat); 1 mg cholesterol; 199 mg sodium

Pineapple Delight

1 c. reduced-fat graham cracker crumbs (about 16 squares)
3 T. butter or margarine, melted
Small pkg sugar-free lemon gelatin
1 c. boiling water
24 oz. low-fat cottage cheese
7 t. sugar substitute
2 t. cornstarch
1 T. water
8 oz. unsweetened crushed pineapple, undrained

In a bowl, combine graham cracker crumbs and butter. Press into an ungreased 9-inch square baking pan. Refrigerate until firm. In a bowl, combine gelatin and water; stir until dissolved. Cool to room temperature. In a blender, combine the cottage cheese and sugar substitute; cover and process until smooth. Slowly add gelatin mixture and blend until smooth. Pour into crust. Refrigerate until firm. Meanwhile, in a saucepan, combine cornstarch and water until smooth. Add pineapple. Bring to a boil. Cook and stir for 2 minutes, or until thickened. Cool to room temperature. Spread over gelatin layer. Refrigerate for at least 1 hour before serving.

Makes 12 servings.

Nutritional Analysis (per 1/12th recipe): 8 g protein; 105 calories; 9 g carbohydrates; trace fiber; 4 g fat; 5 mg cholesterol; 307 mg sodium

ENJOY!

Please feel free to share your recipe ideas by e-mailing them to me at didioc@yahoo.com, and I'll try to incorporate them into upcoming issues of the Newsletter.