

at goal

Your Stomach

Your Success

by **Terry Simpson, MD, FACS**

Getting to goal means you have to remember how you got to where you are. All weight loss operations are based on changing the capacity of the stomach so that you can eat less and be satisfied. Not full, simply satisfied.

The normal stomach holds 40 to 50 ounces of food, or about two liters, but after weight loss surgery the stomach size is diminished greatly. Roux-en-Y (RNY) and adjustable gastric banding leave a stomach capacity of one-half ounce to one ounce, while duodenal switch (DS) creates a stomach capacity of about 4 ounces. These smaller stomach pouches, of course, stretch over time. A study done with successful RNY patients showed that the pouches were eight to ten ounces after a year, but the stretching did not affect weight loss or the ability to maintain a lower weight.

However, there is a foolproof way to overcome the drastic reduction in stomach capacity and not lose weight, regardless of the type of surgery: liquid calories. None of the operations will prevent consumption of liquid or semi-solid calories. So if you want to drink those lattes from Starbucks or beer or eat ice cream, mashed potatoes, chips or French fries, there is no operation in the world that will keep you from getting the full brunt of those calories.

RNY and DS operations have a malabsorptive component to them. Since the stomach is separated from the digestive juices, the body's ability to absorb calories from fat and protein is diminished. The ability to absorb calcium, Vitamins A, D, E, and K, as well as iron and possibly other micronutrients, may also be decreased. Malabsorption, however, does not diminish the ability to absorb calories from simple sugars, alcohol and simple carbohydrates. Like stomach capacity, malabsorption changes over time. DS patients, for example, will absorb little fat initially, but they will absorb more and more over time. The body adapts, and while you may absorb fat and protein better with time, your absorption of the vitamins, calcium and iron may not ever improve.

This brings us to a simple truth: weight loss surgery works primarily by allowing you to feel full with less, not by allowing you to eat what you want and get away with it. It is the marker for a lifestyle change; it is not a free pass. Those who are successful learn to eat small portions of healthy food and to avoid liquid calories.

For more detailed information about the construction of the operations and how they work see Dr. Simpson's book *Weight Loss Surgery: A lighter look at a heavy subject* available at www.theweightlossdr.com, Amazon.com and the Obesityhelp bookstore.