

## Legacy 1.0

### A Bariatric Memoir

By Alan Falk

In The Beginning...

The story starts when I was first overweight, which means: pretty much most of my life.

I'd been "heavy-set" since 'way back when and showed very few signs that it would ever change, despite frequent taunts and mocking by bullies from around fourth or fifth grade through high school.

Overweight didn't seem to compromise my physical health much, although it probably had an impact on my self-confidence and 'social life' ... but only for a few decades or so.

### Life Changes...

Fast-forward a few decades. The insults faded in the last few years at college. I grew a sense of humor, with the hope that I could be in **control** of when people around me laughed instead of being a passive and available target or victim of them. It worked very well. Life stayed good after graduation when I entered the "real world work force," too. The childish taunts were gone but the social misfit remained, and overweight was still a social downer.

Another decade or two later, I finally recognized my mild depression for what it was: long-term and chronic. Thanks to the Prozac® Gods, that was handled successfully. But poor eating habits and a love of chocolate and pizza helped me continue to add about five or ten pounds per year for too long a time.

Weight gain was never a challenge; weight loss or control seemed impossible.

Of course, I'd tried many of the popular fad diets over previous decades and even chewable candy intended to be an appetite suppressor. The downside was that I liked the chocolate-flavored ones so much and ate enough of them to overwhelm any appetite suppression effect they might have provided.

Some diets provided temporary successes. I'd lost about 20-40 pounds once on a popular "low carb" diet before the food choices got boring. The regimen ended and the weight returned.

## **The Pain of it all...**

A few decades more down the road ...

I began to notice some pain in my left knee.

Not enough to warrant knee replacement surgery, but enough to light the light that said, "I don't want this to keep getting worse in my 'old age' " My doctor told me that it was probably a normal case of arthritis, common with folks as they hit that age.

Then, early in 2012, my right knee joined the pain parade. Hiking up to my second-floor 'office' at home really started to hurt, and I noticed that I was pretty much out of breath after just going up the one flight of stairs. And my snoring got worse... a likely sign of sleep apnea, common in people who are overweight. And I hit the highest weight I've ever 'achieved' in my life... about 307 pounds.

This was not leading to a happy ending, and if I didn't do something for myself, that ending might come sooner than I'd like!

My wife didn't appreciate my snoring, either, and a sleep-test proved I had sleep apnea. Sleep apnea can do everything from causing snoring to create a fatal heart stoppage! I wore the Bi-PAP mask every night. There was often some discomfort but I did sleep much better (and so did my wife!)

I really needed a stronger "cure" ... something that might be reversible, but only with extreme difficulty or expense. I needed a commitment to something that would be a constant **and** "portable" reminder that would give me regular and 'instant' feedback to just plain not eat so much.

## **Researching and Discovering Bariatric Surgery...**

I'd heard of bariatric surgery around that time and there were lots of people signing up for it. Obesity in the US was a common headline in the papers and the internet became the source of a wealth of personal stories and descriptions of the surgery and what to expect from it. It kept sounding more and more appealing as I learned more and more about it.

More and more information about it was appearing on the Internet, including doctors' videos and animations of what happens during the surgery and which types of surgery tend to be more effective than others. The most effective seemed to be the "gastric bypass" type...

It was more intrusive than Lap Band or Sleeve, but the long-term success rates, in terms of hitting weight loss goals and keeping the pounds off were higher, too. I gathered more data on the process.

Like any type of major surgery, there was a variety of things that could become problems in the future, but the incidence was fairly low and the odds were good that such things could be corrected if they did crop up.

I reached the point where I decided I should stop researching it and take a shot at participating in the process to see if it would remain appealing.

I first investigated a bariatric center at a very reputable health care facility, reading about their process on the web and contacting them to see if I could qualify for their program. There were lots of medical and psychological tests, at the start. I passed all of them and got the OK to enter their program. Fill in lots of forms and crank up your credit card to play in their sandbox.

My Body Mass Index (BMI) had to meet a certain minimum to be eligible. No problem. At about 5'10" and 300+ pounds, that "goal" was easily met. My height and weight scored me solidly in the "morbidly obese" range, one of the fundamental "Pass Go" criteria to qualify for the procedure. Without that, you can't play. I was accepted into their program and began a routine commute to their facility to meet the challenges and milestones of the process.

There were physical tests and x-rays to see what shape (internally) my body was in. A chemically-induced 'heart stress test' was uncomfortable but I passed that ok, too.

**This, of course, soon led to a few interesting observations and stories...**

The "psychological exam" was funny (to me, anyway,) and made for an amusing story:

The "exam" took place in a psychologist's office at the hospital with an "assistant" observing. The psychologist (or psychiatrist, whatever...) appeared to be about twenty or thirty years younger than I was, and female and quite attractive. I began to wonder why the guy was in the room at the same time, and then I think I figured it out. Chaperone?

At one point in our interview, the young woman decided to reach for some kind of folder on a shelf behind me. While she could have walked around the chair on which I was seated, she chose to lean over me and reach **way** over my head for the material.

Long dark hair, fragrant perfume and a lovely body perched over my head, just inches from my face. Was there some strange agenda going on? Was that why the guy was sitting in the other chair in the room? Was there any kind of "appropriate" **or** "inappropriate" way for me, the patient/client/victim to behave? Was he there in the capacity of a "helper," trainee or witness?

I decided to play the conservative card and didn't move any voluntary muscles in response to the temptations, although if it had been just me and her in the room, I still don't know what I would/might have considered doing. I wonder to this day if that had been part of the psychological exam and what the "right answer" might have been.

Fun story, at any rate, to me. I looked temptation right in the chest and passed on the offer. Silly me, maybe? But a true story. Did I belong there? Did I feel comfortable? ... Not exactly.

## **Discouragement and change...**

Anyway, I felt more and more discouraged with their process, as the commute to their center was a 'fur piece' from home and it seemed that every time I met another qualification or passed another hurdle or milestone, another one would seem to be sprung on me. The overall process seemed to make sense, but the implementation was seriously off-putting for me.

I decided to see if I could find another organization where I felt more comfortable. I found it. About one-third the commute time, lots less traffic, and associated with a nearby hospital where I'd already had some good experiences with their skills and attitude.

While their videos weren't as graphic or detailed as the other guys', the new team I'd discovered did a much better job of assisting me through their process, helping with communications with the medical coverage I would be relying on to help pay for the adventure, **and** all of the staff was pleasant and friendly and supportive every step of the way.

Documentation, checklists, menus, advice and more flowed freely and easily from them. There were "Pre-Op Meetings" for folks just entering the program, where we could ask questions and discover that there were other folks 'just like me' who had worries and concerns, whom we could talk to, in addition to a very knowledgeable staff to hit with questions, too.

The new environment became a much more comfortable and supportive place. This was the "Bariatric Family Connection" I needed. I "planted my foot firmly onto the path" and proceeded.

Of course, I *did* have to "Press Restart" again, as my medical insurance coverage demanded I be under a doctor's and nutritionist's continual supervision for a minimum of six months before they'd help cover costs of the surgery. At that point I was very willing to try again. The huffing and puffing was worse and the knees were not getting better.

Although I'd been lucky enough to not develop diabetes or high blood pressure, the stresses on my body were starting to really "weigh me down." [Pun intended...]

## **Getting Started... Again...**

I began the actual process around 307 pounds. Surgery, due to insurance regulations and other rules, would still be at least six months away, but I could learn about how to change my dietary habits to help with the process right up front.

Insurance forms and approvals and another round of psych and physical exams were in order. The psychological exam came across as a realistic hurdle this time, as it was designed to screen out folks who might be talking a good story about wanting the surgery but not ready to commit to the many lifestyle changes that would follow. I passed.

I'd already "passed" the sleep apnea test. When the overnight sleep testing had ended, they reported how I'd done. Anything over some threshold number of "interruptions in breathing" would qualify me for the apnea diagnosis, and my winning score was far in excess of the "you've got it" hurdle. I don't recall the exact number, but it put me solidly in the "I need the machine" category. My B-PAP machine and I remained a long-term team, if not friends.

I met with one of the Bariatric Center's nutritionists who educated me about what to eat and how to eat so that I'd be better prepared for the surgery and the new life- and eating-styles that came with it.

Around March, 2013, I put the nutritionist's recommendations into action. Those early dietary changes produced remarkable changes. With the new diet, I cut out a lot of carbohydrates from my regular meals and focused more on getting a good balance of protein and vegetables and starches. I was still filling a regular 9-10-inch dinner plate with food and cleaning it off by the end of a meal, but the foods were healthier.

Amazingly to me, I didn't feel hungry or 'starved' with the new diet and portions and my weight began to drop.

After a few months, as my stomach shrank from not being stuffed as full with food or carbs, I discovered that a 6" 'salad plate' held plenty of food for a regular meal. There were many more hints, suggestions and rules from the nutritionists that helped, too.

- *One that I've told to many people about is the admonition to not drink **any** water, soda, juice, etc., **with your meals or for about a half hour before or after**. I was quite accustomed to 'washing down the food' at all meals, so for me this was a moderately drastic change. Surprisingly, I found it a surprisingly easy habit to change.*

As my science and engineering background examined the logic, several things about this made sense to me: if you're drinking a lot of fluids with a meal, you're diluting the acids in your stomach at the very time when they're being pumped in to break down and digest the food you just delivered there!

Does it make sense to oppose Mother Nature's Design that way? No. I got into the habit of never taking more than a few tiny sips of water during any meal. I still don't, and although I will ask for or accept the glass of water usually offered when we eat out, I'll rarely drink more than the top half-inch or so during the entire meal.

- *The second aspect of 'conscious eating' was the admonition by the nutritionists to chew every mouthful **very well** before swallowing. Like 30 or more 'chews' per mouthful.*

Does that make sense, too? Definitely! Chewing food into smaller bits increases the surface area for all of your digestive juices to work on... and that makes sense, too. What I think not too many people realize is: the saliva in your mouth is there for a purpose in addition to spitting or dribbling down your chin. It is an integral part of the digestive process of breaking down some of the things in the food so that they're a bit of 'pre-digested' before they reach the stomach for the next stage of processing.

But the real point was how long to chew before swallowing. A lot longer than I used to. I discovered that the 'thirty chews' rule was about right. Chomping on every mouthful about thirty times before swallowing slices and dices the food into a pretty uniform mush that's just got to be easier to digest 'downstream.' Baby carrots in a salad? Twice that!

There's also the side effect that the time it takes you to chew a mouthful thirty or more times just plain slows the rate at which you can deliver food down into your stomach. I learned to notice my 'swallow reflex' was trying to get me to get the food out of my mouth and down my throat long before thirty chews, so I had to teach myself to move the food back out to the teeth section to ensure their job was done!

This "long-chew process" also gives your stomach more time to begin the digestive process of its own **and** to send that mysterious signal to your brain to say, "Hey, food's here and I'm working on it! Relax!" That translates into your brain getting the "full tummy" message sooner than if you just woofed the plate clean in a few gulps, like your puppy might normally do.

So, between the smaller servings, slower eating and no liquids for 30 minutes **before or after a meal**, I began and continued to lose weight through the spring and summer and fall of '13... to the point that when my surgery was finally scheduled for December 17<sup>th</sup> 2013, I'd already shed about 55 pounds!

I'd gone from ten-inch full dinner platter to about a 7-inch one, and by the time December rolled around, my "dinner plate" was the saucer from under a coffee cup. Around 4" or so in diameter. And starvation or hunger pangs were still not there! Not to mention dropping a few pants-sizes along the way.

## About Clothes...

Rather than replace my entire wardrobe as I lost weight and girth, I decided it made more (financial) sense for me to donate my old clothes which I'd "ingrown" (opposite of outgrown?) to an organization like the local Goodwill store. I could then buy replacement pants and shirts from them at low prices and possibly get a tax deduction for the donations. Quite appealing!

Of course, as I lost more pounds (and inches), **those** pants and shirts would go *back to Goodwill again*, to be replaced with still-smaller sizes until I could reach my target weight (and size.) That goal was still most of a year away, but I was still on the way there.

Around that phase of the game, folks in the "bariatric surgery process" are often asked why we would still want or need the surgery if the weight was already dropping. That, by the way, is not very supportive of the person in the program, but it's a common reaction.

My answer was and still is: *"I've never stayed on any diet in my life; it's either become boring or cravings overwhelmed any weight-loss benefits, and I felt I really needed something that was Always With Me to remind me to eat properly, and what better way could there be than having some of my internal plumbing rearranged so as to be that constant reminder, always with me and portable?"*

Sound logical? It did to me, and it's worked well. Does that sound like you, too? You might be a good candidate.

## First Detour...

- *I was finally participating in some exercise. My wife and I joined a Wellness Center associated with the hospital we favored and, barring laziness or bad-weather excuses, we made it there several times a week. Lots of nice equipment, trainers and guidance for what exercises to do, and a helpful staff. I used a variety of the equipment and felt fine... until one day...*

I'd spent maybe ten minutes on a stationary bike as a warmup and then started a slow jog around the indoor track circling the exercise equipment. On the second lap, I suddenly felt weak and a little dizzy and had to lean on something to keep my feet under me.

*When that feeling passed, I went back to the stationary bike, but could not get a heart rate reading on it. I went to the blood pressure/heart rate machine in the lounge area and finally got a reading... about 240 for heart rate, though BP wasn't very abnormal at all. After a while, my heart rate bounced around the 150 range before sort of settling down under 100.*

*I got in touch with the cardiac folks at the hospital **very shortly** thereafter, and with a variety of EKG, a 'heart stress test' and a radioactive tracer to see if there were blood flow problems inside my heart, the doctor concluded that I'd experienced an episode of Atrial Fibrillation, or A-Fib, and he said that A-Fibs were very common in people once they hit their mid-50's or so. He put me on some meds to try to smooth things out, plus baby aspirin to reduce clotting which can be a side-effect of A-Fib, and I haven't had any such strong episodes since.*

Dangerous? Could be. Manageable? Very likely, with drugs and if that didn't work, surgery to get the heart's nerves to settle down and fly right. I preferred drugs to surgery, so we started with that, and it seemed to be quite successful.

Ironically, about a year later, my brother developed A-Fib, too! And he is about 16 years older than I am! It also took him a week or two in the hospital before the right combination of drugs got his heart rate to settle down to a steady pace. Everybody Is Different. He's ok now and so am I, although the pulse rate sensors on the exercise equipment I use often still don't register "correctly."

## Second Detour...

- *In November that year, one of my wife's grandsons reached Bar Mitzvah age and his parents wanted to take him to Israel for the ceremony and to see a lot of his mom's extended family who live there. Normally I've had enough travel over the years for business, but in the end I agreed to join the throng for the trip and celebration. I'd never been "that far East" before, either.*

So naturally we took some tours and saw some sights in Israel early that November, culminating with a very fast and strenuous (for me) hike through the bazaar sections in Jerusalem. The next day we visited and walked around the top of Masada to the south, overlooking the Dead Sea.

*(Masada: Great book and story, too, by the way: Highly recommended!)*

*On that tour around the top of Masada I was doing something no more strenuous than walking up three steps on a path, but on the second step it felt like a knife had been slashed across my right knee. Fortunately, that was the last day of our tour. Next destination: airport.*

Getting back to the US included walking on a very painful knee through **three** airports, not to mention incarceration in tight airplane seats for a dozen or more hours. I got a referral to the orthopedic folks as soon as we got home.

*X-rays and scans showed the meniscus in my right knee was torn in three places: two pretty large tears and one smaller one. Best option: surgery to trim back the split parts so they don't fold under the kneecap or the bones, plus a bit of smoothing of the arthritic roughness that had developed over a lifetime.*

I didn't want to postpone the bariatric surgery already scheduled for around mid-December, so I postponed the knee surgery for after the bariatric, but as soon as possible after.

*My bariatric surgeon suggested at least one month between the surgeries, so I asked the orthopedic surgeon if January 18<sup>th</sup> of 2014 was feasible, as my bariatric surgery was scheduled for December 17<sup>th</sup>. The answer was yes, and that die was cast, too. (Ah, sorry... no cast needed; not even a knee brace. Just another orthoscopic surgery, a serious ice pack and Ace® bandages.)*

*Footnotes (sorry!) on the knee surgery in January: Loaded with pain meds in my knee area, by the time I got home the same afternoon, I could walk without any pain or discomfort at all. I felt like I'd shed several decades of age from my knee. The next day, with the painkillers diffusing out of the area, my knee hurt like hell! A chiller-pack bandage, elastic bandage and some pain killers made it possible to get a little sleep. The pain peaked on the second and third days post-op, but within another few days, the peak pain dropped significantly and by the weekend I could get around with a cane and a few weeks later walk with just a slight limp. A month or so after that, the right knee pain was gone, and still is.*

Enough about **those** detours on the way to getting lighter ...

We now take you back to our regular programming ...

I felt remarkably calm before the bariatric surgery, even though this operation would be the first major surgery on my body, ever. I'd never even broken any major bone in my body or had any general anesthetic surgery since having my tonsils and adenoids removed many decades ago.

I knew to expect some post-surgery pain and discomfort, but talking with post-op people from the same program and reading a lot of their stories online gave me a pretty good idea of what to expect, including what risks are involved. The hospitals and government agencies will make sure you understand all of that long before the surgeon leans over your torso. I felt comfortable after talking with and getting to know the surgeon who'd be working on my body, too. That helped a lot to reduce any anxiety I might have had.

Ok, anesthetic drip started... count down from ten... As usual, I never get to seven before the lights go out and the next thing I know I'm in the Recovery area surrounded by wife and medical attendants.

Pain: minimal at that point, but I know that's going to change. Catheterized, so I don't even have to get out of bed to hit the Loo, and empty of solid food for the past days and weeks (pre-surgery liquid diet), so #1 and #2 won't be a problem for a while.

Immediately post-surgery, the first allowable liquids come from a spongy swab dipped in water that I could swish around my mouth and wet my lips. Later, tiny sips of water. Soon after that, back to a light liquid diet. Apple juice was permitted and clear soup broth came next.

One funny thing was that, for the first three "dinner soups" I got, the first one was quite salty, the second one was "just right" and the third kind was quite bland and really needed some salt! Goldilocks in the wrong order. Beef, chicken, and vegetable broths in that order, I think. Whatever. Your experience will be different.

For the next day or three, I learned that I could sleep on my back, which I normally never did. Post-surgery, the *last* thing I wanted to do was twist my torso to "roll over" so that worked out fine. The B-PAP unit made sleeping on my back easy. Any **other** position post-op was uncomfortable.

The Bariatric Center staff had been very clear from the beginning about possible complications from the surgery. After all, it is pretty invasive abdominal surgery! Yes, it hurt after the operation, but the pain was surprisingly low and only for a rather short post-op period. I went off the mild painkillers they'd sent me home with in about 3-4 days. An occasional Tylenol® type of painkiller worked just fine. My abdomen felt tender for several weeks and I hugged a pillow to my belly if I felt the need to cough. Luckily, I didn't have many urges to sneeze, but if my nose tickled inside, I quickly grabbed for the pillow.

So, there I was. The new reality and lifestyle steps had been taken and barring committing a LOT of money and justifications, there was little chance of turning back. I was in this for the long haul, but if I hadn't taken these steps, the "long haul" might have been a lot shorter than I would have liked.

- *New Funny Note: immediately upon returning home, I noticed how cool the house felt. "Suddenly," I wanted the thermostat up one or two degrees F, or I would feel chilled. We'd run the house at a constant setting for years and here I was, just a few days post-op, feeling cooler than "before." Remember what I said? **Every Body is Different.** Later, as summer arrived, I also found that I had much more of a tolerance for warmer weather than 'before.' Why? I have no idea. Will it persist? I've tested myself during the past fall and winter and I think I'm a little better able to tolerate cool weather now, but I still prefer to don a sweatshirt over my tee when I'm in the house. Each season will be the next phase of observation during this experiment with my body. **Everybody is different.***
- *Yet Another Funny Note: Just a day or two after returning home, I literally "forgot" how small my new stomach was and, sitting at my desk, absentmindedly chugged down three big gulps of water, much as I was used to doing for most of my life.*

*The first gulp went down with no problem; the second gulp triggered a "hold on a second" warning from my stomach, but the third slug was already en route when my stomach called it quits and tossed the last gulp back up through the plumbing. Fortunately, it was just water, and with a quick grab of a tissue, it didn't baptize my keyboard, but that was the **last time I forgot to sip water slowly.** Later I also discovered that ice cold water was much less pleasant and thus less-desirable than cool or room-temp water. Ya live and learn!*

The next phase of the post-op life was to gradually introduce real food back into my digestive tract.

Liquids first, then pureed foods like fruits or vegetables, and after a few months, actual solid chewable food.

Unfortunately, and for better or for worse, unknown to my nutritionists, I'd behaved for pretty much all my life as if I'd owned a "cast iron stomach" as we used to call it. Very few foods disagreed with my body, and after all those years, I was pretty much in touch with what my body felt like and reacted to when all was right.

So when some friends invited us to go out to dinner about one month post-op, I figured I could handle that **if I were careful**, and sure enough, I did. Sorry about that, nutritionists...

I ordered a cup of soup, a broiled salmon and cooked broccoli. I figured all of them could be chewed to a pulp and the salmon would be a gentle way to make sure I got some protein in, too. All that worked fine, and, of course, I only "had room" for about half of it all, so the doggie bag routine started with my first "real meal out."

It still works that way. If asking for a doggie bag is embarrassing to you, either get over it or prepare to leave lots of food on your plate to be tossed out by the wait staff.

So, the beat went on. I was progressing well, losing about two pounds per week at a fairly smooth and constant rate, when a case of 'pink eye' almost killed me.

I'm kidding, right? No. *This* detour was a surprise and a rough one!

### Third Detour...

- So another "Funny Thing" Happened... I got a case of "pink-eye," or conjunctivitis. And it nearly killed me...

I'd been a little prone to it most of my life, suffering an infection occasionally for a week or so. I went to my General Practitioner for help and she suggested a two-pronged approach: some salve to goop on the the lower eyelid and some pills in case the infection was living somewhere else, hiding inside me. Loose bowel movements were a common side effect of the pills, so I was prepared for that possibility.

The pills were to last just one week, but around the end of that week, my stomach felt slightly painful and my stool turned dark, getting blacker and blacker by the day. And looser. The pain, though not very bad, set up housekeeping just under my ribs below my breast bone. My first reaction was that the big pills I'd been taking for the past week were the cause and the problem would soon flush itself out of my body.

I felt tired and weak, too, which I figured might have been from the surgery, the new diet and the rapid flushing of my digestive system on a frequent basis. Sleeping became more and more desirable. The conjunctivitis abated and my eye felt better but I was still tired.

- *Then, one day, getting up from my afternoon nap, I walked over to my dresser and fainted. I recognized what was going on immediately as my knees folded under me and I found myself lying on the carpet where I'd been standing just seconds earlier*

That was the First Time I'd Ever Fainted in My Life. I decided that Something Needed Attention, even if it was a weekend afternoon.

I phoned the Bariatric team's number, got the answering service and described my problem. In a *very* short time, one of the surgeons phoned me to clarify the details of my experience and from that, told me to get to the Emergency Room at the hospital as quickly as possible while he arranged for an Expedited Admission. In about a half an hour I was on a hospital bed with a saline IV drip running, replacing lost fluids. These were very good, very responsive teams! I was being well cared for.

They scheduled an endoscopy to take a look down my plumbing to see what was going on and if it was, perhaps, a tear or leak of blood from the surgery. Unfortunately, my blood pressure stubbornly refused to get high enough to permit anesthetics required for the endoscopy!

Saline kept dripping and my BP stayed low. I finally asked one of the staff whether the saline was just "thinning out my blood" when the problem seemed to be that there wasn't enough of it! After some quick consultation, they hooked me up to a few units of what I believe was packed red blood cells and my BP slowly began to climb up to a better level. It's nice to be an engineer by training and have a "knack" for things ...

By the next morning, my BP was up to acceptable levels and the endoscopy was scheduled. Count down from ten.... Yep, same trip.

I was in Recovery again in a matter of seconds, it seemed, again when the verdict came in: The endoscopy showed a bleeding ulcer just downstream of the stomach "pouch" created during the surgery, possibly caused by not drinking enough liquids between meals or just plain dumb bad luck. The surgery was not the cause; and maybe just excess stomach acid did it.

There is a known probability of that happening, somewhere in the under-10% range, but that seemed to be the way the dice rolled for me. I was given some new meds to reduce the production of stomach acids and in a day or two was sent home feeling a lot better. A surprise detour, but no permanent damage and great responsiveness from the staff at the Bariatric Center and the hospital. Thank you all again!

End of *that* detour; cue up '*On the Road Again...*'

The journey has continued without any more major incidents. My weight continued to drop with only a few 'plateaus' until, as I write this memoir, my weight is around 171-174 pounds and my 'ultimate target weight' is just 5-10 pounds down from that.

I'd dropped from about a 54-56" waist to around 36-38. The XXL shirts I'd been wearing for years could now be replaced by, would you believe it, **Medium**! My snoring had disappeared, and a few months later I proudly and happily turned in the leased sleep apnea machine.

I think my feet shrank a half shoe-size, too. That's not uncommon, I've heard. Less weight squishing down on them and making them spread out!

Last summer, my wife and I joined a fitness club just a mile or two from home and have attended fairly regularly. After a month or two we realized that we'd probably do better if we had someone experienced in the 'workout business' to guide our exercise regimens so we'd get better or more balanced results, so we contracted with one of the Trainers and worked with him long enough to develop a good routine.

Our muscles have begun to 'come back' and we're both feeling much better about the exercise and ourselves, too.

## Learnings

From this Bariatric World Experience, I've learned a few important things...

When pre-op folks ask what the operation or surgery is like and how they're going to react to it, I try to make a few things clear:

First, "**Everybody** Is **Different**," as in... *you are different from the person sitting next to you and the way you'll react to the pain or discomfort of the surgery will have some similarities to their reactions, but won't be exactly the same.* Your food likes and dislikes are different from those of the folks sitting near you *and those likes and dislikes may actually change after surgery*, too! Even the type of surgery you and your surgeon choose will be tailored to your individual needs, such as pre-op medical conditions.

Second, "**Every Body** Is Different." Which means that *your internal arrangement and body chemistry, pain thresholds, healing time, and so on, are different from those of everyone and anyone nearby, so this whole voyage is going to be **an experiment on you** that will also discover what those slight or large differences are, and it's **impossible to predict exactly** how your body will behave or react.* Flavors of foods may change post-op. Some old favorites won't taste as good and some you could care less about suddenly become tasty. I've virtually stopped using salad dressings on salads, and when I do, I use a **lot less** than before.

Recall my "Two Degrees of Separation" in my thermal comfort zone post-op? Just one noticeable change that anyone might or might not experience. I've discovered at least one other post-op who's reported a similar temperature-sensitivity change for himself. There may be others. Or not.

Another mentor shared a post-op story about herself some months ago: Her body became *extremely sensitive to the tiniest amount of butter in her food, requiring her to be very careful at restaurants.*

Me? No problem. And still very little reaction to butter well over a year post-op **for me**. Very fatty foods like chicken skin can make my stomach feel distinctly uncomfortable but some butter on foods doesn't seem to have anywhere near as strong a reaction for me as it did/does for her. Everybody is different.

Some months ago, we visited my wife's daughter and her family in Colorado (they live at about 7,000' altitude.)

Several years ago, I could not go up one flight of stairs there without huffing, puffing and stopping to catch my breath at the top. This time I discovered I could practically jog up the flight of stairs with **no** shortness of breath, and to test that, I walked down the stairs and jogged up a second time! Hardly any change in respiration rate; no pounding heart rate or anything of the sort. I had arrived at the place I wanted to be.

## “Conclusions...”

### *So, did I learn any lessons worth sharing?*

- Bariatric surgery is a fairly safe alternative if you're 'morbidly obese' and diets haven't worked to provide any long-lasting weight control for you.
- There is risk associated with everything you do in life, and you need to be aware of the probabilities associated with bariatric surgery. The more informed you can get, the better the process and results. If the medical folks aren't up-front with you about that, ditch them and go elsewhere!
- While every person and their body reacts differently, the surgery isn't as painful or even uncomfortable as many other kinds of operations. *On average...*
- Yes, when they say you'll need vitamin supplements "for life," that means ***For The Rest of Your Life!*** Part of your stomach may be rerouted or removed and that changes how all kinds of nutrients get absorbed in your digestive tract.
- Beer and soft drinks are a **Bad Idea** after bariatric surgery. Do you really think you want liquids to fizz out a lot of carbon dioxide and expand into what is now a tiny stomach 'pouch'? On the other hand, a medium-sized martini or a little ***Very Old*** Scotch ... well, sip ***very slowly and carefully***. I do. Don't gulp and don't expect to be able to consume as much "as much as you ever did" like those days in college when you'd eat a whole pizza by yourself because you and all of your friends could **and did**, too. Those days are **over**.
- Low-fat meats are best, usually, and a meal dining out can create another meal or two at home from the leftovers. If you like meats, you'll love that your new diet may include more lean meat... like filet mignon...
- Buying the Large Family Size of anything means you'd better get a larger refrigerator or freezer and a bunch of plastic containers for the contents that won't be finished in one sitting any more.
- Yes, your internal body thermostat *may* reset to a higher or lower number. Don't fret, just go with it and dress accordingly or reset the home thermostat to accommodate. Sweatshirts and sweatpants are my new friends, too. Negotiate with your spouse/partner/family on the home thermostat's setting, of course.
- You'll probably get used to sharing and discussing some bodily functions with other pre- or post-op folks, too. Subjects like vegetables, protein supplements and prune juice may become more common topics of discussion, advice and feedback. And increased flatulence tends to

come with the new territory, too. There are ways to moderate the effects, but don't try to deny they exist. That can hurt!

- Simple tricks or skills like chewing longer, avoiding water at meals and cutting carbs can start you on good eating practices and weight loss that support the reason bariatric surgery was one of the only viable alternatives for you in the first place. And the practice is good for you, too, rather than trying to suddenly learn those new skills post-op!
- I read somewhere, too, that for every pound you lose, the stress on your joints like your knees is reduced by something like four or **five** pounds! With my weight down about 130 pounds, I've effectively lowered my knees' stress by 650 pounds, or more than *twice my maximum-ever weight!* That makes for **very** happy knee joints!
- As your 'fat cushion' dissipates, sitting and sleeping positions you used to enjoy may become uncomfortable. I discovered that my "tail bone" became **very** sensitive to pressure from hard chairs. Cushions helped. My favorite sleeping position, on my side, became uncomfortable as the weight of one leg on the knee underneath it lost its cushion, too. Small changes in leg position took care of that, too.

## One last Story...

In the summer of 2015, my wife and I took several vacations away from home. During one of them a strong storm came through our area and dropped some fairly large hailstones on roofs in our neighborhood. Several neighbors had their roofs replaced, but ours looked ok and we didn't seem to have any leaks, so we figured we could put that repair off until "it was needed" (which usually means "too long") Some months later, we noticed several homes with signs out front saying that they were having their roof replaced. Then one day a representative of the roofing company rang our doorbell.

Always open to a sales pitch (and well-inoculated against saying "Yes" too easily,) I listened to the pitch and agreed to let him check our roof. After all, I'd never checked myself, and the 'examination' was "no-charge" (i.e., paid for by other roofing jobs and/or mine if I signed up... Nothing Is Free!) so he hopped up to the roof and looked around.

When he came down, he had several photos on his smart-phone which pretty clearly showed hail damage. I agreed to check with our home insurance company to find out what their process was.

Shortly thereafter, the insurance adjuster and the roofer were in contact with each other and set a date to see the evidence in person and discuss solutions.

So, this is in what way related to Bariatric Surgery?! Here's how...

When the insurance adjuster arrived, he waited on the porch while his "assistant" went up on the roof with the representative from the roofing company to inspect and confirm the damage. He and I stood on our porch chatting. I asked him why he had his "helper" climb the ladder. He answered that he

was getting too heavy to run around on roofs any more (and I had noticed a fairly round belly under his belt, so we laughed about that.)

Not being able to resist sharing my newfound wealth of information and experience, I mentioned that I'd learned several "tricks" that helped me lose weight, and he was curious enough to ask what they were. (No liquids with meals, chew 30+ times, cut carbs...) He listened with interest.

Then he tossed out an innocuous comment... "How do you know about those kinds of things...? **You're thin!**"

**It was about a full day later I realized *that was the first time in my life anyone had ever pointed at me and said "You're thin." Ever.*** I savored that memory and still do.

For me, it was the accomplishment of a life-long dream or hope. "I'm thin." Priceless.

## **In Closing ...**

So, that's my story, and I'm sticking with it. Like everyone I've ever talked to who's been down this road, I'm glad I did it, thrilled at the results and wish I could have done it decades earlier. But I finally did it and life is much better and more enjoyable for many more years than if I hadn't made the choice.

Yes, you can expect some pain and discomfort, but as most of us discover, we can handle the discomfort, pain medicines work, and the discomfort fades away quicker than we expected. The changes to you, in how your body processes food as well as how you approach food and nutrition in general, are permanent if you stay the course. And you know what life will be like if you figure out how to stretch your stomach back out and eat poorly. You've been there and done that and know where that leads. And you won't want to go back.

I hope that this memoir has been interesting and useful to you or your friends who might be considering this choice for the future. Bon voyage and good luck to you all, and thanks for reading!