

info@bariatricsurgerysupport.co.za

Bariatric Surgery Support

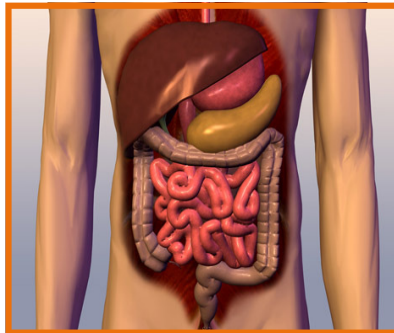
NEWSLETTER

Learn more about weight loss surgery

The digestive tract comprises the mouth, esophagus, stomach, small and large intestines (the colon), the rectum and the anus. These organs are lined by mucosae (mucous membranes). The mucosa in the stomach and small intestines contains tiny glands that produce juices to aid in digestion. The digestive tract also contains a layer of smooth muscle to help break down food and move it efficiently through the tract. The liver and pancreas are also important in the digestive process. They both produce juices that reach the small intestine through ducts. The gall bladder, in turn, stores the digestive juice that is produced by the liver until it is needed.

Digestion at a Glance

The digestive process starts in the mouth, where food is chewed and swallowed. The swallowed food then travels into the esophagus, which connects the throat to the stomach. A ring-like muscle called the esophageal sphincter connects the esophagus to the stomach. This muscle basically acts as a door that closes the passage between the esophagus and the stomach. As food approaches this muscle, it opens and allows food to pass through to the stomach.



As you can imagine, the stomach plays a big role in digestion. For starters, it stores the swallowed food and liquid. A muscle in the upper part of the stomach relaxes so it is able to accept large volumes of food and liquid. Next, the lower part of the stomach mixes the food and liquid with digestive juices produced there. Finally, the stomach slowly empties its contents into the small intestine.

The contents are then absorbed into the intestinal walls and transported through the body. Certain materials are not used. Such waste products include undigested parts of food (fiber) and older cells that are shed from the mucosal lining. These waste materials are pushed into the colon, where they can be excreted as stool.

Digestion Interrupted

Weight loss surgery interferes with digestion to help bring about weight loss.

For example, gastric bypass surgery makes the stomach smaller and allows food to bypass part of the small intestine. (If you recall, the small intestine is where most of the nutrients and calories are absorbed.) The stomach is made smaller by creating a small pouch at the top of the stomach. The smaller stomach is then connected directly to the middle portion of the small intestine (jejunum), bypassing the rest of the stomach and the upper portion of the small intestine (duodenum). As a result, food travels directly into the lower part of the small intestine. Bypassing these sections restricts the amount of calories and nutrients that are absorbed into the body, resulting in weight loss. Gastric banding also affects digestion. It involves placing a silicone band with an inflatable inner collar around the upper stomach to restrict food intake. This creates a small pouch and a narrow passage to the lower stomach that can hold only a small amount of food. The band also controls the stoma (stomach outlet) between the new upper pouch and the lower part of the stomach. This helps you feel full faster. In addition, the food moves more slowly between the upper and lower stomach during digestion. This helps you to eat less and lose weight.



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Visit our website!

[www.barietricsurgerysupport.co.za/](http://www.barietricsurgerysupport.co.za)

What will you do
today to manage
your weight
better?

Inside this issue:

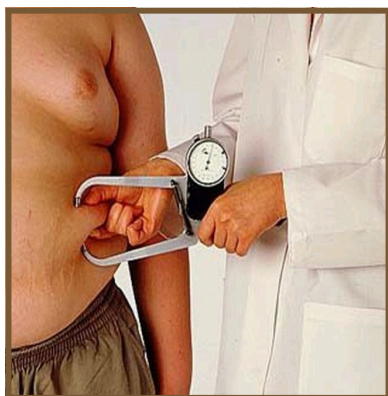
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Risks of Being Obese

Obesity is a serious health problem. Left unchecked, obesity can impact nearly all of your body's systems and lead to additional conditions that not only affect your quality of life, but can also significantly reduce your life expectancy. In fact, research on obesity shows that a person who is obese has a 40% greater chance of dying prematurely than an average-weight person.

Our Bariatric surgeons **Dr Potgieter** and **Dr Swanepoel** understand that the more obese a person is, the greater the likelihood of having additional health problems.

Health issues and symptoms of obesity that can arise because of obesity include:



- Type II Diabetes
- High blood pressure
- Heart disease
- Cancer
- Osteoarthritis of weight - bearing joints
- Respiratory problems
- Gastro esophageal reflux disease
- Infertility, Gestational diabetes,
- Pre-eclampsia
- Urinary stress incontinence
- Menstrual irregularities
- Depression
- Suicide
- Alzheimer's disease

If you are obese (the definition of obesity is generally described as having a body-mass index of 30.0 or greater and you are about 14 kg or more overweight), you may want to speak with your doctor about the possibility of having bariatric surgery. For more information please attend our FREE Monthly Support Group Meetings.

Your Consultation Session

Preparing for weight loss surgery involves evaluations and recommendations by several health care professionals. They may include a bariatric physician, a bariatric surgeon, a nutritionist and a psychologist. This team works together to develop a comprehensive treatment plan.

Let's assume that you have a good understanding by now of the treatment plan that is best for you. Your bariatric surgeon has reviewed the procedures with you (gastric bypass, Lap-Band and/or gastric sleeve surgery). You have jointly decided on the best surgical procedure for your particular situation, taking into account the risks, the life-changing effects you can expect afterward and whether the procedure will be covered by your Medical Aid, such as Discovery Health's top line options

- .1. Bring to the appointment a list of prescription pharmaceuticals, over-the-counter drugs and herbal or vitamin supplements you are taking.
2. Prepare to review your medical history, providing the names and phone numbers of physicians you are seeing or have seen recently.
3. **Dr Swanepoel** and **Dr Potgieter** will provide you with all the information you need during your consultation session with them



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OBESITY Problem?

Obesity is a major factor in most chronic illnesses reducing your quality of Life

WHAT HAVE YOU GOT TO LOOSE?

Shed some Kilo's



**surgical solution
2721 975 2594**

surgical solution

call:

2721 595 2280

Calcium Citrate D

Target patients:

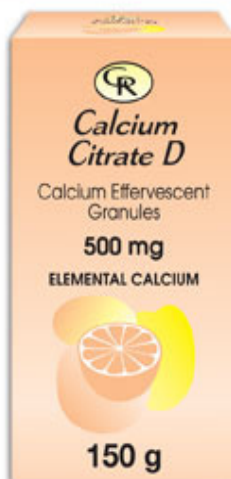
- Both Calcium Lacto Forte and Calcium Citrate D are of benefit to persons over the age of 50
- Persons with reduced gastric acidity or on anti-ulcer medication, as well as patients who have problems with kidney and gall bladder stones. These calcium salts have a better bioavailability when taken on an empty stomach compared to the carbonates, and have a lower side effect profile

Dosage:

The amount of calcium you require on a daily basis varies according to your life stage.

The following table indicates the recommended daily allowances of calcium according to these various life stages:

http://www.georen.co.za/index.php?option=com_content&view=article&id=73&Itemid=70



Calcium Effervescent Granules
Kalsium Bruis Granules

ELEMENTAL CALCIUM
ELEMENTALE KALSIMUM
400 iu Vitamin D per 5 g

IMPORTANT ANNOUNCEMENT

Gastric bypass patients of **Dr. Swanepoel** and **Dr. Potgieter**, please note the following amendment to your daily supplement regime (valid from Stage 3 post-op). '**Calcium Citrate D**' (Georen Pharmaceuticals) is now being recommended as your daily calcium supplement – to replace any calcium product used up until now. Use 5 ml effervescent granules **TWICE** daily in a little water. Allow bubbles to escape. Preferably use between meals and not together with an iron supplement. This product is available at **Dis-Chem** pharmacies and at most other pharmacies, as well as at some larger branches of **Clicks**. Please contact me if you have problems obtaining this product.



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**Want to know more about
Vitamins?**

Call me today:

Judy Kotze - Dietitian

Special interest: Bariatric Nutrition
BSc (Dietetics) - Diploma in Hospital
Dietetics M (Nutrition)

Durbanville Medi-Clinic
Tel: 27-21 975 2336 Fax 27-
21 9752692
Mobile: 083 254 0919



**STAGE 3 POST-OP
PATIENTS**

**Remember to have regular
follow up visits with Judy
Kotze to ensure that your
body is receiving the
correct nutrients and
vitamins you need to reach
and maintain your weight-
loss goals**



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Sandi Loggenberg

Bariatric Support
Chairperson



Marius Pienaar

Bariatric Support
Volunteer



Collette Julyan

Bariatric Support
Volunteer

OUR TEAM The Professionals

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



Dr. JA Potgieter - Specialist Surgeon

MB.ChB (Stell); M Med (Chir); FCS (SA)

J A Potgieter & Associates Inc.
98 02751/21 Vat no: 4090173305 Pr no: 4206762
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Tel: 27-21-5952280 Fax:27-21 595 2281



Dr Etienne Swanepoel - Bariatric Surgeon

Medical Interests: Bariatric, Laparoscopic, Vascular Surgery
MBChB FCS (SA) M MED (SURG)

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Judy Kotze - Dietitian

Special interest: Bariatric Nutrition
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Claire Evans - Clinical Psychologist

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Pea Blaauw - Biokineticist, Medical Physicist

Masters Degree in Biokinetics

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Bariatric Surgery Support Group

Monthly MEETING



27 September 2011

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 27 September 2011

Where: N1 Medical Chambers, First Floor, Training Room,

Contact: Collette 082 443 0401

Time: 18:00

RSVP: info@bariatricsurgerysupport.co.za

Motivation of the Month

Reason to keep going

Just because life has let you down doesn't mean that you must let yourself down. Pick yourself up, quickly take a positive step, and know that you're closer to reaching your goal than you've ever been before. You've been through some of the hard part and already experienced some of the difficulty you must go through. So keep going, and make that experience count. Change your approach if that's what is called for. Learn from where you've been, adapt and adjust your efforts to be even more effective. Every day, every encounter, and every outcome is a new opportunity to move yourself forward. Keep yourself focused on the goal you've chosen, and keep yourself moving in the best way you know how. The disappointments are just as much a part of the process as the victories. Be truly thankful for it all, and in your gratitude you'll find a way to put it all to positive use.

Whatever has happened is a perfect reason to keep going. Keep going, and create the life you have chosen to live.



Am I a good candidate for surgery?

Your doctor will assess this during your consultation.
To be considered as a surgical candidate, individuals must meet the following criteria (subject to slight variation per surgical program):

- Be between 18 and 70 years of age
- Have a Body Mass Index of 40 or above OR
- Have a Body Mass Index of 35-40 with significant associated health problems
- Made serious past attempts to lose weight
- Are dedicated to drastic lifestyle changes and follow-up appointments
- Not suffering from any disease that may be causing excess weight
- Absence of drug, alcohol or emotional problems
- Understand the surgery and associated risks.

Question of the Month

