

HEALTHBEAT

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FOCUS ON 5

Weighing in on medical weight-loss options



Dr. Douglas Krahn is the director of weight-loss services at St. Bernardine Medical Center in San Bernardino and president of Western

Bariatric. He attended UC Davis Medical School, trained in general surgery at Loma Linda University Medical Center, and completed a Bariatric Surgery Fellowship in Ft. Lauderdale, Fla.

He is a member of the American Society for Metabolic and Bariatric Surgery, and has been in practice in the Inland Empire for seven years. He has cared for more than 4,000 bariatric surgery patients, performed more than 2,000 bariatric surgeries, including lap banding, lap gastric bypass, and revision surgeries. His patients have lost more than 200,000 pounds.

Krahn answers questions about losing weight for this week's Focus on 5.

QUESTION: What are the problems associated with being overweight?

ANSWER: There are three categories of problems. Medical, meaning that disease is either caused by or made worse by being overweight. These diseases include diabetes, high blood pressure, heart disease, sleep apnea, arthritis and cancer risk.

Longevity is also affected, as it is clearly shown that overweight individuals have a much shorter life span.

Quality of life is not optimal, meaning that many overweight individuals suffer from the physical challenges of immobility, an environment that doesn't accommodate their size and social challenges as well.

Q: What are some of the eating patterns that lead to weight gain?

A: I now categorize certain eating behaviors that lead to weight gain.

• **Liquid calories:** A 12-ounce can of regular soda per day leads to roughly 25 pounds per year.

• **Snacking/nibbling:** It is best to eat two to three modest-sized meals per day. Eating anything between meals commonly leads to weight gain.

• **Sweet eaters:** Many people tend to eat many sweet foods as either a dessert or as a meal substitute. Try to avoid cake, cookies, ice cream and candy.

• **Large volume meals:** Some of us eat meals that are simply too large. All diet plans recommend portion control, and long-term maintenance of a healthy weight also requires good portion control.

Q: I really don't fit into any one of the categories above. What if I am a "mixed eater"?

A: You are one of the majority. Most of us are mixed eaters. The key is minimizing the behaviors listed above, since eliminating them entirely is fairly unrealistic.

Q: I am considering bariatric surgery. Which operation should I have?

A: The main procedures for weight-loss surgery are Laparoscopic Adjustable Gastric Band, and Laparoscopic Gastric Bypass. To optimize results, a patient should be evaluated by a well-experienced surgeon who has performed both types of operations, has a solid bariatric program as part of their practice, and is a member of the American Society for Metabolic and Bariatric Surgery.

Q: Is bariatric surgery safe?

A: In experienced hands, bariatric surgery is absolutely safe. Complication rates are on par or below that of patients having gallbladder surgery.

Even more impressive, surgery is much safer than

only diet and exercise therapy for patients who are morbidly obese. The reason is that nonoperative therapy typically doesn't work well for patients who are morbidly obese.

Therefore, the consequence of only a diet and exercise program is that the patients remain overweight and continue to have the diseases associated with being over-

weight, and this proves to be deadly.

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For more information on weight-loss services at St.

Bernardine Medical Center or to attend an upcoming free informational seminar, call 800-566-7262 or visit the www.StBernardineMedicalCenter.org Web site.