

## Making Lifestyle Changes After Gastric Bypass

► See related article on page 31.

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This series is coordinated by Caroline Wellbery, MD, Associate Deputy Editor, with assistance from Amy Crawford-Faucher, MD; Jo Marie Reilly, MD; and Sanaz Majd, MD.

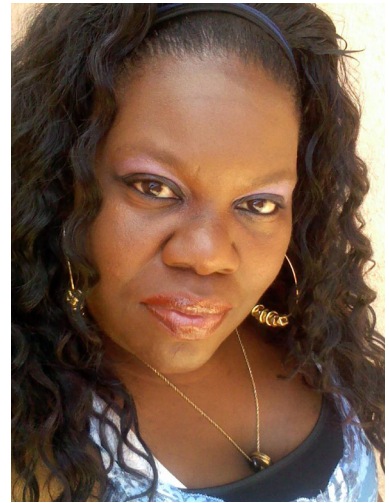
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I gained over 100 lb after my pregnancies. When my family doctor diagnosed me as borderline diabetic with high cholesterol, I panicked. Discouraged after failing numerous diets, I felt hopeful when I read about gastric bypass. My doctor and I agreed I should lose 25 lb before surgery. I increased my exercise, cut out simple carbs from my diet, and ate lean meats and more dark green vegetables. For snacks, instead of processed sugars, I ate fresh fruits. These changes would be a tremendous help in my adjustment after the surgery.

One month later, I had lost 28 lb. I had gastric bypass surgery shortly thereafter. My postoperative journey required a lot of lifestyle adjustments, and my family doctor helped me prepare for them.

I learned to eat more slowly and sip liquids rather than gulping them, and I now drink a lot of water instead of carbonated drinks. I take vitamins, including iron, B<sub>12</sub>, and calcium. I've made it a habit to take my pills first thing in the morning with an apple or an orange. I plan meals ahead of time, and bake or broil lean meats instead of frying them. Reading nutrition labels helps me avoid dumping syndrome from too much sugar intake. I also learned not to weigh myself daily so that I wouldn't feel discouraged if the weight didn't come off as quickly as I expected. Most important to my successful recovery has been developing a support system with family and friends.

I've lost a total of 118 lb in 15 months and have avoided problems like high cholesterol and diabetes. Regular visits with my doctor and support groups continually provide me with valuable information and ways to maintain my health—J.T.



### COMMENTARY

Obesity management and its related comorbidities are challenging problems for primary care physicians. In addition to diet and exercise counseling, there are now several surgical options for obesity, with a growing body of literature evaluating the long-term effectiveness of these interventions on obesity and its comorbidities, as well as surgery complications.

Evidence from recent studies favors gastric bypass over gastric banding procedures. Additionally, remission rates for diabetes mellitus, hypertension, and hyperlipidemia are significantly better with gastric bypass.

Close, long-term follow-up is important after weight loss surgery. J.T. reported ongoing nausea and vomiting, which required additional nutrition counseling and food intake adjustments. Vitamin supplementation has helped her avoid anemia and B<sub>12</sub> deficiencies.

J.T.'s continued success will rely on ongoing encouragement from friends and family, nutritional guidance, and

close monitoring by her primary team of physicians to support her in making healthy lifestyle choices.

JO MARIE REILLY, MD; ANTHONY ZAMUDIO, PhD; and ABI VARTANIAN, MD

### RESOURCES

#### For patients

American Bariatrics Support Group  
<http://americanbariatrics.org/forum.php>

Overeaters Anonymous  
<http://www.oa.org/>

#### For physicians

Puzziferri N, Roshek TB III, Mayo HG, et al. Long-term follow-up after bariatric surgery: a systematic review. *JAMA*. 2014;312(9):934-942.  
Schroeder R, Harrison TD, McGraw SL. Treatment of adult obesity with bariatric surgery. *Am Fam Physician*. 2016;93(1):31-37. ■