

Realistic Advice for Life after Bariatric Surgery

by Pam Davis, RN, CBN, MBA

LET'S GET REAL

Can we talk? I mean seriously talk about realistic expectations and your responsibility as a bariatric surgery patient? Okay, good.

Now, go grab your favorite beverage of choice: iced tea (*unsweet of course*), a cup of coffee (*sure, if it's decaf*), or everyone's plain favorite... water (*insert eye roll*). Find your favorite reading spot and let's have a chat.

As a bariatric surgery patient, you've likely heard the following phrase: "Surgery is a tool." It's also very likely that, much like me, you have a love/hate relationship with this phrase. As a nurse who has worked with thousands of bariatric surgery patients over the last decade, I whole-heartedly agree with the concept that bariatric surgery does not in and of itself result in your ideal body weight, resolve all of your health conditions and eliminate every problem you've ever had. Instead, my dear reader, you have been given the surgically-altered anatomic tool of reduced stomach capacity. This allows you to:

- Eat a smaller amount of food
- Feel more full with a smaller amount of food

Reduced stomach capacity through bariatric surgery addresses only one of many factors that come together to affect weight.

A Quick Look at the Facts

As a gastric bypass patient who is 17 years post-surgery, this is what I know from experience:

- The “tool” still works when I work it. It’s not as new and shiny as it once was. The manual is a little worn and frayed. It needs to be given proper care to stay in top form.
- No one – not my surgeon, dietitian nor my primary care provider – is with me 24 hours a day, seven days a week, 365 days a year.
- I alone am responsible for the choices I make every day. This extends far beyond my simple food choices.
- Health is a relative term. It ebbs and flows along a continuum (*we’ll chat more about this concept later on*).

I want you to have some realistic expectations for your life after bariatric surgery. I’m not talking about the first few months or even at the one-year mark. I’m talking about two years, 10 years and even 20 years after you’ve had surgery.

Examining Common Expectations

Let’s begin with weight-loss expectations. I frequently hear patients share concerns about not having “lost enough.” The question I throw back to you is, “What is enough?”

While you were likely given a goal weight before surgery – a number on the scale – you have to realize that number is based on height and weight tables which are decades old. It’s a number that very few bariatric surgery patients will actually reach. So I ask again, “What is enough?”

If your goals are centered on improving or resolving health conditions such as diabetes and high blood pressure, you can focus on real, broader aspirations that don’t concentrate on a number on a scale. That number is a guide, but not the whole story of your weight and health. A better approach may be to set goals to become more mobile, play on the floor with your children or grandchildren or simply get through the day feeling better physically and mentally. Keep these goals front and center as a reminder of why you make the choices you do every single day.

Realistic Goals: Yours and Mine

These are some of my own personal (*and I feel realistic*) daily goals:

- To move just as much – or more – than I did the day before
- To drink more water than coffee
- To give support whenever I seek support
- To encourage others whenever I feel discouraged

Notice that not a single one of those goals included a number on the scale. Now, take a few moments and write-out your own goals. Your goals should be SMART. In other words, they need to be specific, measurable, achievable, relevant and timely. Mine meet all of these requirements. They are not fancy, but they’re realistic for *me*. Yours should be realistic for *you*.

Now that you’ve set some realistic goals, let’s get real about things you can do every day to make these goals become reality.

Check out some tips on page 48!



S pecific
M easurable
A chievable
R elevant
T imely
GOALS

“Your goals should be **SMART**. In other words, they need to be specific, measurable, achievable, relevant and timely.”

Life after Bariatric Surgery continued on page 48

CONTRAVE IS THE #1 PRESCRIBED WEIGHT-LOSS BRAND

Struggling to lose weight?

CONTRAVE is believed to work on two areas of your brain to reduce hunger and help control cravings.

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Nearly half of patients taking CONTRAVE lost 5% or more body weight and kept it off (vs 23% of patients taking placebo). Individual results may vary.

Ask your doctor about CONTRAVE®

CONTRAVE (naltrexone HCl/bupropion HCl) is a prescription weight-loss medicine that may help adults with obesity (BMI greater than or equal to 30 kg/m²), or are overweight (BMI greater than or equal to 27 kg/m²) with at least one weight-related medical condition, lose weight and keep the weight off. CONTRAVE should be used along with diet and exercise.

Important Safety Information

One of the ingredients in CONTRAVE, bupropion, may increase the risk of suicidal thinking in children, adolescents, and young adults. CONTRAVE patients should be monitored for suicidal thoughts and behaviors. In patients taking bupropion for smoking cessation, serious neuropsychiatric events have been reported. CONTRAVE is not approved for children under 18.

Stop taking CONTRAVE and call your healthcare provider right away if you experience thoughts about suicide or dying; depression, or anxiety; panic attacks; trouble sleeping; irritability; aggression; mania; or other unusual changes in behavior or mood.

Do not take CONTRAVE if you: have uncontrolled hypertension; have or have had seizures or an eating disorder; use other medicines that contain bupropion; are dependent on opioid pain medicines, use

medicines to help stop taking opioids, or are in opiate withdrawal; drink a lot of alcohol and abruptly stop drinking, or take sedatives, benzodiazepines, or anti-seizure medicines and you abruptly stop using them; or are taking monoamine oxidase inhibitors (MAOIs). **Do not** start CONTRAVE until you have stopped taking your MAOI for at least 14 days. Do not take CONTRAVE if you are allergic to any of the ingredients in CONTRAVE. Do not take CONTRAVE if you are pregnant or planning to become pregnant or are breastfeeding.

Before you start taking CONTRAVE, tell your healthcare provider about all of the above and any other current or past health conditions.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Do not take any other medicines while you are taking CONTRAVE unless your healthcare provider says it is okay.

If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away.

Additional serious side effects may include: opioid overdose or sudden opioid withdrawal; severe allergic reactions; increases in blood pressure or heart rate; liver damage or hepatitis; manic episodes; visual problems (glaucoma); and increased risk of low blood sugar

(hypoglycemia) in people with type 2 diabetes mellitus who take certain medicines to treat their diabetes.

The most common side effects of CONTRAVE include nausea, constipation, headache, vomiting, dizziness, trouble sleeping, dry mouth, and diarrhea.

These are not all the possible side effects of CONTRAVE. Please refer to the Summary of Information about CONTRAVE on the following page or talk to your doctor.

You are encouraged to report negative side effects of drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.


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**Summary of Information about CONTRAVE®
(naltrexone HCl/bupropion HCl) Extended-Release Tablets**

What is the most important information I should know about CONTRAVE?

CONTRAVE can cause serious side effects, including:

- **Suicidal thoughts or actions.** CONTRAVE contains bupropion, which has caused some people to have suicidal thoughts or actions, or unusual changes in behavior, especially within the first few months of treatment.

Stop taking CONTRAVE and call a healthcare provider right away if you, or your family member, have any of the following symptoms, especially if they are new, worse, or worry you:

- thoughts about suicide or dying, or attempts to commit suicide
- acting aggressive, being angry, or getting violent
- new or worse depression
- acting on dangerous impulses
- new or worse anxiety or irritability
- an extreme increase in activity and talking (mania)
- feeling very agitated or restless
- panic attacks
- other unusual changes in behavior or mood
- trouble sleeping (insomnia)

While taking CONTRAVE, you or your family members should pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings.

What is CONTRAVE?

CONTRAVE is a prescription medicine for adults 18 or older that contains 2 medicines (naltrexone and bupropion) that may help some obese or overweight adults who also have weight-related medical problems lose weight and keep the weight off. CONTRAVE should be used with a reduced calorie diet and increased physical activity.

Limitations of Use

- It is not known if CONTRAVE changes your risk of heart problems, stroke, or death due to heart problems or stroke.
- It is not known if CONTRAVE is safe or effective when taken with other prescription, over-the-counter, or herbal weight loss products.

Who should not take CONTRAVE?

Do not take CONTRAVE if you: have uncontrolled hypertension; have or have had seizures; use other medicines that contain bupropion such as WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XL, and APLENZIN; have or have had an eating disorder; are dependent on opioid pain medicines, use medicines to help stop taking opioids, or are in opiate withdrawal; drink a lot of alcohol and abruptly stop drinking, or use sedatives, benzodiazepines, or anti-seizure medicines and you stop using them all of a sudden; are taking monoamine oxidase inhibitors (MAOIs); are allergic to naltrexone or bupropion or any of the ingredients in CONTRAVE; or are pregnant or planning to become pregnant. Do not start CONTRAVE until you have stopped taking your MAOI for at least 14 days.

What should I tell my healthcare provider before starting treatment with CONTRAVE?

Before you take CONTRAVE, tell your healthcare provider about all of your medical conditions, including if you: have or have had depression or other mental illnesses; have attempted suicide; have or have had seizures or a head injury; have had a tumor or infection of your brain or spine; have had a problem with low blood sugar or low levels of sodium in your blood; have or have had a heart attack, heart problems, or stroke; have or have had liver or kidney problems; are diabetic taking insulin or other medicines to control your blood sugar; have or have had an eating disorder; abuse prescription medicines or street drugs; are over the age of 65; or are breastfeeding or plan to breastfeed.

CONTRAVE can pass into your breast milk and may harm your baby. You and your healthcare provider should decide if you should take CONTRAVE or breastfeed. You should not do both.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Do not take any other medicines while you are taking CONTRAVE unless your healthcare provider has said it is okay to take them. CONTRAVE may affect the way other medicines work and other medicines may affect the way CONTRAVE works, causing side effects.

How should I take CONTRAVE?

Take CONTRAVE exactly as your healthcare provider tells you to.

Swallow CONTRAVE tablets whole. Do not cut, chew, or crush CONTRAVE tablets.

What should I avoid while taking CONTRAVE?

Do not drink a lot of alcohol while taking CONTRAVE. If you drink a lot of alcohol, talk with your healthcare provider before suddenly stopping. If you suddenly stop drinking alcohol, you may increase your risk of seizure.

What are the possible side effects of CONTRAVE?

CONTRAVE may cause serious side effects, including:

• **See “What is the most important information I should know about CONTRAVE?”**

- **Seizures.** There is a risk of having a seizure when you take CONTRAVE. The risk of seizure is higher in people who: take higher doses of CONTRAVE; have certain medical conditions; or take CONTRAVE with certain other medicines. If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away. You should not take CONTRAVE again if you have a seizure.

- **Risk of opioid overdose.** One of the ingredients in CONTRAVE (naltrexone) can increase your chance of having an opioid overdose if you take opioid medicines while taking CONTRAVE. You or someone close to you should get emergency medical help right away if you: have trouble breathing or become very drowsy with slowed, shallow breathing; or feel faint, very dizzy, confused, or have unusual symptoms.

- **Sudden opioid withdrawal.** People who take CONTRAVE must not use any type of opioid for at least 7 to 10 days before starting CONTRAVE. Sudden opioid withdrawal can be severe, and you may need to go to the hospital. Tell your healthcare provider you are taking CONTRAVE before undergoing a medical procedure or surgery.

- **Severe allergic reactions.** Some people have had a severe allergic reaction to bupropion, one of the ingredients in CONTRAVE. Stop taking CONTRAVE and call your healthcare provider or go to the nearest hospital emergency room right away if you have any of the following signs and symptoms of an allergic reaction:

- rash, itching, hives, or fever
- painful sores in your mouth or around your eyes
- swelling of your lips or tongue
- swollen lymph glands
- chest pain or trouble breathing

- **Increases in blood pressure or heart rate.** Some people may get high blood pressure or have a higher heart rate when taking CONTRAVE. Your healthcare provider should check your blood pressure and heart rate before you start taking and while you take CONTRAVE.

- **Liver damage or hepatitis.** One of the ingredients in CONTRAVE (naltrexone) can cause liver damage or hepatitis. Stop taking CONTRAVE and tell your healthcare provider if you have any of the following symptoms of liver problems:

- stomach area pain lasting more than a few days
- dark urine
- yellowing of the whites of your eyes
- tiredness

- **Manic episodes.** One of the ingredients in CONTRAVE (bupropion) can cause some people who were manic or depressed in the past to become manic or depressed again.

- **Visual problems (angle-closure glaucoma).** Signs and symptoms of angle-closure glaucoma may include eye pain, changes in vision, and/or swelling or redness in or around the eye.

- **Increased risk of low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines such as insulin or sulfonylureas to treat their diabetes.** Weight loss can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus. You should check your blood sugar before you start taking CONTRAVE and while you take CONTRAVE.

What are common side effects?

The most common side effects of CONTRAVE include nausea, constipation, headache, vomiting, dizziness, trouble sleeping, dry mouth, and diarrhea.

Tell your healthcare provider about any side effect that bothers you or does not go away. These are not all the possible side effects of CONTRAVE.

This information is not comprehensive. If you would like more information, talk to your doctor and/or go to www.contrave.com for full Product Information.

You may report side effects to the FDA at 1-800-FDA-1088.

Keep CONTRAVE and all medicines out of the reach of children.

This brief summary is based on Contrave Prescribing Information LBL-00022, September 2016.

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“Enjoy your journey, because the destination will always be just out of reach.”

-  **Take Your Vitamins.** These are real, grown-up, bariatric vitamins. Yes, back in 2001 when I had surgery, I too was told to just take two Flintstones Complete chewables. Guess what? Times have changed. Studies have been done. Multiple societies (*American Association of Clinical Endocrinologists, The Obesity Society, American Society for Metabolic and Bariatric Surgery*^{1, 2}) have made recommendations regarding the need for long-term vitamin and mineral supplementation after bariatric surgery. Please don't mess around with this one.
-  **Have Your Labs Drawn at Least Once a Year.** These include bariatric labs which are reviewed by someone who knows what the results really mean. Ideally, this should be done by your bariatric surgeon or a bariatrician. At a minimum, the following labs should be checked annually: CMP, Hematocrit, Ferritin, B12, Folic Acid, PTH and Vitamin D 25-Hydroxy Intact.
-  **Drink Tons of Fluids Every Day.** Yes, tons – to the point where your urine is barely yellow. This not only prevents dehydration, but keeps you feeling full, flushes out toxins, prevents urinary and bladder infections and makes nearly everything in your body work better. No, they don't have to be decaffeinated – unless your healthcare provider says so. And no, they don't have to be non-carbonated – unless your healthcare provider says so.
-  **Avoid Liquid Calories.** I love Starbucks and I know many of you do, too. Can you have a venti white mocha every day and expect not to struggle with weight maintenance? Probably not. Can you have an occasional short or tall latte? Sure. The same scenario goes for other liquid calories such as milk, juice, etc.
-  **Continue to Separate Eating from Drinking.** Once you're a year or more out from surgery, you can drink pretty much up to the time of eating. However, drinking with your meals at any point after surgery will flush food through your pouch quicker. This can affect calorie intake by allowing you to eat more and to not feel full for as long after a meal. Wait at least 30 minutes (*ideally an hour*) after eating to resume drinking so your feeling of fullness stays with you for as long as possible.
-  **Track Your Behavior.** You can't see where you're going if you don't know where you've been. Please keep some type of food journal. Use an app, a sticky note or even your phone camera. Even if you only do it a few days every month, it really does help! I promise.
-  **Stop Beating Yourself Up.** We only get one life. It's time to start living it to the fullest every day. Whatever you did or didn't do yesterday or this morning, it's over, gone and finished. What matters is this moment right now. Make the best decision for you in this moment and then make another best decision for you in the next moment. Then keep repeating.
-  **Stop Trying to Meet Someone Else's Ideal.** Wear your Spanx if it makes you feel better, or don't. Put on makeup if it makes you feel more fierce, or don't. Be selfish. Take 10-15 minutes for yourself every day. You deserve that and it's not really being selfish.
-  **Figure Your Mental and Emotional Stuff Out.** Will all of the emotional reasons we eat ever be fully resolved? Probably not. Will continuing to stay involved with support groups (*true support groups, where you actually find the help you're seeking*) and working with a therapist or counselor help you find alternatives to eating your emotions? Probably so.

Conclusion

Please take note: we're nearly to the end of our chat and I've not given you a list of foods to avoid, a number of calories to eat or a specific meal plan to follow. There are a couple of reasons why. First, if you work on setting those realistic goals that are specific to you and focus on numbers one through nine on the previous page, the food situation tends to take care of itself. However, I still believe in (*and more often than not, follow*) the recommendation to eat protein first and for half of every meal, and to keep my carb count low.

This is my last suggestion: don't forget who you are and where you started from. Be a source of support and strength for others. Enjoy your journey because the destination will always be just out of reach. That's what keeps us moving forward.

References:


1. <https://asmbs.org/resources/clinical-practice-guidelines-for-the-perioperative-nutritional-metabolic-and-nonsurgical-support-of-the-bariatric-surgery-patient>
2. <https://asmbs.org/wp/uploads/2008/09/ASMBS-Nutritional-Guidelines-2016-Update.pdf>

About the Author:

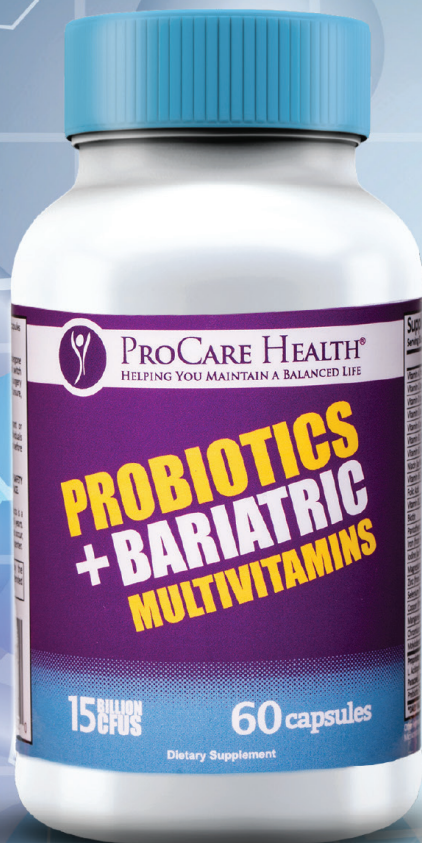
Pam Davis, RN, CBN, MBA, is a Certified Bariatric Nurse and a bariatric surgery patient. Pam has 15 years of experience working with those affected by obesity. Pam has authored articles, patient education materials and practice guidelines for treating those affected by obesity.

In 2007, she received the Award of Service Excellence from the Case Management Society of America. In 2015, she received the Integrated Health Circle of Excellence Award from the American Society for Metabolic and Bariatric Surgery (ASMBS).

Pam has also served in various leadership roles including Chairwoman of the Obesity Action Coalition, President of the Eating Disorders Coalition of Tennessee, ASMBS Executive Council and Chair of the Integrated Health Clinical Issues and Guidelines Committee.



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ABOUT THE OBESITY ACTION COALITION (OAC)

The Obesity Action Coalition (OAC) is a National non-profit organization dedicated to giving a voice to individuals affected by obesity and helping them along their journey toward better health. Our core focuses are to elevate the conversation of weight and its impact on health, improve access to obesity care, provide science-based education on obesity and its treatments, and fight to eliminate weight bias and discrimination.



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VIBRANT
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LEARN, CONNECT, ENGAGE

The OAC knows that the journey with weight can be challenging but we also know that great things happen when we learn, connect and engage. That is why the OAC Community exists. Our Community is designed to provide quality education, ongoing support programs, an opportunity to connect, and a place to take action on important issues.

**Through the OAC Community,
you can get access to:**

- Weight & Health Education • Community Blogs
 - Community Discussion Forum
 - Ongoing Support • Meaningful Connections
- AND MUCH MORE**



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