The Christmas Holidays are nearly upon us, and, like you, our Bariatric Surgery Support Group is looking forward to a well-deserved rest over the coming days.

Before we break for festivities we would like to take the opportunity to thank all of our Members, The Support Group Committee, Dr Potgieter, Dr Swanespoel, Judy Kotze (our resident dietitian), their committed teams and staff for all their support throughout 2012.

This year has been an important one for Bariatric Surgery Support as our membership keeps growing and we have an average hit rate on our website of 80 visitors per day every day with a total subscribership of well over 400. We have become one of the foremost information sites regarding Pre operative and post operative information about bariatric Surgery.

One of the most important advantages of Bariatric Surgery is that it has been proven to reduce and in some cases totally eliminate Type 2 Diabetes. If you or someone you know are over-weight and have Type 2 Diabetes, this month our newsletter has 2 very interesting articles on the relationship between Bariatric Surgery and the Resolution of Type 2 Diabetes. Something to consider when you make those New Year’s Resolutions about shedding some kilos…

We would like to wish all our Support Group Members and Subscribers a very Blessed Christmas and Happy Holidays over the festive season. Please visit our website and make a note of our 2013 Support Group Meeting Dates.

Remember Bariatric Surgery is not a quick fix to weight loss. You will gain the weight back if you don’t make the necessary Lifestyle changes and commit to living the Bariatric Lifestyle for the rest of your life.

This is your Life Changing Journey and we are here to Support You all the way!

Take Care until next year,

Bariatric Surgery Support Team
Despite the level of poverty in South Africa, there is a substantial proportion of the population who are either overweight or obese. The rough figures indicate that approximately half of all women and a quarter of all men in South Africa are overweight, although not all of them to the point of obesity. Historical data also show that the number of overweight people has been increasing over the last few decades. There are various health risks associated with excessive body mass, and so the weight of the population is something that should receive more attention.

Gastric bypass surgery appears to lead to better long-term results including greater weight loss, resolution of diabetes and improved quality of life compared with sleeve gastrectomy and "lap-band" surgery, according to two international reports.

"Obesity and type 2 diabetes mellitus are currently two of the most common chronic, debilitating diseases in Western countries," the authors write as background information in one of the articles. The most common surgical procedure for treating diabetes in the United States is the laparoscopic Roux-en-Y gastric bypass, more commonly referred to as gastric bypass surgery. In 2001, the laparoscopic adjustable gastric band, also known as lap-band, was introduced as a less invasive alternative to gastric bypass. Sleeve gastrectomy is another surgical weight-loss procedure, which involves surgical removal of a large portion of the stomach.

To evaluate differing outcomes of bariatric surgeries, Guilherme M. Campos, M.D., now of the University of Wisconsin School of Medicine and Public Health, Madison, formerly of the University of California, San Francisco, and colleagues examined 100 morbidly obese patients (having a body mass index greater than 40) who underwent lap-band surgery. These patients were matched by sex, race, age and initial body mass index (BMI) with 100 patients who underwent gastric bypass surgery.

All weight loss outcomes were significantly greater for patients who underwent gastric bypass. Average excess weight loss for this group was 64 percent, compared to 36 percent for lap-band patients. Additionally, 86 patients in the gastric bypass group successfully lost more than 40 percent of their excess weight compared with 29 (31 percent) of lap-band patients. Each group had 34 patients with type 2 diabetes mellitus. Resolution or improvement of type 2 diabetes was significantly better after gastric bypass (26 patients or 76 percent) compared to lap-band (17 patients or 50 percent). At the one-year follow-up, six of eight gastric bypass patients (75 percent) who were using insulin had discontinued its use, while only one patient of six (17 percent) in the lap-band group had done so.

The overall rate of complications was similar in both groups, with 11 patients (12 percent) in the lap-band group and 14 patients (15 percent) in the gastric bypass group experiencing complications. Early complications (within the first 30 days post-surgery) were higher in the gastric bypass group (11 patients or 11 percent) than the lap-band group (2 patients or 2 percent), however the rate of re-operation was higher in lap-band patients (12 patients or 13 percent) compared to gastric bypass patients (2 patients or 2 percent). No deaths occurred in either group.

"Our study shows that laparoscopic Roux-en-Y gastric bypass, when performed in high-volume centers by expert surgeons, has a similar rate of overall complications and lower rate of re-operations than laparoscopic adjustable gastric band," the authors conclude. "Because it achieves greater weight loss, increased resolution of diabetes, and better improvement in quality of life, we conclude that, in the setting we studied, laparoscopic Roux-en-Y gastric bypass has a better risk-benefit profile than laparoscopic adjustable gastric band."
There are more than 72 million obese people in the United States, and tens of millions of them have been diagnosed with type 2 diabetes, an epidemic that continues to grow at a rapid pace. The good news is that certain types of bariatric surgery are proving to be effective options in eliminating diabetes and reducing weight.

A recent study from the University of Massachusetts found that 36 percent of gastric bypass patients did not need diabetes medication two weeks after surgery and 67 percent were medication free after one year.

"Gastric bypass and sleeve gastrectomy have been shown to be the most effective at ridding the body of diabetes and helping patients lose weight," said Dr. Vadim Sherman, medical director of bariatric and metabolic surgery at The Methodist Hospital in Houston. "Lap band and stomach stapling don't change your metabolism the way the other two procedures do because you are basically just putting an obstruction into the abdomen to make you eat less."

Gastric bypass surgery involves cutting the stomach and creating a pouch that is separated and then connected to the intestine. Food then bypasses the old stomach and goes directly into the pouch then directly into the intestine. Sleeve gastrectomy involves cutting out a portion of the stomach.

Both of these procedures cause metabolic changes in hunger hormones and in the way the body burns fat. This leads to a decreased absorption of food and eating less.

"Lap band and stomach stapling surgeries can be revised into one of these other two procedures, giving the patient a better chance at weight loss and getting rid of diabetes," Sherman said. "This is important if you have complications from one of the other surgeries such as intolerance for food, reflux, heartburn, pain with eating and an inability to eat regular food."

"Surgery alone is not the answer. Patients also need to make lifestyle changes in order for any weight loss surgery to work long term," Sherman said. "That being said, the best options to get rid of diabetes and lose the weight you want to lose are the gastric bypass and the sleeve gastrectomy."

Source: http://www.sciencedaily.com/releases/2012/11/121112135233.htm
OUR TEAM  The Professionals

Meet The Team  These are the Professionals that will support you during your Life Changing journey:

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Bariatric Surgery Support Group

Bariatric Surgery Support (BSS) is a Cape Town based Support Group for people seeking information and Support about Weight-Loss Surgery. We deal with a host of pre and post operation issues aimed at facilitating your journey to a healthier life style.

When: Tuesday 29 Jan 2013 — N1 CITY

Where: N1 Medical Chambers, First Floor, Training Room

Time: 18:00

RSVP: info@bariatricsurgerysupport.co.za

Contact Collette collette@simpsons.co.za

We will be having a Plastic Surgeon speak at this meeting

Motivation of the Month

Rich fulfillment

The best motivation comes from within, because it is the most sustainable and authentic. When you have a reason, you have a powerful, driving force.

And always, you do have a reason. The important thing is to connect what you must do with a purpose that is truly yours.

Inspiring words, stories and exhortations from others can remind you of that purpose. Your job is to remember why, at the deepest level, and to translate your purpose into action.

Your life is a continuing opportunity. Every day brings a new way to create meaningful value and fulfillment.

Many outside factors can serve to encourage or discourage you. Ultimately though, the choice to act comes from the inside.

Feel the reality of who you are, of why you are, and of the power you have. The rich fulfillment of your unique purpose is yours to create right now.

How do I make an appointment with one of the surgeons?

1. Refer to OUR TEAM Page 4 of our Newsletter choose which surgeon you would like to contact and call their practice to schedule an appointment.

2. Surgeons contact details are also available on our website: http://www.bariaticsurgerysupport.co.za/?page_id=5