

## **How I Survived Bariatric Surgery, Part II**

*by James A. Marusek*

### **Introduction**

On 16 May 2013, I underwent Bariatric Surgery. The operation is called a Roux-En-Y (RNY) Gastric Bypass. In this operation, the stomach is cut in two. The smaller part becomes my new stomach and is rerouted to the intestines. The cut end of the larger part is closed up. The larger part still connects to the intestines but food no longer passes through it. It is kept because it still generates some important enzymes.

I am now 34 months post-op. I have lost a total of 117 pounds. My weight loss is stable. Most of the medical conditions that I had before surgery have gone into remission and stayed there. These include diabetes, high blood pressure, sleep apnea, GERD, frequent urination, and profuse sweating. I am healthier and fitter than I have been in many decades. I have greater stamina (the ability to perform physical labor). I am 66 years old and have the stamina that I had 30 years earlier.

This paper describes my weight loss process and what I have learned.

### **The Two Phases**

There are two phases to Bariatric Surgery. The first is the “Weight Loss” phase and the second is the “Maintenance” phase. For me I was in the “Weight Loss” phase for approximately 7 months then my weight loss leveled out and I slid into the “Maintenance” phase.

Weight loss in the “Weight Loss” phase is achieved by portion control. During the first 2 months my meal volume was restricted to 2 ounces per meal and then gradually increased over the next 16 months to 8 ounces (1 cup) per meal. My body converted stored fat into the energy that drove my body. Thus I lost weight. After the operation, I lost my hunger. I found that it was not difficult to lose weight when hunger was not constantly, incessantly gnawing at my bones. This whole process was almost like magic.

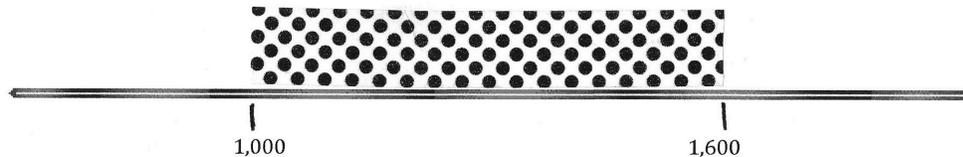
The goal of the “Maintenance” phase is to maintain the weight loss achieved in the “Weight Loss” phase. This is achieved by hunger control. Hunger control is achieved by reintroducing fats back into the diet. After surgery, the part of my stomach that processed fats and sugars was cut away. Therefore if I consumed too much fat or sugar, it led quickly to dumping syndrome. But after about 6 months to a year, my body changed. The intestines began to take up the slack and process fats and sugars. This allowed me to reintroduce fats back into my diet. Fats have the ability to control hunger. So in general, I am not hungry because I control my hunger, keeping it constantly buried inside me, locked away like a jack-in-the-box, never to see the light of day again.

### **The Caloric Range**

My body operates in a caloric range. For me this range is between approximately 1,000 and 1,600 calories per day. Below that range I lose weight and above that range I gain weight. It does not happen immediately but within one to three days, the effects are observable. The important thing to note is that as long as I am within this range, my weight is stable. Thus in the “Maintenance” phase, I have a fair

degree of latitude to eat and yet not gain weight.

## Caloric Range



The caloric range will differ by individual. It is a function of age, activity level and other factors. But for me, this is approximately my range. So in the “Weight Loss” phase, through portion control, I consumed less than 1,000 calories per day and lost weight. Now in the “Maintenance” phase, I was above 1,000 calories per day and the goal to maintaining that weight loss is to not exceed 1,600 calories per day. So in the “Maintenance” phase the goal is to be happy because this is a lifelong phase. So the “Maintenance” phase should not be starvation mode, trying to maintain the 1,000 calorie limit but rather nearer the 1,600 calorie limit.

## The Maintenance Phase

Some people, who undergo RNY surgery, gain some or all of the weight back after surgery. I asked my nutritionists “Why do some individuals gain the weight back?” She said it was most likely due to grazing, which is a pattern of eating small amounts of food all day. I would probably use the term snacking.

In my case even though I have been in the “Maintenance” phase for 22 months now, I have not gained any weight but rather lost another 17 pounds, without really trying. So I thought it might be important to look at the rules that I follow.

In my meals, I focus on protein. **Protein First**. I consume homemade high protein chili and soups. I hate protein shakes and my meals generally contain enough protein to satisfy my daily minimum protein requirements without having to rely on this form of protein supplement. I generally consume a cup to a cup and a half of food per meal. I focus on a balanced diet that includes all food groups (protein, carbohydrates, fats). My total consumption of meals, snacks and drinks generally do not exceed 1,600 calories per day. Snacks are an important part of my eating and they are **focused on fats**, which have the ability to keep hunger at bay.

So in the “Maintenance” phase, I drink whole milk, eat real meat and butter during my meals. For snacks, I have a cup or two of coffee each day; not that I was ever a real coffee drinker. But it allows me to consume a large heaping spoon of whip cream, which contains fats. I make my own whip cream using

heavy whipping cream and Splenda. I also consume 2 or 3 Adkin's treats each day for their fat content and to satisfy my sweet tooth. The goal of the "Maintenance" phase is hunger control.

I strictly avoid processed sugars. I have a sweet tooth and that is one of the major causes that contributed to my weight gain over my lifetime. I limit myself to artificial sweeteners (such as Splenda and sugar alcohols), to natural low calorie sweeteners (such as Stevia) and to the natural sugars found in fruits and milk. I had diabetes. That went into remission when I left the hospital two days after surgery and I have not taken any diabetic medicine ever since and my blood sugar levels are good. I test my blood sugar levels periodically. I read the labels of all food that I consume. I look at the grams of sugar per serving. If it is above 5 grams, I look at the ingredients. The ingredients are listed in order by highest percentage, and if the first 5 ingredients contain processed sugar (in any of its many forms), then I avoid this food, like a plague.

I also restrict myself to about one meal per day containing complex carbohydrates (such as pasta and bread). I also avoid all carbonated beverages. I lost 20 pounds pre-op solely on eliminating carbonated beverages from my diet and I will not go back.

Another approach that I recently began is to limit grazing. Grazing is eating snacks throughout the day in place of full meals. A recent study showed that the majority of people eat over a 15-hour period each day. When people restricted their eating to 10 hours per day they achieved a 3.5% weight reduction. I am a late riser and sleep until around 7 or 8 a.m. I decided to restrict my "eating window" to a 12-hour window and not consume any meals or snacks after 7:30 p.m.

### **Weight Loss in the Maintenance Phase**

I have lost around 17 pounds in the "Maintenance" phase, without really trying. This occurred primarily due to three reasons.

About a year after surgery, I had a stomach flu that was going around. I lost a pound a day for a week. I had no appetite. After I recovered, I decided to maintain my weight at the new lower level.

I lose weight when I travel. Since I rely on softer foods (chili and soups), I find it more difficult to consume harder foods such as steak. Therefore when I eat out, I tend to not consume as much as when I eat at home. Sometimes I am so busy I miss a meal. For this reason when on travel, I supplement my protein intake by using protein bars (Quest). Even at that I lose some weight and then decide to maintain my weight at the new lower level.

Recently, I began experimenting with the medicinal properties of essential oils and developed a formula that was very effective at controlling hunger. This allowed me to easily cut out all my snacks and drop 7.4 pounds in 11 days.

### **Essential Oils Experiment**

*It is not difficult to lose weight when hunger is not constantly, continually gnawing at your bones.*

If grazing is the main reason why some people lose weight during surgery only to gain some or all of it back later; than how does one control grazing? The answer is by controlling hunger. This led to experimenting with the medicinal properties of essential oils. After studying information on the subject, I

developed a formula that appears to be effective. I was able to completely resist the temptation of snacking. The “loss of hunger” was similar to being in the Honeymoon stage after RNY surgery. So even though I was very near my lowest weight [post-op] when I began this experiment, I found it easy to drop an additional 7.4 pounds within 11 days by completely eliminating all snacks.

### Formula for “Anti-Hunger” Oil #2

In a 15 ml (0.5 ounce) amber glass bottle add:

- 21 drops of Fennel (sweet) essential oil
- 6 drops of Patchouli (dark) essential oil
- 6 drops of Bergamot (Bergaptene Free) essential oil
- 6 drops of Lavender essential oil
- 4 drops of Cinnamon Leaf

Fill the rest of the bottle with Bio-Oil, screw on the cap, and mix by hand shaking.

One of the primary essential oils in this formula is fennel. The medicinal properties of fennel date back over 3,600 years. It is listed in one of the oldest medical records, the Egyptian Ebers Papyrus. Over the ages, one of the properties of fennel was to control appetite. The ancient Greeks called fennel by another name “maraino”, which translates to mean, “to grow thin.” Ancient Greek athletes included fennel in their diet to guard against getting overweight. Early Roman soldiers took advantage of fennel’s appetite suppressing properties during long periods of travel and religious fasts. Welsh medieval text known as the Physicians of Myddfai has an entry: ”To reduce fatness: whosoever is fat, let him drink the juice of fennel, and it will reduce him”. Medieval peasantry routinely kept a supply of fennel seeds on hand, which they chewed as an appetite suppressant in times of famine. More recently, the Puritans chewed fennel seeds to keep from becoming too hungry during religious fasts.

Essential oils are very concentrated and potent. For that reason, they are generally diluted with a carrier oil. For this formula, I choose Bio-Oil as the carrier oil. The primary component of Bio-Oil is PurCellin Oil, a synthetic version of the preen oil which is secreted by ducks. This oil helps duck feathers become waterproof. The oil acts as an effective delivery system for the product’s other ingredients speeding up absorption and improving spreadability. Bio-Oil also contains Vitamins A and E, Lavender, Calendula, Rosemary oil and Chamomile. I have used this product for almost 3 years now to remove the fine wrinkles on my face. I was very well pleased with the results and this is the reason why I selected it for this formulation. This oil is also very stable and does not appear to go rancid over time. Because it is used on the face it means that it is a very gentle oil. As a result, I considered it a good candidate for infusing the essential oils for “Anti-Hunger”. Bio-Oil is available at CVS and Walmart and I suspect a variety of other drug stores.

I applied a dab of “Anti-Hunger” oil blend on one wrist and then rubbed my wrist together. The oil is absorbed through my skin into my bloodstream. I could feel the effects take hold in about 30 minutes. It was actually the negative of an effect: I simply lost my hunger. The effect appears to last for approximately 24 hours for each application. So I apply the oil once per day when I get up in the morning.

In general, essential oils are safe when applied externally in low concentrations. I have used this blend for several weeks and observed no adverse reaction except the loss of hunger. On the next page, I have listed some general cautions and warnings if anyone else should want to experiment with this formula. If one chooses to use this essential oil blend daily, some resources recommend a break from using the oil of one week per month, in order to refresh the potency.

When using this “Anti-Hunger” essential oil blend, it appears the weight loss tappers off and does not allow one to easily become anorexic (provided one eats 3 well-balanced meals per day). [As a side note: This is probably a good formula for essential oils to help control the pain of extreme hunger brought on by famines.]

### **Cautions and Warnings**

- \* Do not use if pregnant. Dieting to lose weight during pregnancy can be hazardous to the unborn child by restricting important nutrients, vitamins and minerals. This can result in increased incidents of mental retardation and physical birth defects in the newborn.
- \* Do not use if epileptic. Fennel oil has been known to cause an epileptic seizure in an individual with epilepsy.
- \* Do not use this formula on children. Because of potency, it may need to be further diluted.
- \* If you suffer a rash or allergic reaction from the essential oil blend, discontinue its further use.
- \* Bergamot oil is photosensitive and may cause a rash or dark pigmentation on skin exposed to direct sunlight or UV radiation within 1-2 days after application. If this should occur, the bottoms of the feet are a safe location to continue applying this oil blend.
- \* Do not use if your Body Mass Index [BMI] is below 18.5.
- \* The essential oils used should be pure therapeutic-grade and undiluted. The formula should not be altered or the anti-hunger properties could be adversely affected.

### **Exercise**

For the first year after surgery, I exercised daily. Generally this was by hill walking. My driveway was steep and I would walk up and down the driveway for 30 minutes per day. This is a great form of exercise because it uses two different sets of muscles; one set on the way up and a different set on the way down. It was also great because all I had to do was step out my front door. But I am not a great fan of exercise. It feels like wasted effort. But I am a great fan of physical labor. So in the “Maintenance” phase, I relied on physical work. This took several forms.

I live in Indiana. My driveway is 700 feet long. During the winter when it snows, I shovel my driveway. It is strenuous work but without the added weight on my body, it is not hard. I also heat my house all winter with firewood. So during the winter I am constantly moving firewood for my wood stove to keep the house warm.

During the rest of the year, there is cutting a large yard of grass and planting a garden and an assortment of other chores. Even a trip to the mailbox to get the mail is a walk of 1/4 mile.

One of the tasks I worked on over the past 2 years was building an underground shelter. Tornados struck about 7 years ago, just after I retired. The tornados did a lot of destruction to my property but spared my house. My house is a one story without a basement and there is really no place to take shelter in the event of another tornado. So I decided to build an underground shelter from an intermodal-shipping container into the side of my hill. Of course, if I build a storm shelter, it should also be a root cellar. And if I go to the effort of building a storm shelter/root cellar then why not go through a little extra effort and build it for Come-What-May, including asteroid impacts, nuclear war and nearby supernovas, etc.



So last year I moved 100,000 pounds of gravel by hand along with around 60,000 pounds of concrete blocks and this year I moved about the same amount.

### **Joys of Weight Loss**

One of the many joys of weight loss for me is my car, a Mazda Miata hardtop convertible. I bought this car when I retired. It handles on these hilly roads with many curves like a go-kart. Perfect for the region in which I live. But before surgery, as I continued to gain weight, it was getting extremely difficult to get inside because I could no longer physically fit. Now it's a joy, simply wonderful!



## Final Approach

Research studies show that mortality rates are higher for those that are *obese* along with those that are *underweight*. It is important to have a little fat on the body because when major injury or illness strikes, this fat is the reservoir of energy that the body draws on until recovery. So the end goal is to maintain a normal healthy body weight.

For me, I believe my normal body weight should be 150 pounds. This translates to a Body Mass Index (BMI) of 24.2. Normal (or ideal) BMI is defined as 18.5-24.9. Therefore, I am resetting this as my goal weight.

According to my nutritionist, the main cause of weight gain after surgery is due to grazing. Grazing is defined as eating snacks throughout the day in place of full meals. So I will eat 3 well-balanced meals (protein, carbs and fats) per day. But I will also include some snacks. The majority of people eat over a 15-hour period each day. Research has shown that when people restrict their eating to 10 hours per day they achieved a 3.5% weight reduction. In order to stabilize my weight, I will restrict my eating window to 12 hours. Since I am a late person, this translates to no meals or snacks after 7:30 p.m. It is a simple rule to follow. It gives the body time to digest the food. This is my approach for limiting grazing.

Weight stabilization is the ultimate end-goal. So I will limit myself to a 12 hour “eating window” and if I find myself beginning to exceed my goal weight, I will use the “Anti-Hunger” blend of essential oils to re-level myself.