Hello all! We have implemented a very important change in our office effective immediately and we wanted to make you aware. We will now be charging a $50 no show fee for all of our patients that either 1. Do not show up for their appointment or 2. Do not cancel their appointment within 24 hours of their scheduled time. We found this necessary in order to accommodate more patients on our schedule and allow for those that needed urgent, same-day attention to be able to come in and be seen immediately. Your time is very valuable to us and we want to assure Dr. Mora's schedule flows as smoothly as possible each patient day to help you quickly and efficiently. If you are unable to call during office hours, please leave a message on our voice mail by pressing OPTION #4 and giving us your name, time of appointment, your phone # to contact you back if needed and a brief reason for cancellation. Thank you for helping us keep our schedule available to you when you need us! Our office # is (334) 361-6126 if you have any questions.
Popular weight-loss surgery linked to alcohol problems

Within seven years of having Roux-en-Y gastric bypass weight-loss surgery, 1 in 5 developed an alcohol problem.

After a popular type of weight-loss surgery, nearly 21 percent of patients develop a drinking problem, sometimes years later, researchers report.

The researchers followed more than 2,000 patients who had weight-loss surgery at 10 hospitals across the United States.

Over seven years, more than 1 in 5 who had Roux-en-Y gastric bypass weight-loss surgery developed a problem such as alcohol abuse or alcoholism, compared with around 11 percent of those who underwent gastric banding.

Roux-en-Y gastric bypass is a surgical procedure that significantly reduces the size of the stomach and changes connections with the small intestine. Gastric banding, another weight-loss option, involves placing an adjustable band around the stomach to reduce the amount of food it can hold.

In recent years, Roux-en-Y gastric bypass has become more popular than gastric banding because it leads to greater weight loss, according to the study authors.

They said their findings indicate that weight-loss (bariatric) surgery patients should receive long-term follow-up to watch for and treat drinking problems.

The study results were published online May 15 in the journal Surgery for Obesity and Related Diseases.

"We knew there was an increase in the number of people experiencing problems with alcohol within the first two years of surgery, but we didn’t expect the number of affected patients to continue to grow throughout seven years of follow-up," said study author Wendy King. She’s an associate professor of epidemiology at the University of Pittsburgh’s Graduate School of Public Health.

"Because alcohol problems may not appear for several years, it is important that doctors routinely ask patients with a history of bariatric surgery about their alcohol consumption and whether they are experiencing symptoms of alcohol use disorder, and are prepared to refer them to treatment," King said in a journal news release.

The study doesn’t actually prove that Roux-en-Y leads to alcohol abuse. However, other studies have shown that compared to banding, it’s associated with higher and quicker elevation of alcohol in the blood, the researchers said.
Moreover, some animal research has suggested that Roux-en-Y may affect areas of the brain associated with reward, possibly increasing alcohol reward sensitivity, the researchers noted.

Although Roux-en-Y gastric bypass patients were nearly four times more likely than gastric banding patients to say they’d received treatment for substance abuse, few study participants said they’d undergone such treatment, the researchers found.

Overall, 3.5 percent of the Roux-en-Y patients reported getting substance abuse treatment, far less than the nearly 21 percent who reported alcohol problems.

"This indicates that treatment programs are underutilized by bariatric surgery patients with alcohol problems," King said. "That’s particularly troubling, given the availability of effective treatments.”


LONG TERM POST BARIATRIC SURGERY DIET: THE FUTURE/FOOD FOR LIFE

Only when you are able to tolerate a good variety of foods from Stage 2, should you then move tentatively onto Stage 3…eating FOOD FOR LIFE. Typically this occurs between 8-16 weeks post-op but everyone is different and always follow the advice of your own bariatric team (and, just because your dietician says you can eat sliced chicken, doesn’t mean that you may be able to do it straightaway, it sometimes takes a few times and retry occasions before you are able to tolerate a certain food forever). This is really the stage at which you should be able to try and eat a variety of solid food, in small amounts. Try using a side plate or child’s plate as a guideline for serving size.

Foods to begin with should have a soft and moist texture so may have to be served with a little sauce, salsa, dressing or gravy so they chew into a moist mouthful, although as time goes on a drier texture is encouraged for constriction and an ideal transition through the newly altered digestive system. These so-called ‘slider’ foods help in the early days but can mean that you are able to digest more at a later stage just when you are looking for ‘satiety’ and don’t want foods to pass through the stomach or pouch too quickly. Gradually cut down on them as you progress from week to week.

This is not a diet with a beginning and an end, nor is there need for a rush to the tape to get to your ‘goal weight’, take it slowly, learn to recognize when you are full and satisfied and don’t eat beyond that point of satisfaction. As time goes on gastric bypass and sleeve patients will learn to recognize this point and gastric band patients will certainly, in time, find their ‘sweet spot’.

It makes good sense to cook meals for everyone in the family rather than separate ones for all at this point. Why be a slave to a new regime that will happily suit all? Everyone can benefit from the foods
THE REGIME AND SOME RULES

HIGH PROTEIN, LOW FAT AND LOW SUGAR IS THE MANTRA

- Always eat your PROTEIN FIRST (the meat, poultry, eggs, fish etc) on your plate, then move onto the vegetables and fruit and finally the carbohydrate element – potatoes, rice, pasta etc.
- Choose LEAN PROTEIN with any visible fat removed (e.g. chicken skin); aim for LOW FAT (you won’t always manage it but again aim for less than 3 g fat per 100g); and always opt for a LOW SUGAR version of a meal or foodstuff (the syndrome known as ‘dumping’ – see page 00, is thought to occur when you eat between 7 and 15 g sugar in one hit).
- Eat 3 meals per day with a couple of small snacks if necessary. These should satisfy you. However beware of developing a ‘grazing’ eating pattern of small snacks throughout the day.
- Eat healthy, solid food. Soft food undoubtedly slips down more easily but you can end up eating more over the course of the day. If your food is drier and more solid you will generally eat less overall and stay fuller for longer.
- EAT SLOWLY and stop as soon as you feel full. Take tiny bites and chew each piece 10-25 times. CHEW, CHEW, CHEW AND CHEW some more! Once you feel full STOP! Gone are the days when you need to clear your plate.
- Keep your fluid intake up. It is also a good idea not to drink immediately before, during or after a meal so that your stomach isn’t full from fluids. Get into this habit as soon as you can of not taking food and fluids together.
- Take your multi-vitamin, calcium and any other supplement everyday religiously… they will ensure that you have the best chance of getting all the additional nutrition you require that may not be supplied from the reduced amount of food you are eating.
- The hardest nutrient to keep on track with is undoubtedly protein. Aim for 70 g per day. Quite difficult to begin with and do consider a protein whey isolate powder if you consistently fall short. A scoop of this powder in food or as a drink can quickly and efficiently provide 25 g or a third of your requirements in one fell swoop!

CAUTIONARY FOODS

There are some cautionary solid foods, which may not be tolerated in the short and long term. Proceed with caution when eating them:

- non-toasted bread, especially soft and white
- over-cooked pasta and boiled rice
- red meat with a fibrous texture like steak and chops
- stringy vegetables like green beans
- sweet corn, pineapple and mushrooms with a toughened texture
- pips, seeds and skins from fruit and vegetables
- dried fruits
- no caution, just a straight no to fizzy drinks and chewing gum (for life)

Hair Loss

Some temporary hair loss is common after weight loss surgery. Hair loss is hard enough to deal with on its own, but it can be especially disheartening for weight loss surgery patients, as it usually occurs before a significant amount of weight comes off. For some people, this represents a loss of something they really liked about themselves.

While most gastric bypass and duodenal switch patients experience significant hair loss, it’s less common among gastric band patients, with 20 to 30 percent experiencing some level of loss. This is likely related to the rate at which weight comes off after these surgeries.

You may notice your hair coming out in clumps; this is particularly noticeable in the shower drain or your hair brush. You won’t go bald, but there could be significant overall thinning of the hair. How noticeable this is will depend on how much hair you had to start with.

The reason for this post-surgery hair loss isn’t known for certain, and unfortunately, there’s not much that can be done about it when it occurs. In attempt to prevent it, make sure you consistently get at least 60 grams of protein each day as soon as possible after surgery. While they’re not scientifically proven to prevent hair loss, you might also try vitamin supplements that are designed to promote hair and nail growth, or zinc, vitamin E, or biotin. If you lose a significant amount of hair, Rogaine and Nexium shampoo have proven to be effective treatments for some people.

If you experience hair loss after bariatric surgery, try not to feel too discouraged—once your weight loss starts to stabilize, the hair loss should stop and your hair should start growing back. Again, the exact trigger of the hair loss isn’t known, but one theory is that the hormonal changes that occur as a result of rapid weight loss cause hair to fall out. These hormones level out right along with your weight, causing the hair to come back. Some people find that their hair is a little different once it grows back in. For example, a person who had straight hair before surgery might end up with curly hair.

If you continue to lose hair after your weight loss stabilizes, or if your hair doesn’t start to grow back, your doctor may check your prealbumin levels to see if you’re getting enough dietary protein. If your prealbumin levels are low, your doctor will likely recommend that you increase your daily protein intake.

Constipation

One of the most common complaints people have after weight loss surgery is constipation. While some people may feel constipated if they aren’t having daily bowel movements, constipation is usually defined as having hard stools or bowel movements that occur less than once a week.

In most cases, constipation is caused by a reduction in food and drink consumption. It may also be caused by iron supplements, narcotic pain killers, tranquilizers, antidepressants, or weak abdominal muscles.

To prevent or relieve constipation:

- **Drink plenty of fluids.** Women should get at least 48 ounces of liquids each day and men should strive to drink 64 ounces per day to avoid dehydration and constipation.
- **Add fiber to your diet.** In addition to eating fiber-rich foods like fiber-fortified breakfast cereals and vegetables, you may also try fiber supplements such as Metamucil, Citrucel, or Benefiber. If taking a fiber supplement, stick with liquid or chewable tablets as opposed to hard pills that you may have problems swallowing. Remember that fiber works by absorbing water, so be sure to drink plenty of liquids when you’re adding fiber to your diet.
- **Take vitamin C supplements.** Nearly all vitamins can help relieve constipation when you increase your intake, but taking vitamin C or ascorbic acid especially can help relieve constipation and assists with vitamin absorption. Vitamin B12 and Vitamin A are the exception as they are not known to promote more frequent bowel movements or softer stools.
- **Do abdominal exercises that strengthen the muscles used in bearing down.**
- **Do not ignore the urge to use the bathroom.** Some people exacerbate the symptoms of constipation by trying to put off using the restroom until a more convenient time. For most people, the need for a bowel movement occurs shortly after breakfast. That is the natural and easiest time to have a bowel movement and should not be ignored.
- **Try suppositories, stool softeners, or enemas if constipation persists.** Stool softeners such as Colace, Peri-Colace, or P-Col-Rite help increase the water content of stool, which can make bowel movements more comfortable.

As a last resort, you may try taking an electrolyte laxative such as Fleet Phospho-Soda, Magnesium citrate, Milk of Magnesia, or Colyte. Do not take laxatives that directly stimulate the bowel smooth muscle, such as Senecot, as your body will develop a tolerance and more and more will be required over time.

Depression

Depression after weight loss surgery may occur for several reasons. Some people who experienced depression before their procedure find that the surgery itself does not make it go away, while others become depressed due to the significant changes that result from and are required after weight loss surgery. If you experience post-surgery depression, it’s important to work to understand its cause and ask for help when you need it.

Identifying Post-Operative Depression

After weight loss surgery, your body, lifestyle, and interactions with others will be going through major changes. Depression is a common reaction to this often overwhelming change. Some symptoms of post-surgery depression include fatigue and mood swings (keep in mind that fatigue is also a normal part of recovery).

Here are some feelings you may experience after surgery that can lead to depression:

- **Grief.** It’s normal to feel a sense of loss for your old life after surgery. You’ll most likely miss being able to eat the types and quantities of foods you used to eat, especially if you tended to use food as a coping mechanism. Realizing that you have to find a new, healthier way to make yourself feel better is overwhelming. It can help to remind yourself of all the health benefits associated with weight loss.

- **Expectations.** You may find that your expectations of weight loss surgery were unrealistic. If you feel a sense of disappointment after surgery, ask yourself what you expected of it in the first place; some people view weight loss surgery as a “cure all.” If you determine that your expectations may have been too high, focus on the things that have visibly improved since your surgery. Many people also worry about other people’s expectations of them. Are you worried that the people around you are just waiting for you to fail? Do you feel like you owe it to them to lose weight? Always keep in mind that ultimately, you’re doing this for your own health, and the people around you are likely to be supportive of your improvement.

- **Guilt.** Many people come out of weight loss surgery with feelings of failure for having needed the procedure in the first place. Don’t forget that while obesity can have many causes, it has few permanent solutions. You made the wise and brave decision to get healthier, and weight loss surgery has been proven to be the most effective way to achieve that end. Some people also feel guilty when they don’t immediately feel better about themselves when they start to lose weight. Even as the pounds start to come off, you’re still navigating the dietary, lifestyle, and (possibly) relationship changes that will help you achieve your ultimate goal, which can be overwhelming. Weight loss surgery can certainly improve your life, but make sure to give yourself enough time to adjust.

If you find that you’re depressed at any point after your surgery, don’t be afraid to talk to someone about it. Family members, friends, and support-group members are great sources of support. Also, your
surgeon, nutritionist, counselor, and nursing staff are invaluable resources, as they will have worked with other patients who went through the same things you’re going through now. No matter who you turn to, don’t forget that reaching out for help when you need it is all part of the weight loss process.


**Honey Dijon Chicken Recipe**

A delicious honey mustard marinade gives this chicken recipe a nice, subtle flavor. Serve it with a healthy tossed salad for a quick and tasty low calorie dinner.

**Ingredients**

- 1/8 tsp salt
- Black pepper to taste
- 1 lb boneless, skinless chicken breasts, butterflied
- Lettuce leaves, for garnish, optional
- 2 Tbsp chopped bell pepper, for garnish, optional

**Preparation**

In a small bowl, combine the honey, mustard, ginger, salt and pepper. Mix well and transfer to a large zip-top plastic bag. Add the chicken and shake to coat evenly with honey mustard sauce. Marinate for at least 2 hours, chilled.

Preheat the grill to medium heat. Lightly coat a grill rack with nonstick cooking spray.

Remove the chicken from the marinade and discard the marinade. Grill the chicken for about 4 to 5 minutes per side, or until lightly browned and a meat thermometer inserted in the thickest part of the chicken registers 165°.

Let the chicken rest for 10 minutes before serving. Serve on a bed of lettuce topped with chopped bell peppers, if desired.

**IMPORTANT PORTION SIZE INFORMATION:**

Post weight loss surgery patients must carefully measure ingredients and portion size. Consult with your physician for your individual portion size guidelines. Freeze leftovers in single-serving portions for future meals.
IMPORTANT PATIENT INFORMATION:

This recipe is appropriate for many meal plans for weight loss surgery patients medically approved to eat solid food. To determine if this recipe is safe for you, consult your physician.

https://mynewselfbariatrics.com/recipes/?action=getItem&itemId=2329

4 Easy Exercises for Super-Toned Arms

1. Arnolds
Take two 5 to 10 pound dumbbells and hang them at your sides. Soften up your knees and engage your core. Curl the dumbbells up to shoulder height, turn them out and lift them all the way up over your head for an overhead press.
   Bring them back down to your starting position with controlled movement. This move engages your biceps, shoulders, and triceps. Do three sets of 15 reps each.

2. Bent Over Reverse Fly
This move engages your rear delts, the muscles at the backs of your shoulders. Bend your knees a little bit, and move the dumbbells outward in a flying motion until your arms form a straight line across. It's very important that your palms are facing your body and not each other. Bring the dumbbells back down and repeat this motion. Do 8-10 reps.

3. Field Goal Post
Bring your elbows up to just below shoulder height with one dumbbell in each hand. Open up your arms into a field goal position, stretching them back to activate your shoulder blades. From there, drop your forearms down so that they are parallel to the ground before lifting them back up into field goal position and closing them in front of your face. Repeat 10 times while keeping your elbows up and your core engaged.
4. **Overhead Tricep Extension**

Put your arms up above your head with a dumbbell in each hand. Drop your hands down behind your head and slowly lift them back up. This move is a double whammy on your triceps so you will feel the burn. Keep your elbows close to your ears when repeating the motion, and, again, keep your core taught as you do this movie. Do 10 reps.

http://www.cosmopolitan.com/health-fitness/how-to/a21536/summer-sexy-arm-workout/
First let me say Happy Mother’s Day to all the mothers. I hope you all had a great day. We had the pleasure of going over to Georgia to spend time with our son and daughter-in-law. They are adjusting very well to their new life. My husband and I are adjusting perfectly to our new “NO KID” life. It’s so nice coming home to a non-messy house. I can sit down after work if I so choose. I would also like to say THANK YOU to all our veterans and current service members. I loved my country before but now that my son serves to protect, I love it even more.

As you saw on the front page, we have had to start charging a $50.00 fee for ALL no show and non-cancelled appointments. We understand everyone has emergencies and things come up all of a sudden. Your time is very valuable to us, as is ours, and we want to be able to help as many people as we can in a timely manner. If you have any questions please call the office and we will be willing to help in anyway.

I wanted to let everyone know I will be out of the office from June 1st to June 5th. I am going with a friend down to my dad’s in south Florida. I felt like I needed some girl time and my niece is graduating, so why not? LOL. If you have an issue call the office and one of the other girls will be happy to help you. Of course if it’s a life threatening emergency go to the Prattville emergency room.

Last thing! DON’T FORGET to get your labs done for your appointment. If you are unsure if you need labs done, please call or email and I will let you know. It is easier for me to order them at any Baptist hospital, you choose. If you don’t live by a Baptist hospital then let me know where you want them done at and I will fax the order to them. If you do not get your blood work done in a timely manner for Dr. Mora to see the results on your office visit you will be rescheduled.
1. Maintain a healthy, low calorie diet that is low in carbs and fat, but rich in protein. Your water intake should be at least 64 oz. per day.

2. Exercise (walking, jogging, swimming, biking, cardio, etc.) 1 hour per day, 5 days a week.

3. Take vitamins and prescribed minerals without fail.

4. Seek out help from a mental health care individual (psychiatrist, psychologist) to learn new ways of coping with stress as needed.

5. If you are a lap band patient and you have had an adjustment to your band, and start having problems keeping foods or liquids down that day, that night, or the next day, **CALL US IMMEDIATELY** and let us know. Adjustments are usually done on Mondays and Wednesdays when Dr. Mora is in clinic. **You MUST** let us know by Friday if you are experiencing problems so Dr. Mora can evaluate you before the weekend. Do not go over 24 hours without reporting problems to us or you can damage your band.

6. If you are a gastric bypass patient, 3 months or more out from surgery, have your lab-work done one week prior to your follow-up appointments.

7. Regularly attend support group meetings.
WE NEED YOUR WEIGHT LOSS STORY!

Please write a story of YOUR weight loss story with pictures and submit to Melissa @ Dr. Mora’s office for publication in the newsletter. Submit to melissa@morasurgicalclinic.com or call the office @ 361-6126

WANT TO SUGGEST A TOPIC?

IS THERE A TOPIC YOU WANT TO SUGGEST FOR OUR NEWSLETTER OR SUPPORT GROUP MEETING? IT’S A GREAT TIME TO LET US KNOW!!! WE WANT TO HEAR FROM YOU! The support group meetings and newsletters are for you, our patients. We want to make sure you’re getting the information you want from both the meetings and the monthly newsletters. Send your suggestions to Melissa at Melissa@morasurgicalclinic.com or call the office 361-6126
UPCOMING SUPPORT GROUP MEETINGS

**PLEASE NOTE! We have the dates listed below for seminars through September 2015 now, so mark your calendars to attend!**

LOCATION:

Prattville Doster Community Center

424 South Northington Street, Prattville, AL.

TIME: 6:00 P.M. -7:00 P.M.

DATE: 2017 May 22, June 26, July 24, August 28 & September 25

PLEASE note all dates are subject to change due to availability of Dr. Mora or other extenuating circumstances. We encourage you to call to check that the date has not been moved ahead of time each month, especially if you live out of town.

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GUIDELINES FOR SUPPORT GROUP MEETINGS

- Everything said and heard in the group will be treated with respect for the participants’ privacy. What is said in the group stays in the group.

- Silence is acceptable. No one needs to say anything she/he does not wish to say. The group is supportive rather than judgmental.

- The group offers respect for individual choices and experiences.

- Only one person talks at a time.

- Turn off all mobile phones and pagers.

- No one is allowed to dominate the conversation.

- The group facilitators’ roles must be respected.

- Begin and end meetings on time.

- The group is a safe place to share feelings, and to obtain and provide support, information, reassurance and encouragement.

- The group is broadly defined. It is flexible; flowing with the participants’ needs and interests, and provides an opportunity to reduce feelings of isolation.

- Bariatric surgery support groups are open to all persons going through the surgery process, including family members and others in a supporting role.

- Although the results of going to the group can be therapeutic, the group is not meant to replace individual behavior therapy.

- Every effort should be made within the group to resolve conflict arising from or during group interaction.

If you have any concerns or questions after attending one of our meetings, please feel free to contact Melissa confidentially by email at Melissa@morasurgicalclinic.com