

LOSING THE LAST 30 LBS.

WRITTEN BY
DR. TERRY SIMPSON



Dedication

To James and Gloria Simpson (Mom and Dad)—for raising a nut and accepting it

To brother Ron, who inspired me to write as well as do a lot of other things in life

To brother Jim, who always watched out for me and still does

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I also want to thank my patients who have proved you can get to goal and stay there by following some simple principles—as well as a few hundred other people who have applied the principles in this book and proved it could work.

And finally, to my buddies, Bert and Ernie who keep me in shape by demanding I take them for walks.

Preface

Most Americans are overweight or even obese. Losing 10 to 40 pounds is not easy. There are abundant diets, gadgets, work-out videos, flash cards, portion-control plates, pills (both prescription and non-prescription), patches, exercise machines, prayers, along with endless advice from people who have never had a weight problem—all of which show that losing weight is a difficult problem.

This book was originally written for patients who had weight loss surgery and had either regained weight or had not made it to their ideal body weight. We then discovered that these simple principles guide weight loss for all people, whether they have had weight loss surgery or not. This book is a companion volume to our workbook, *Getting to Goal and Staying there: Lessons Learned from Successful Patients*.

There are very simple, basic, fundamentally sound principles that will help you lose those excess pounds and keep them off. These are based on some simple scientific studies about patients who did it and reports detailing how they did it.

These are serious studies but face it, some of my patients are just downright funny. I could have left the humor out but it would be too difficult. Besides, that would make this just another boring book.

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Introduction



Weight loss surgery has become one of the most common elective surgeries in The United States. This comes in an era when portion sizes (and thus their calories) have increased. Obesity in the United States is at an all time high. Waistlines are increasing.

Bariatric surgeons (surgeons who do weight loss surgery) consider it a success when patients to lose 65 percent of their excess body weight. If you have 100 pounds to lose and have weight loss surgery, we surgeons consider it a success if you lose 65 pounds even though you still have 35 pounds to lose before getting to your ideal body weight. The goal of many patients, however, is a far greater weight loss than 65 per cent of their excess weight.

Most patients want to lose over 90 percent of their excess weight, if not 100 percent.

This book is a summary of what we discovered about weight loss surgery patients who have made it to their goal, losing all their excess body weight (reaching a BMI between 20 and 24) and maintained that goal for at least three years.

Then we tried these principles on patients who had surgery a few years ago and they started to lose weight again. Throwing caution to the wind (which is not like spitting in the wind or tugging on Superman's cape), we enrolled people who wanted to lose thirty pounds. They began to lose weight.

In summary, here is the plan:

To get to a goal, they declared what that goal was and charted a course to that goal—a course that was reasonable and attainable.

These patients all developed a sense of personal accountability. They saw weight gain or loss as in their control, not in the hands of their biology or external sources such as friends, family, co-workers, medications, significant-others, or space aliens. This sense of accountability was not present in many of them prior to surgery or this study.

They learned to measure things: weekly weight, calorie counts, intake of fluids, and amounts of exercise. To put this simply, “you cannot manage what you do not measure.” You will see this theme throughout this book.

Every person was involved in some form of physical activity above and beyond what his or her day required. They exercised.

They learned about nutrition and went to the basics—no strange diets. They learned and made quality choices. Carbohydrates were not avoided, but processed foods were kept to a minimum. Protein intake was adequate but not excessive; it was a key feature of their diets. Protein sources were not filled with fat, and their fish intake was more than for the normal population.

Other Obesitydr.com publications

The workbook, which is the companion to this book, will take you through the exercises to help you chart your way to your goal.

For those who wish to learn more about the surgery they have had, read “Weight Loss Surgery: A lighter look at a heavy subject.” The book is a 390-page guide to all weight loss operations. It describes how they work, the differences between the types of surgery, how to get to the

operating room, and what to do afterwards. (Okay, there is a home surgery program there, but we recommend you use a licensed qualified professional).

Exceptions

As with life, some patients who had surgery seem to have gotten to goal without thinking about it. They don't plan it, they don't weigh themselves, they say that they eat what they want, and somehow they stumble to an acceptable weight. These are rare people indeed. You know, much like the skinny sister-in-law who has never had a weight problem and eats like a horse.

Losing weight after weight loss surgery is not difficult, but keeping it off is. Weight loss surgery requires a lifestyle change, and if there are no changes, then years later bariatric surgeons see these patients when they want a revision of their surgery—because they have regained their weight. These individuals will show the doctor pictures of a much slimmer view of themselves years before, usually about a year after their surgery. They say that they regained weight because “something” happened to them in the last few years that caused the weight gain. Usually they blame a yet undiagnosed technical problem with the surgery that has caused the weight regain instead of taking responsibility for what they eat.

Sometimes there is a technical reason, but most of these individuals did not follow the principles listed above. Instead, the original operation allowed them to lose weight without working for it, and as the years passed and they regained weight, they came back to a bariatric surgeon and again wanted the “magic” of surgery.

Surgery isn’t magic; surgery for weight loss is the start of a lifestyle change. In summary, people can lose weight doing most anything—strange diets, and even surgery; but it is a commitment to simple lifestyle changes that makes a dramatic difference in their ability to lose weight and keep it off.

The figures vary, but somewhere between 25 and 40 per cent of patients who have the Roux-en-Y gastric bypass begin to regain weight after about 18 months. Long term it might be more. It is clear, however, that those who make the necessary changes in their life will not regain their weight. The “golden period” or “window of opportunity” is truly never shut, unless the patient shuts it by eating junk.

In the old days, there was a surgery that caused severe malabsorption. Patients loved it. They could eat whatever they wanted to, and would not absorb much. There were two problems with this surgery – first, some developed liver failure – not a good thing. Second, the small bowel

learns to absorb better, so these patients became, after a few years, obese again. These patients were left with 18 inches of small bowel to absorb food, contrast that with an operation called the duodenal switch, which leaves 50 inches of small bowel. Some patients who have the RNY and do not lose weight think they need more malabsorption, a longer bypass, or a shorter common-channel – in fact, what they need is to change their lifestyle.

Weight loss surgery is often referred to as a tool. The tool works by restricting the amount of food that they eat. Some say that the tool is the “easy way out.” It is not. A tool makes a job doable. Try to pound a nail in without a hammer—you could get a rock, but it won’t work as well, but no one says using a hammer is the easy way out. Try digging a hole with your hands. A shovel makes the job far more doable but no one says using a shovel is the easy way out. The tool of weight loss surgery is designed to take the patient to one level. This book was designed to take patients to the next step in order to get to a reasonable, healthy weight and stay there. But like any tool, it doesn’t work by itself—and like any tool, if it is abused you can break it.

For those who have not had surgery and have thirty pounds to lose, you do not need an operation. That tool is not required. Instead, some simple principles, practiced

over the long-term, incorporated in your sub conscious, will lead to permanent weight loss.

Diets



A number of my patients, when deciding to get to their goal, ask, “Should I go back on Atkins or go to Weight-Watchers?” The answer is no, and the reason is simple: Those are diets, not lifestyle changes. Sure, some of those do proclaim that they offer changes in lifestyle, in their own way, but they are really a diet. If diets worked, would we need weight loss surgery? Ask the famous question, “How does that work for ya?”

Diets are a set of rules imposed on you by someone else. How do you respond to someone telling you what to do? I was in a restaurant a number of years ago while on the Atkins diet when they offered me some of their fresh bread. My response was, “No thanks, I am on Atkins.” It felt good to say that because I was following a rule-bound diet and doing a good job—but I missed the bread. I was following someone else’s rule for a diet that makes no sense. It is

far better to adopt a healthy lifestyle with healthy choices. Those choices are not strange, they are simple.

The one food or one food group diet

The most famous diet, at least today, is the Atkins diet. It has been almost universally tried by all of my patients and misunderstood, perhaps even by the Atkins folks themselves. Robert Atkins made a great deal out of the body going into “ketosis” where it burns fat instead of turning food into fat. He had a complicated set of theories. None was ever proven, in fact, the reason you lose weight on that, or any low carbohydrate diet is fairly simple: you eat less. The Journal of the American Medical Association published a study showing that the average consumption of calories in low-carbohydrate diets is much less than other diets, and hence they are successful at losing the weight.

I gained weight on Atkins

—or, biology does not overcome the laws of physics

How can you gain weight on a diet that promises that you will lose weight if you avoid carbohydrates and eat meat?

Because if you eat enough calories you will gain weight. Meat—or protein—contains calories, and your body is perfect at counting calories. Your body doesn't care where the calorie come from, it will count every calorie even better than you will, and if you eat enough protein or fat, or drink enough alcohol, or eat enough carbohydrates, you will gain weight.

Most weight loss surgery patients have been on this diet or a variation of it and they know—given their pre-operative anatomy—that they really did gain weight on a diet, without cheating. After all, when you have a stomach that can hold a small mammal, you know you can eat your way into ketosis and weight gain on the Atkins diet. Simply put, a calorie is a calorie is a calorie. It doesn't matter if you get the calorie from meat, from figs, from bread, or from alcohol. If you get a bunch of calories together you will store them, and if you store them, you will store them as fat. Eat enough steak and you will gain weight.

The Cavemen

Then there is the old “when we were cavemen” theories. They show how back in the old days when men hunted the wooly mammoths, lived in caves, and didn't shower, that they were thin (now how do they know we were thin?). Back in those days, as this theory goes, we ate

meat (lots of it), and didn't gain weight. Well, there were a few other things in "the good old days" that we might want to think about—the cavemen hunted to get their meat, which meant exercise. The cavemen had famines and for long periods couldn't eat, and the cavemen didn't have refrigerators to store the meat so when it went bad, it went bad. If you want to go on a caveman diet, or think that eating one thing will make you lose weight, think again. The body is designed to store excess food as fat, and the body doesn't care if those excess calories come from donuts, woolly mammoths, prime rib, tofu, or corn—the body was built to withstand a famine.

Our biology was not designed to eat just meat or just vegetables but to eat a variety of food types. So were our taste buds. Give us a single food and we will get sick of it. Sure, we might have to eat the Woolly Mammoth to survive, but can you imagine the kids in the cave, "Ah come on, dad, Woolly Mammoth again? Can't you go get a Saber tooth tiger?"

Okay, imagine living in a cave:

Husband comes home proudly dragging the dead Woolly Mammoth, "Honey, I am home, and brought dinner. Barbecue tonight."

"Don't drag that thing in here, I just cleaned the cave."

“Okay, but help me cut these ribs.”

“Cut your own ribs, I have to feed the children their ribs first.”

Days later.

“Get that old carcass out of here, it smells, and while you are at it stop drawing on the cave wall and get us some more dinner.”

“But honey, that was the biggest one I got, I want to paint this on the cave wall for all to know what a great hunter I am.”

“You will be a hunter without a cave if you don’t get that smelly carcass out of here. Why can’t you stay home and plant like the other cavemen? Why do you have to go out and bring these dead animals home? Grog stays home, he plants, their family eats, and it is easier to throw out grain that is bad than that large ugly animal.”

“But we can keep warm with the skin, and it shows my skill as a hunter, and I can provide for the whole village. We grow fat on the wooly creature but their crops fail.”

“Speaking of fat, I think it is time you stop eating all that meat and go hunt some gazelles. At least you will get

some exercise. You must have put on five pounds this week. And brush your teeth, all four of them.”

Variety can lead to excess

If you are given only a single food, even if it is a food that you like, you can eat only so much of it before you don't want anymore. I love steak—put a 16-ounce steak in front of me and I will consume 10 ounces of it and bring the rest home for my dogs. After 10 ounces I am done with the steak, can't eat anymore. So, if I am on a low carbohydrate diet, you can bet that I am done with dinner. But, if I am not on that diet and you put a bunch of French fries with the steak, not only will I have my 10 ounces of steak, but also I will have eight ounces of fries and maybe even think about dessert. Let us not forget the glass of wine before dinner, the glass of wine during dinner, and the after-dinner drink (since we just called a cab).

Another example of getting sick is eating ice cream. There use to be an ice cream restaurant that had a dish called “the zoo.” If you could eat it, they would not charge you for it. Try to eat twenty scoops of ice cream, it isn't easy. But you can do it if you eat a few saltine crackers with it. The variety of flavor (salt contrasting with the sweet) allows you to eat more. Again, variety can lead to excess.

Here is the problem—if with a single food diet you lose weight, when you add variety you are less likely to moderate the food that allowed you to lose that weight. In other words, you might think of steak as being “okay” because it is a diet food. You might be under the impression if you eat this food and expand your diet that this food won’t count for calories. Most of us know that too much red meat, with its fat, is not a healthy choice. However, seeing weight loss by eating steak leads one to think it is okay to have as much as you want because one incorrectly believes it is the carbohydrates, not the steak, which causes weight gain. But let’s just put that little theory to the calorie test:

One Steak—Porterhouse of course, 442 calories

French Fries, 154 calories

Salad with blue cheese dressing, 339 calories

One big slice of bread, 80 calories

One cup of broccoli, 77 calories

One real glass of wine, 127 calories

This meal was 1219 calories—and the majority came from things allowed on the Atkins diet (Steak and salad were 781 of the calories). Of the non-allowed items—the French fries, the bread, and the broccoli—you have just over 300 calories. Now, we are not advocating white bread or French fries at all—just pointing out the majority of

calories from this meal come from the meat and the fat, not from the carbohydrates.

An Atkins lover would be inclined to add more fat, more meat, and less white bread. We like the less white bread, less fat, less processed foods, but adding red meat with fat is just not a great option. The point is simple: variety can lead to excess, or variety can lead to good flavors. However, single-food diets, while controlling calories, can lead to a false sense that these foods are “okay,” that they are “diet” foods. Fat is not a diet food.

Here is another example: If you get a cheeseburger and you substitute lettuce leaves for of the bun, you have a meal of 330 calories instead of 400 calories. The bun is just 70 calories! Yet so many people think they are helping themselves by eating something that is filled with fat (about 18 grams) and avoiding a bun. It is the calories that the body counts, not where they come from.

Single-food or food-group diets are simply a complex way to control portions. If you control portions then you will consume fewer calories. If you consume fewer calories then you will lose weight.

Surgery is the most radical of portion controls. Whether you had surgery and stretched your pouch, or your stomach has grown, if you limit portions, which is not difficult,

you will lose weight. How much you lose is determined by the number of calories that you eat.

We do not like single-food diets for our patients because, more than anything, we want our patients to have a variety: you deserve a lot of fine tasting food and a variety of foods tends to have a variety of nutrients. Single-group diets are probably not going to work in the long run. They become a burden even if you like the food group you try. After a year on the Atkins diet, I couldn't look at a steak, which was good, because I stopped the Atkins diet before I went to Europe at the height of the Mad Cow infestation.

Learning the basics is the best

In this book, we will discuss proteins, carbohydrates, fats, and alcohol—which are the sources of calories. With surgery, there is often an “empowerment” over food because you feel full with less. Knowledge is also a form of empowerment—it is not everything you need to lose weight, but it prevents someone from taking advantage of you. Who would take advantage of you? Some diets are not healthy, and some food that you buy that might be labeled “low carbohydrate” or “low fat” might have more calories, more processed food, than some simple choices that have more flavor.

Where do patients fail?

People fall into old eating and drinking habits: no time for breakfast, small lunch, lots of grazing in the afternoon, followed by a big dinner with dessert. It isn't intentional, it isn't planned, but the pattern is clear. Fast food places become their kitchens. Dessert becomes a daily part of a meal instead of an occasional treat. Alcohol intakes increase and, since all alcohol is absorbed, so are its calories. No surgery blocks the absorption of alcohol. Then there are the soda drinkers—the pop goes down easy and the pounds start to come back on.

Simply put, if you are serious about losing weight, you will not be eating in a car, ordering from a window, or eating on the run.

Rules are a good thing for society but, for purposes of eating, it is better to make good choices. It is best to be aware that what you eat will determine if you will gain or lose weight. It is best to chart a goal, know what it takes to get there, and stay there.

Personal Accountability



Personal accountability takes different forms. Seeing patients for the first time and hearing about their attempts at weight loss, I have been struck by how few have any clue as to why they gained weight. The reasons for their weight gain include the following:

“I became pregnant, and gained this weight with my baby”

“My wife became pregnant and I gained weight.”

“All the medicines I am on cause me to gain weight.”

“My thyroid.”

“My glands.”

“I had a hysterectomy.”

“My family has to have special food, and I have to eat what they eat.”

“I don’t understand it myself, I never eat a thing.”

“I use to play sports, and then I injured my knee.”

“I don’t like diet soda.”

“I had dental work and I can only eat soft foods.”

“My husband is doing all the cooking now, how can I say no?”

“My wife is Italian and a great cook.”

“My wife is (ethnicity deleted) and we always eat out.”

“Well, you know, the holidays.”

“The weather has been too (fill in hot, cold, rain, earthquakes) to exercise.”

“I don’t have time to exercise.”

“I don’t have time to cook properly.”

“I can’t cook something different for me and for my family.”

“I have hypoglycemia and have to eat often.”

I apologize if I left out your favorite excuse, but there are a lot of them.

One change universal in patients who have made it to goal and stayed there is the food they eat. They know why they gain weight. It isn't difficult to understand, it isn't a mystery, and it is exceedingly simple.

The next few chapters will help you select a goal, figure out how to get there, make a timetable, and plot the course. The first step to losing the weight is simple: realizing that it is up to you and you alone to do this. There are no excuses. You have complete control over your calorie intake. Once you accept that responsibility, it becomes much easier to deal with it.

Many of the patients who made it to goal and stayed there did not initially take responsibility for their weight. They had the litany of excuses seen above and a few more. But they changed, in part because going through surgery isn't easy. Getting to the point of wanting surgery is akin to an alcoholic hitting bottom. Those who go into surgery with the assumption that they will never have to think about what they eat, or need to make lifestyle adjustments to lose weight, or think that they can have surgery and “eat anything they want,” are in for a rude awakening if they do not change their attitude. They, and they alone, are

responsible for their weight. For the rest of us who are not morbidly obese but just overweight, the first real step to losing weight is the simple recognition that it is our hands (or mouth) and that are keeping us overweight.

One patient came into my office because he was suffering from some “strange bloating.” His primary care physician had done a CAT scan to see what might be causing the bloating. He referred him to me to me because the patient wanted laparoscopy to diagnose what was going on inside of him that was causing him to have all of this bloating. The answer was simple—it was fat.

When confronted with the simple fact that he didn’t need to have surgery, he was quite upset. He said that he wore the same size pants he wore when he was in high school. His pants were riding on his hip bones—and this was long before the “low rider” blue jeans were in style. He also informed me that he only ate one meal a day. This man, who weighed over 300 pounds, was in denial that he was fat. Instead, he wanted to have some strange illness.

But this wouldn’t be a complete book if I didn’t tell on myself. Medical students are, by nature, hypochondriacs. We learn about so many new diseases with such vague symptoms that we become afflicted with all of them. Medical students don’t get headaches—they get brain

tumors. They don't have bleeding gums from flossing too hard, they have leukemia.

When we were studying endocrinology I was convinced that my problem was cortisol metabolism. I had gained thirty pounds in the previous couple of years and now I had the answer—it wasn't that I was fat, I simply had some strange cortisol metabolism problem. This was, of course, years before the current group of pills designed to “block” cortisol or change this metabolism (in case you have not figured it out, no matter how many commercials they run, those pills are only effective in costing you money, not in weight loss—perhaps they are referring to wallet weight). Back to my professor, a nice, very kind German fellow. With a smile and very thick accent he assured me, “You don't have a cortisol problem. You do have an endocrine problem however.”

“I do?” I asked, feeling vindicated that my weight could be explained by this new endocrine problem. Boy, were these professors smart. “What is it?”

The professor replied, “You have an over-active mouth gland.”

Your Goal



Getting to goal is not a passive process. It is active. The first step to getting to goal is to set your goal. If you don't set a goal, then you have no idea of how to get there. Seems simple enough, but often times I hear patients tell me that "their doctor" never set a goal for them.

Whether you had weight loss surgery or not, setting your goal is personal. You must set it for yourself. Remember, in the surgical world we consider it a success if a patient loses 65 per cent of their excess body weight; our goal is to get patients out of a state of dangerous morbid obesity into an area where they are far healthier. But to get to a goal, you need to be active. Be pro-active—set your goal.

What is a reasonable goal?

There are many ways to measure what your goal should be. You could determine that you want your body to be in the safe ranges of fat content as measured by some device. You could determine that you want a specific weight, or a specific BMI (a height-weight ratio), or a specific measurement (getting to a size 6 dress—although for most men this isn't a reasonable goal). A combination of these might be reasonable.

Body Mass Index (BMI) is a measurement used universally to determine if a patient's weight is appropriate for their height. The criticism of this measurement is that some people have a high BMI while their body is composed primarily of muscle. In years of doing weight loss surgery I have yet to have a patient come into my office with a high BMI, all of it being muscle, wanting to have weight loss surgery. I have certain friends who are professional athletes who have low body fat, high muscle content and a higher than normal BMI (although none in the obese category). But none of my athletic friends asked me for weight loss surgery, nor have any of them asked for advice about how to lose weight. There are people who want to argue these points (see the week in review of the New York Times, November 28, 2004).

The ideal body weight was determined simply by determining at what weight most people die. Statistics showed there was an increase in death in patients who had a BMI of greater than 24. Those who argue the point state that a BMI of 25 was right where people were dying, but people with a BMI of less than 25 were also dying. There is a simple explanation. In the 1960s, those who were below a BMI of 25 usually had lost weight before they died from their disease.

However, the most compelling argument that a low BMI equals longevity is the Willard Scott show. Willard Scott, the now retired weatherman for NBC, used to show pictures of people who were 100 years old or older and wished them happy birthday. Never did you see someone who was 100 years old who needed to lose 30 pounds. Nor have I seen an 80-year-old who needed to lose 80 pounds.

For rats the argument is clear. If you want a rat to live a long time you don't feed it so much. So you are not a rat, but consider some of your family members—you might have some rat genes in you. Caloric restriction is the most potent anti-aging tool physicians have. It doesn't involve a shot, and it doesn't involve taking a pill or eating some strange dish of Yak dung that keeps some mountain people alive for years.

Back to the topic—a certain percent of fat in the body is healthy, and as a goal one could have their body fat measured. As your body fat content reaches a reasonable level you may be satisfied that you have reached your goal, but the only way to be certain is to measure your fat content. Personal accountability is the first step. If you are convinced you are a lot of muscle and don't need to lose weight—why are you reading this book?

Perhaps one of the best things you can do is determine your body composition, or how much of you is made up of muscle, fat, water, bones. There are a number of body composition analyzers on the market, from the very expensive scans to some simple bathroom scales that have built-in fat analyzers. As with all tools, they do have their limitations, but we encourage patients to find some place to have their body composition analyzed. The more you know about your body, the easier it is to reach your goal—which is to decrease your body fat content to a level that is healthy.

Another reason to have an ongoing measurement of your body's fat content, as opposed to weight alone, is so that you will not mistake your weight for muscle when you increase your exercise. Often we have patients who come into the office upset that their weight has not changed more than a few pounds even though they have been faithfully going to the gym or are on a walking program.

Once we analyzed their body content they were pleased to find out that their weight, while remaining the same, was now made up of less fat and more muscle. Scales which measure body fat content are available from a number of retail stores or on-line. You might check www.tanita.com for a list of stores that carry their product.

A BMI between 20 and 24 is a reasonable goal. A BMI over 25 is considered overweight, and a BMI below 18.5 is considered to be unhealthy also. Check the table of body mass index that is found in the next section. Find your height and follow it across to the first two columns where you will see a weight for a BMI of 20 and the next column for 24. Somewhere between these two numbers is your goal.

Accept no less

It is usually at this point that people begin to think “I never weighed that much, not even in high school.” Or, “I have big bones, and can never weigh that and stay healthy.” Those arguments remind me of first stage of Death and Dying—denial. This is your goal—this is what you should weigh, and you can be healthy and enjoy life at this goal. If you accept less than this goal, then you are cheating yourself.

Whether you had weight loss surgery or if you simply need to lose some excess weight, you need to set a goal to make yourself the healthiest that you can be, and this is the easiest means of doing it. Don't be afraid—it may not happen this week or next, it probably won't happen for at least a year—but today you can make a choice. You can choose what your weight will be next year. The choice is yours. Then again, you could hope that Yak dung will help.

BMI table

The Body Mass Index (BMI) chart is simply a height and weight chart. Find your height and go across that row until you find your weight—or close to it. BMI is determined by dividing the weight in kilograms by the height in meters squared.

Height	BMI of 20	BMI of 24	BMI of 30	BMI of 35	BMI of 40	BMI of 45	BMI of 50
4' 10"	96 lbs	115 lbs	143 lbs	167 lbs	191 lbs	215 lbs	239 lbs
4' 11"	99 lbs	124 lbs	148 lbs	174 lbs	198 lbs	233 lbs	248 lbs
5' 0"	102 lbs	128 lbs	153 lbs	179 lbs	205 lbs	230 lbs	256 lbs
5' 1"	106 lbs	132 lbs	158 lbs	185 lbs	212 lbs	238 lbs	265 lbs
5' 2"	109 lbs	136 lbs	164 lbs	191 lbs	219 lbs	246 lbs	273 lbs
5' 3"	113 lbs	141 lbs	169 lbs	198 lbs	226 lbs	254 lbs	282 lbs
5' 4"	116 lbs	145 lbs	174 lbs	204 lbs	233 lbs	262 lbs	291 lbs
5' 5"	120 lbs	150 lbs	180 lbs	211 lbs	241 lbs	271 lbs	301 lbs
5' 6"	124 lbs	155 lbs	186 lbs	217 lbs	248 lbs	279 lbs	310 lbs
5' 7"	127 lbs	159 lbs	191 lbs	224 lbs	256 lbs	288 lbs	320 lbs
5' 8"	131 lbs	164 lbs	197 lbs	230 lbs	263 lbs	296 lbs	329 lbs
5' 9"	135 lbs	169 lbs	203 lbs	237 lbs	271 lbs	305 lbs	338 lbs
5' 10"	139 lbs	174 lbs	209 lbs	244 lbs	279 lbs	313 lbs	348 lbs
5' 11"	143 lbs	179 lbs	215 lbs	251 lbs	287 lbs	322 lbs	358 lbs
6' 0"	147 lbs	184 lbs	221 lbs	259 lbs	295 lbs	332 lbs	369 lbs
6' 1"	151 lbs	189 lbs	227 lbs	265 lbs	303 lbs	341 lbs	379 lbs
6' 2"	155 lbs	194 lbs	233 lbs	272 lbs	311 lbs	350 lbs	389 lbs
6' 3"	160 lbs	200 lbs	240 lbs	280 lbs	320 lbs	360 lbs	400 lbs
6' 4"	164 lbs	205 lbs	246 lbs	288 lbs	329 lbs	370 lbs	411 lbs

Below are the classes of weight related to BMI.

Underweight	BMI < 18.5
Normal Range	BMI between 18.5 and 24.9
Overweight	BMI between 25 and 30
Class I obesity	BMI between 30 and 34.9
Class II obesity (morbid obesity)	BMI between 35 and 39.9
Class III obesity	BMI between 40 and 49.9
Class IV obesity (super morbid obesity)	BMI greater than 50

Patients with Class II Obesity are given the option of weight loss surgery if they have health risks such as diabetes, high blood pressure, heart disease, sleep apnea, or joint problems related to obesity. Patients with Class III Obesity or greater are eligible for weight loss surgery without having developed any of the co-morbidities, or sequela of obesity.

This table merely shows you where you want to go. This is it! This is your goal—a BMI between 20 and 24—not more, and certainly not less. But to get to that goal, you have to figure out how many calories that you burn and have an idea about how many calories you consume daily.

Calories in and calories out

The basics are quite simple, calories in minus calories out equals either fat stored or fat burned. There are no exceptions to this rule. Your body is no different from mine, your metabolism isn't slower, and your body is not fed at night by evil angels. Moreover, honestly, it doesn't matter when you eat, it matters what you eat. You can eat all of your food right before you sleep, and other than a bit of nighttime reflux, heartburn, and discomfort, what matters is how many calories that you consume, not when you consume them.

Calculate the calories you burn

The first thing that you have to do is become aware of how many calories your body will require to function. For some this is a revelation. Yes, our body requires calories to do some basic work—it requires calories to breathe, calories for the heart to pump, calories for the brain to work, calories to walk, calories to shiver, and even calories to digest food.

We call these functions the basal metabolic rate or BMR. The BMR is a function of a number of factors including age, weight, gender, and so forth. We can make some

broad assumptions and come up with a number that will be pretty close to what your body will require.

There are many formulas to determine your BMR but in our workbook we use a pretty simple one. Some machines, called body composition analyzers, can help you determine your BMR. One is made by Tanita (www.tanita.com). These are quite expensive, although a number of physician's offices have them. Here is a formula to help you see how a number of factors make up your BMR.

A. The number next to your level of activity = A

- working out more than once a day=1.9
- work out daily with an active lifestyle=1.7
- exercise 4-5 times a week=1.5
- exercise up to three times a week=1.3
- very sedentary=1.2

B. Weight in pounds = B

C. Age in years = C

- 18-39=1
- 40-46=.95
- 47-50=.92
- 51-55=.90

- $56-60=.85$
- $61+ =.80$

The formula

B x 10 x A x C = Your Basic Metabolic Rate

You can see by this formula that as your weight decreases, so does the amount of calories it takes to sustain it. Very heavy individuals can lose weight fairly easily because it takes a lot of calories to sustain that weight. One of my dear friends, Kirk Thompson (who I call my son)—weighed 750 pounds when he had weight loss surgery. If we were to calculate his BMR it would go something like this:

750 pounds multiplied by 10 multiplied by his activity level (1.2) and by age factor (1).

This meant it took 9000 calories a day for him to sustain his weight. That is a lot of food! If he ate more than 9000 calories he would gain weight, and if he ate less he would lose weight. Some 450 pounds later, Kirk has a much smaller stomach and a much lower BMR. Today he weighs 300 lbs, so his BMR today is 3900 calories a day. He still needs a lot of calories to maintain his weight, and that explains why he is still losing weight. It is a lot easier to

lose weight when you have such a high requirement than it is when you weigh less.

Notice something about the BMR formula—the more active you are, the higher your caloric needs are. Why is that? Sure, if you run around a lot more you will be thinner—most children run around all summer long and see their ribs. As one ages and jobs and lifestyle become more sedentary, the ribs become covered. There are two benefits to being active: muscle uses more calories than fat—just having muscle means you will use more calories. Athletes eat a lot of food, and they have to in order to maintain those muscles. In addition, as the athletes work out a lot their activity level is quite high. The second benefit is the long-lasting effect of exercise: after you have done some mild exercise your body is still more active—and being more active you will burn more calories at rest than someone who didn't exercise.

Increasing activity is one of the easiest ways to lose weight. In fact, it is one of the common themes we have learned from successful patients. All successful patients exercise—no excuses. There are plenty of forms of exercise, but that is for another chapter.

“If you want to be 130 lbs., then you have to eat like someone who weighs 130 lbs.”

By this point you probably have figured out your BMR. That is, how many calories it takes to maintain your weight. Just for fun, find out what your BMR would be at your goal weight. Do you see the difference in calories between your current weight and your goal weight? Jessie Ahroni, a 135-pound 56-year-old female who had a lap-band placed six years ago, says it very simply, “If you want to be 130 pounds, you have to eat like someone who weighs 130 pounds.”

The knowledge of how many calories it takes to maintain your weight will help you determine how many fewer calories you need to eat in order to lose weight. Here are a few simple numbers: it takes about 3500 calories to make a pound of fat. So, if you eat 500 calories above your BMR for a week, then you would gain a pound in that week. In a year you would weigh 52 pounds more than you weigh now. Want to lose 52 pounds in a year? Then do the opposite. You need to burn 500 more calories every day than you eat. “Eat less, move more.”

Technically there is more to it. Often BMR is referred to without the activity level. When the BMR is multiplied by the activity level, we have the total energy expenditure (TEE). In this book we factor those together and call them BMR.

Time to figure out how much you can lose and how quickly.

Set a timetable

Now that you have set a goal and have made a commitment, it is time to chart the way home. You have a pretty good idea of how many calories it takes to maintain your weight, and you have an idea of how many calories you will have to eat once you get there—so let us now set the timetable for that goal.

Getting to goal is not an end in itself, getting there is just one part of what you need to do. Once you get there, you will want to stay there. You have to enjoy the journey because during this journey you will learn a lot of new things and develop new habits that will last a lifetime. That is the great part of this journey—learning and enjoying new foods, new portions, taking care of yourself, and starting an exercise program.

How long should it take you to get to your goal? That depends on how much you have to lose and what you are willing and able to do to get there. You want to set a reasonable time to get to your goal.

After weight loss surgery, patients find that they lose weight almost by the hour. They love this “honeymoon.” Weight loss of 20 percent of excess body weight by the sixth week after surgery is not uncommon. We will discuss the reason for this in later chapters. Suffice it to say that expecting surgery to allow this amount of weight loss to continue at this rate is unreasonable.

Losing two pounds a week is ambitious—this would amount to over 100 pounds in a year. That’s a great goal to achieve but involves a lot of physical activity and a substantial decrease in calories, more than many are willing to give up. However, it can be done, whether you had surgery or not.

Examples of this type of weight loss abound, especially in Hollywood. Kate Hudson worked out two to three times a day after the birth of her child and lost the reported sixty pounds she gained with pregnancy in a few months. Sylvester Stallone gained forty pounds for one movie (mostly eating donuts) and lost it within two months afterwards by working out a lot. Renee Zellwigger gained and lost weight for various movie parts—all within a period of months. Again, these were individuals who had time during the day to devote to going to the gym and working out, and who had people preparing meals for them.

Losing a half a pound per week to one pound per week is well within the reach of anyone. If you have ten pounds to lose, you can chart out losing that weight in ten weeks to five months. If you have forty pounds to lose, then within a year you will be there.

What does it take to lose a pound a week? To lose those 3500 calories a week you have to burn 500 calories more a day than you consume. 500 calories a day for seven days is 3500 calories, which is one pound of fat. There are two ways to do this: eat less or move more. The most effective method is a simple combination that allows you to achieve your goal by adding exercise, and making better choices about what you eat. To lose two pounds a week means that you would have to burn 1000 calories a day more than you consume. Remember, as your weight decreases, so do the number of calories it takes to maintain that weight. Hence, it becomes increasingly difficult to lose weight as you reach your goal. Starvation does not work as a weight loss tool—unless it is forced starvation.

There are some advantages to achieving the goal over a longer period of time than you achieved your initial goal with weight loss surgery. You need time to ingrain a habit, time to make this new you a part of everything that you do. Time to enjoy the control you have over food, over your body.

Set your timetable, and be reasonable. Remember, this will not be a straight line down the weight loss course. There will be ups and downs, but not because you are not using your tool—that is just the way the body works.

There are multiple goals in this journey—not only a goal of getting to a weight that is healthy but developing new habits that will stay with you, such as exercise. You will learn about new foods, foods that are not only healthy alternatives, but also tasty alternatives.

I met a young woman who had her weight loss surgery five years ago and was at goal, with a BMI of 21. While she maintained her weight on a diet of protein bars, water, shakes, and very little food—she was missing out on the enjoyment of life. When given the recipes in the guide-book, she threw away the bars and the shakes, and was able to enjoy meals with her husband and three children. She worried about regaining weight and was surprised that she didn't. The body is a perfect calorie counter—and you do not have to suffer, you can enjoy good food.

We have two major themes in this book and in our work-book:

Small changes over time make a large difference

A small change in diet, or a small increase in activity, will have a profound effect over the long term. The best ex-

amples are my patients who come for weight loss surgery. Did they really eat that much more than other people? Did they snack more than your thin neighbor did? They didn't. Most patients gained ten pounds a year for ten years or longer. Ten pounds a year for ten years is one hundred pounds, which is when a person becomes eligible for weight loss surgery.

To gain ten pounds a year is easy: it just takes 96 calories a day above BMR—that is it! If your BMR is 2000 calories, and you daily consume 2100 calories, you will gain ten pounds in a year. That is one beer a day above your normal calorie intake. The reverse is also true. If you want to lose ten pounds in a year, then get rid of those 96 calories.

Think of it—96 calories out of the 2000 or 2500 you consume on a daily basis. That is less than one fourth of a Snicker's bar, less than the difference between Taco Bell's Big Beef Nacho Supreme and their regular nachos. That is one less glass of wine a day, a graham cracker instead of a chocolate chip cookie.

The second theme goes hand-in-hand with the first. We want you to measure and determine the calories that you burn, and we want you to measure the calories that you consume. Your body is a perfect calorie counter—it will measure every calorie. You have two choices to weight loss—you can move more, or you can eat less (or more

sensibly). By measuring both what you burn and what you eat, you can take charge of how you want to lose weight, and even the time that you want to work at it.

Again, set a reasonable timetable for weight loss. A year may seem far away but it is not—and the time you spend good food and starting an exercise program between now and then will be the start of a new life.

Water



Water or fluids are essential to life, they are essential to exercise, they are essential to being healthy. Since you are going to increase your activity you are going to have to increase your water intake. In this chapter we will not only discuss water but also other fluids that you might be drinking instead of water—some of which may not be helpful to you. Drinking water can be a great appetite suppressant. It will fill your stomach with something that has no calories, and will help you get by in those moments when you find you need something.

By now you might think you have a handle on your fluid intake because it doesn't cause a problem for you, but if

you have these symptoms, you might have them because you are not taking in enough water.

- If you suffer from constipation, you probably do not drink enough water. At this point patients tell me, “I drink gallons of water.” The last part of your digestive system is the colon, and it is responsible for removing water from your digested food and recycling it. The more your body needs water, the more your colon will remove water. There are other reasons for constipation, mainly that you have not had enough fiber, and we will discuss that in a later chapter. Suffice it to say, the main reason people are constipated is that they are not drinking enough water.
- Muscle cramps and aches, especially in the legs, often occur because the body does not have enough fluid on board. These cramps are blamed on not enough potassium, not enough calcium, but most of the time it is just not enough water. If you start to exercise and notice cramps, first think of water, not of something else.
- Dry skin and dry hair are often attributed to a lack of moisturizer—which makes cosmetic companies quite rich, but often it is simply

a lack of fluids. The skin will dry out quickly if you chronically do not have enough water. There are a lot of other reasons for dry skin and dry hair, but a lack of water is probably the most common of all.

- Fuzzy memory can be caused by as little as a two percent drop in the body's water level. This often explains behavior around election time. A lack of water makes it difficult to concentrate on simple tasks or math problem, crossword puzzles, or reading complex materials. Early post-operative patients who do not drink enough water find that they feel far more tired and listless than before. This can continue and is important to nip in the bud.

Heat stroke is a condition related to not drinking enough water. Here in the Sonoran desert where I live, we hear about this every year. Whether it is someone on a golf course, playing in the sun and not drinking enough water, or someone out hiking not drinking enough water. People die yearly from heat stroke, something that can be prevented easily by drinking enough water. Signs of heat stroke—and dehydration, are headaches, fuzziness, confusion, lethargy (feeling tired), and ultimately death. Even people who know better can suffer from heat strokes. I know because it happened to me playing golf in the summer sun several years ago:

I decided to play a second round of golf in the afternoon and started to notice a headache by the third hole. By the time I was at the fifth hole I couldn't concentrate too well on my putts, and I was getting tired. I collapsed on the ninth hole after vomiting and was taken into the clubhouse—where I refused to let them call 911 (showing the effect of water on my judgment). Fortunately a friend of mine, also a physician, saw me, sat me down in a shower, and forced me to drink water. It took me a few days to recover. That was a very difficult way to learn the rule that for every twenty minutes in the sun I need to have at least 12 ounces of water.

That lesson, however, proved to suit me well when playing with other golfers who drink alcohol on the course. Alcohol is the only beverage that acts as a diuretic. It will take out more liquid from your body than you will put in. Whenever I am playing a competitive round of golf, I always watch carefully those golfers who drink—because I know that at the end of the round I can bet them more and probably win. As they become progressively dehydrated with the alcohol, their ability to concentrate on golf shots diminishes, as well as their judgment about what they can and cannot do with their golf swing. Of course, I tell them that I am doing this—and haven't lost yet.

Water and other liquids

Water comes in many forms, and many people don't like the taste of their tap water (tap water in Phoenix being a prime example of liquid that should be burned and not consumed—although I am afraid if we light it the fire would not stop) so they drink bottled water. Beware of bottled water because bottled water does not have to conform to the same standards as tap water, and bottled water often has more bacteria than tap water. One of the more common bugs that grows in bottled water is called *Campylobacter jejuni*, which is a particularly nasty bug that causes nausea, vomiting, and diarrhea. I recommend to friends, family, patients, and readers to drink some of the lightly carbonated waters—such as Pellegrino® or Perrier®.

The other reason to avoid heavily carbonated beverages is simple: often they are a source of many calories. A number of patients have become obese simply by drinking high calorie liquids. Think about it—in thirteen days, two sodas a day will add an extra pound of fat (280 calories a day x 12.5 is 3500 calories, which is stored as one pound of fat). That is 29 pounds in a year. Some patients come to us drinking ten sodas a day (that is 146 pounds of fat in a year).

What about coffee, tea, and other caffeinated beverages?

Caffeine is a mild appetite suppressant. However, it is very mild and too dangerous in large quantities to use as a tool for weight loss. There are few calories in coffee or tea, however, and they can be used to supply some of the liquid that is needed. Again, a cup of coffee or tea is fine—a pot of coffee is extreme.

Some have stated that coffee or tea will cause people to lose more water (diuretic effect)—but this has not been proved. In fact it has been disproved in scientific studies. The only fluid that causes you to lose more water than you drink is alcohol.

Again, it is not the coffee or the tea, but often it is the things that you put in it. The latte, the syrups, the sugar, are calories that are not needed. But remember, your author is Norwegian, and like any Norwegian, coffee is an essential food group. My Norwegian grandmother was brought to the hospital after suffering a massive heart attack. She went into a coma, but came out of it a bit. She sat up and asked for a cup of coffee. The nurses didn't want to give it to her (saying it was bad for her 89-year-old heart) but her doctor overruled them. She drank the coffee, thanked the nurses, smiled, and went to sleep—and died a few hours later.

Water loading

Water loading can be a useful tool to diminish appetite. Drinking water before you know you are going to crave food is a way to decrease the appetite. The water will cause the stomach to stretch a bit and get rid of some of the hunger pains. Starting to crave something that you think might contain too many calories? Drink some water. Find that at a certain time of day you need to have a snack? Try to drink some water before you get there. Set a watch an hour before have the water and see if your daily caloric intake decreases.

For the weight loss surgery patient

If you have had weight loss surgery, drinking water at the same time as eating can cause you to force food through your pouch and allow you to consume more food than before. So, drink before or after meals, not during them.

Carbonation

Having just committed heresy, it is time to pop some myths. Believing that carbonation might stretch a pouch, many weight loss surgeons advise against drinking any form of carbonated beverages. There is no evidence of

this phenomenon. However, there are plenty of reasons to avoid the highly carbonated beverages, especially early in the post-operative period.

If you cannot burp, then you might have a problem with carbonation. However, no matter how your guts were rearranged, there are two ways for the gas to escape—you will either burp or it will pass down a bit lower. Given that release valve, it is highly unlikely that the gas that comes out of the carbonated beverage will stretch the stomach. If you drink very carbonated beverages (all sodas on the market today are heavily carbonated) early in the post-operative period you will feel very uncomfortable, especially if you drink too quickly—hence, we ask that patients avoid these beverages for at least six weeks.

Drinking heavily carbonated beverages (most colas, sodas, pop) will force food out of your pouch, leaving you hungry and increasing the amount of food you will eat. Having solid food remain in your pouch is the mechanism by which you feel full is. The faster the food leaves your pouch, the faster you will become hungry again. Food will remain in your pouch for several hours if you let it.

You can force it out by gulping down water—but the fastest way to get food out of your pouch is to drink a heavily carbonated drink. Carbonated drinks contain carbon dioxide (gas) mixed in with the beverage, and when they are

swallowed the warm environment of the stomach causes the gas to come out of the beverage quickly. This gas will rapidly push the food out of your pouch. You will become hungry shortly after drinking that beverage. We call this phenomenon “rapid pouch evacuation.”

We use rapid pouch evacuation as a tool when patients get food stuck in their stoma of their upper pouch. Sometimes a patient swallows too large a piece of meat, such as pork, chicken, or steak, and it becomes stuck. If the patient drinks some soda it will usually force that food out. We also use this in patients who have not had weight loss surgery, but who get food stuck in their esophagus (called a food bolus). The radiologists have “fizzies,” tablets that when exposed to liquid cause a rapid release of gas—and this usually forces the food bolus out of the esophagus and into the stomach.

Lightly carbonated beverages, such as most sparkling waters, do not have this same effect. To prove this we took some willing patients and asked them to eat some food that had been soaked with barium so we could watch it on the x-ray. The food remained in their pouch nicely for several hours. If we gave them soda at anytime, the food would be expelled from the pouch. This was not observed when we gave them the lightly carbonated waters.

One of the technical reasons that patients may need to have a surgical revision of their RNY gastric bypass is because the stoma between the upper pouch and the lower pouch enlarges. If it enlarges too much then it has to be revised. One reason the stoma becomes enlarged is because patients force too much food through the stoma—causing it to stretch. Could this have been from soda causing food to be forced through a small stoma? Yes, it could have, quite easily.

Exercise



Raising your metabolism

The easiest way to raise your metabolism is increasing activity, and that means exercise. The most consistent way that people keep their weight off, or get excess weight off, is to exercise. Jack Lalanne, while celebrating his 90th birthday, stated, “Exercise is king, nutrition is queen. Put them together and you have a kingdom.” Exercise is the easiest and best thing that you can do for yourself. Exercise, to quote the great psychiatrist, Martin Reiss, is “empowering.”

Not that exercise is fun, even Jack Lalanne says that—
“You think I want to get up and leave a hot babe to do two

hours of exercise?” he asks, talking about Elaine, his wife of over fifty years. “It is the results I like, results, results, results.”

Excess food is stored as fat, and exercise releases that fat storage. How quickly you use that storage depends on the intensity of the exercise. There are no shortcuts.

Many of us may have seen machines on informercials that promise results by using them for a few minutes every day. That is simply incorrect. The intensity of exercise determines how many calories you will burn. The heavier you are, the more weight you will lose. The longer you do an exercise, the more fat you will burn. No machine, operated for a few minutes a day, will give you a beautiful body, great abdominal muscles, tone up your thighs, or whatever they are selling—there is no quick or easy way to do that. In other words—TANSTAAFL (there ain’t no such thing as a free lunch).

You can see from the chart that the more intense the exercise and the heavier you are, the more calories you will burn. Walking slowly is not the same as walking fast. Walking a mile in a half hour burns barely half the calories as walking it in 15 minutes. But do not be discouraged, you have to start somewhere, and anywhere you start is good.

Exercise & Calories for 30 min.	120 lbs	150 lbs	175 lbs	200 lbs
Walking (15 minute mile)	132 cal	156 cal	183 cal	210 cal
Running (9 minutes per mile)	327 cal	393 cal	459 cal	522 cal
High Intensity Aerobic workout	285 cal	345 cal	402 cal	459 cal
Jogging	279	324	372	417

If one considers that there are 3500 calories in a pound of fat, you can calculate that it does take time to burn off a pound of fat. Sometimes it seems discouraging, but remember—small numbers over a long period of time have a large impact. If you weigh 200 pounds and walk two miles a day in 30 minutes, then in a year you would have burned off 43 pounds—and that is without a change in diet.

It becomes easier to make good food choices when people see how much they have to exercise to burn off those excess calories. To burn off a cheeseburger with fries (the small size), you will have to walk seven miles at three miles per hour (or walk for over two and a quarter hours). You will have to walk almost eight miles to burn off the calories in a standard serving of chicken and fries. You will have to walk over five miles to burn off a breakfast of pancakes with butter and syrup.

It seems overwhelming, which is why exercise is one component of losing weight, but it is not the only component. If you persist in eating junk food, you will have to work out a lot. If your eating habits change to food that is better for you, you will do much better.

There are a variety of exercise programs available to people. You can choose the program that is best for you and your goal.

The first thing you should do is to check with your physician. There are two reasons to do this: the first is to be cleared for some exercise, and the second is to learn to check your pulse to determine your heart rate. Your physician may want to schedule you for a stress test, check some laboratory values to see how your blood count is, or your cholesterol level, or any one of a number of tests.

The next thing is to learn to do some warm up exercises. If you have not exercised in a bit you will need to stretch things out and warm up a bit. Physical therapists can help you with this, as can personal trainers who are certified to do these things.

There are a few simple terms that you should be familiar with before starting down this road:

(a) Cardio workout—these are exercises designed to increase your heart rate and give your heart a bit of a

work out. They burn fat rapidly. Examples of these include bicycle riding, walking, jogging, and any rapid exercise.

(b) Strength training—these are a group of exercises that are designed to increase the muscle mass in certain areas of the body. By doing exercises on certain muscle groups your muscles will enlarge. This is sometimes called “anaerobic exercises.” Push ups, chin ups, are examples of this type of exercise.

(c) Personal Trainer—Different states have different requirements as to the training of these individuals. In some states all one has to do is call themselves a personal trainer and hang up a shingle. In other states they must pass some basic tests and have a basic knowledge of physical training in order to claim this title. We prefer that your personal trainer have some basic education, including a CPR certificate. Well, mine need to know CPR because sometimes they work me to death. We also recommend you get an attractive personal trainer—makes it more fun, and it is hard to say no to a pretty face.

(d) Aerobic exercises—The American College of Sports medicine defines aerobic exercise as “any activity that uses large muscle groups, can be maintained continuously, and is rhythmic in nature.” It is a type of exercise that specifically works the heart and lungs and causes them to work harder than when you are watching television. Types

of aerobic exercises include fitness walking, cross-country skiing, aerobic dance, bicycling, in-line skating, swimming, and others. This is the “fat-burning” type of exercise. While strength training is also fat-burning, aerobic exercise burns fat faster and longer than other forms of exercise.

For exercise to work well, there are a variety of recommendations. We have put together a walking program in the workbook that takes you through the various levels of the program. Walking is simple, can be done anywhere, and requires a minimum of equipment. The 10,000 steps per day program is what is recommended by many sources for a starting point to your exercise.

Intensity of Exercise

Checking your pulse (heart rate) is a simple monitor of whether the exercise you are doing is working well or not. Your target heart rate is determined by the following formula:

$220 \text{ minus your age in years} = \text{your maximum heart rate.}$

You want your heart rate to reach between 60 and 80 percent of your maximum heart rate. Multiply your maximum heart rate by 0.6 or 0.8.

Some devices are available that monitor your heart rate during exercise, and that is fine if you love gadgets. It is far simpler to check your pulse at your neck, count the beats for ten seconds and multiply that by six (or count the beats for one minute). You should do this in the middle of your exercise to see that you have attained a good heart rate and again after you have cooled down for ten minutes. Your heart rate should increase during exercise, then return to normal within ten minutes.

Okay, men. You must get the gadget. That is a prescription from this doctor (sorry, ladies, if you give a man a gadget it will keep him happy for hours, kind of like giving your infant a wooden spoon and a pot. We have not progressed too much, but then you knew that).

Water Aerobics

You do not need to know how to swim to take advantage of water aerobics. You can do simple things in a shallow end of the pool. As you progress, there are a number of safety devices that you can use to keep your head out of water.

For those with joint problems who want to maintain strength and flexibility, water aerobics are a simple and easy way to maintain your body without causing problems

on the joints. Further, keeping your joints moving allows you to keep in shape and is actually good for the joints. Joints become contracted (where they don't move as they should) from a lack of movement, and water aerobics is one way to keep those joints loose and flexible.

Water uses calories

Walking in deep water uses 240 calories in 30 minutes, as opposed to walking on land, 130 calories. Jogging in deep water uses 340 calories in 30 minutes, as opposed to walking on land, which burns 279.

Starting out with water aerobics at the shallow end of the pool (not the deep end), and starting out walking, is enough. Eventually you will get into the deep end of the pool, but not right away. Eventually you will go to thigh deep, then chest deep, then to the deep end where you can work out completely.

A number of classes in water aerobics are held at places like the YMCA, or at most gyms. Water aerobics can be used for any person with any joint problems. Often water aerobics is recommended immediately before and after joint-replacement surgery. If you have questions, check with your doctor and physical therapist.

Contact your physician if you notice any of the following:

- Chest pain after or during exercise.
- Light-headedness
- Heart rate that decreases during exercise
- Joint pain

Getting prepared for a walking or exercise program:

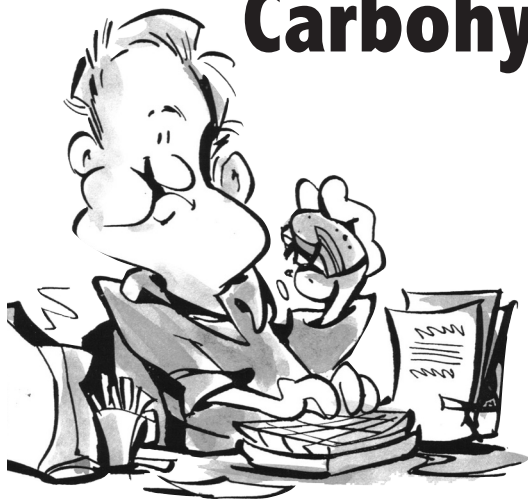
There are a number of ways to prepare for walking or other exercise. It does not have to be, and should not be, expensive, but here are a few things that are helpful:

- Purchase a pedometer to see how much you are walking
- Good shoes are important, they are inexpensive and worthwhile
- Walking indoor in malls in the morning takes away any weather excuses. They are safe, well-lit, and you have a host of individuals you can walk with.
- Having a person to exercise with makes it easy to keep motivated
- Exercise equipment is nice, expensive, and makes a wonderful place to hang clothes. Unless you are committed to that machine and have tried it in a gym or some other place,

then don't

- Getting a membership to a club or a gym is a way to try a number of things
- Water aerobics are easy on all joints, and there are a number of classes

Carbohydrates



Carbohydrates are probably one of the most misunderstood and maligned food groups today. Carbohydrates are essential. They are used as basic fuel for muscles, the brain, and the heart. Some carbohydrates are associated with obesity, heart disease, and even cancer, and those are probably the most commonly consumed carbohydrates in America. However, most carbohydrates are healthy, make you feel full, allow you to feel full longer, and are associated with longevity and a healthy lifestyle.

Examples of carbohydrates that should be included in your diet are fruits, vegetables, legumes, and beans. Carbohydrates that are likely to increase weight include

candy, white breads, white rice, and many processed foods such as cakes, cookies, and cereals.

Processed food = pre-digested food

If you have not heard it before, many people who have been successful at weight loss avoided processed foods—or “the whites” as they are called; white flour, white sugar, white rice, white potatoes. Any food that contains these items are avoided, as they are high in calories and contribute to weight gain.

Processing of carbohydrates or other foods is an important step in the food distribution network. In order to save wheat and store it, we must process it (remove the nutrients) then enrich it (put the nutrients back). What processing does is break down the components of the food—by grinding, milling, boiling, or any one of another process. By breaking down food with large machines, such as milling devices, the machine is doing part of the work of the digestive system. The finer the flour, the faster it is absorbed, while whole grains are absorbed more slowly.

Think of processed foods as something that someone else chewed for you, and are now feeding you—kind of like the Eagle feeding its little ones. No, that picture is almost too cute. Think of your hairy, smelly caveman neighbor eating

and regurgitating this food for you. Now, do you really want that?

Remember the old playground joke, “Hey you want some ABC gum?”

“Sure, love gum.”

At this point the kid takes the gum out of his mouth (its always a he, girls never do this) and hands it to you saying, “ABC is already been chewed.”

Processed foods—already been chewed

The body’s digestive tract is a complex machine designed to break down foods and allow the body to absorb food slowly over time. When food is broken down too quickly, and the blood sugar increases as a result, the body makes insulin to store that excess blood sugar as fat. If your body is allowed to break down foods slowly, then two important things happen: you do not become hungry as quickly, and your body uses more calories to digest the food.

The digestive tract is like any part of the body—it needs to be used, but you should limit feeding it foods that are “pre-digested.”

Glycemic Index

The old terms for carbohydrates were “simple” and “complex.” These terms have been replaced by the scientific studies done with glycemic index. Glycemic index is a measurement of how quickly food breaks down in digestion and causes a rise in blood sugar. These foods are assigned numbers one through 100. The higher glycemic index foods are those that break down quickly. Pure sugar, glucose, is given the value of 100. White bread has a high glycemic number (70) but breads made with whole grains have a lower glycemic index.

Higher glycemic index foods (those with values of 70 or greater) are associated with obesity, heart disease, and even cancer. The only way to know about the glycemic index of a particular food is to look it up. A variety of books list the glycemic index of foods, as well as websites such as www.glycemicindex.com.

The glycemic index is only meant for carbohydrates, it is not meant for meats, poultry, fats, or alcohol. We will discuss proteins, fats, and alcohols in separate chapters.

Strict avoidance of high glycemic index foods is one method of weight reduction, as is avoiding highly processed carbohydrates. However, by mixing high glycemic index foods with low glycemic index foods we do come up

with an “average” glycemic index. For example, having a cookie with an apple decreases the overall glycemic index of the food you are eating. Essentially, if you eat a highly processed food such as a cookie, you should also have something that has a lower glycemic index, such as some raw vegetables or fruits.

Vegetables:

You can eat most vegetables without thinking about their carbohydrate content or their glycemic index. Those that you should watch out for are potatoes and corn, which have a higher glycemic index than most vegetables.

Legumes:

These have universally low glycemic indexes, and are a good addition to your menu planning:

Black Beans—the glycemic index of 3/4-cup of black beans is 30. These make a great addition to an egg for breakfast, topped with some salsa. The beans are high in fiber, keeping you feeling fuller longer.

Kidney Beans—the glycemic index of 1/2-cup of kidney beans (red) is 27. These are the beans used in chili, tacos, and other Southwest foods. They contain a lot of fiber, and

have a lot of protein in them. Canned beans have a higher glycemic index (52). They are still a good source of fiber, iron, protein, and vitamins.

Lentil Soup—the glycemic index of one cup of Lentil Soup is 44. Soup is not something that fills you up and keeps you full, but it does digest slowly. Lentils contain a lot of fiber (5 grams) and only 24 grams of carbohydrate.

Navy Beans—the glycemic index of 1/2-cup of Navy beans is 38. Navy beans are used for making baked beans and are a good source of fiber (6 grams), with only 19 grams of carbohydrate. Many patients complain that these beans cause gas, which they do. However, it has been reported that the bacteria in the colon, which “eats” the undigested beans, are actually the “good” kind of bacteria.

Green Peas—the glycemic index of 1/2-cup of green peas is 48. Peas are high in protein and fiber (4 grams), for 11 grams of carbohydrates.

Soy Beans—the glycemic index of 1/2-cup of soybeans is 18. Many vegetarians use soybeans as a primary source of protein. In addition, soybeans contain fiber (5 grams), and are low in carbohydrates (10 grams). Many products made from soy beans (Boca burgers, morning star sausages) are tolerated well by early postoperative patients.

Snacks

Snacks are the major source of weight gain. Planning snacks is one of the keys to success for patients who have lost weight, reached their goal, and have kept off excess weight. Many snacks are high in simple carbohydrates and low in protein. Many protein bars, besides tasting like sawdust, contain high-index carbohydrates. Below we list some simple snacks that have a lower glycemic index, which will keep you feeling full longer and help promote either weight loss or help you maintain your weight.

Good Fruit Choices

Snacks that are primarily carbohydrates:

A number of fruits make good choices for a snack. These represent raw fruits—not fruits in a can, not in a pie, or processed fruits. These are raw, fresh fruits.

The Apple—one medium apple has a glycemic index of 34, and 25 grams of carbohydrate with 3.2 grams of fiber. There are a variety of apples available, from Honey Crisp to Macintosh (not the computer). They are easy to carry and a great snack.

Grapefruit—one-half a grapefruit has a glycemic index of 25, contains 1 gram of fiber and 5 grams of carbohydrate. It is a great source of vitamin C, and other nutrients. It also makes a great snack, as it can be peeled and eaten in sections.

Green Grapes—another great snack food. They are easy to carry and little mess. One cup of grapes has a glycemic index of 46, contains 15 grams of carbohydrates and 1 gram of fiber. They are high in sugar content, which is why they are used to make wine. The fiber in the skin of the grape, along with its acid content, slows down digestion. Some people put the grapes in the freezer as a natural popsicle.

A Fresh Peach—The glycemic index of a peach is 28. Peaches are easy to carry and make a wise snack in the morning or afternoon. The fiber in the peach helps slow the digestion (2 grams) and the carbohydrate content is 7 grams for a medium-size peach. Okay, so a white peach and some champagne make something I really like, but that is another story.

One Fresh Pear—The glycemic index of a pear is 38. While the carbohydrate content of a pear is about 21 grams, the effect on blood sugar is minimal.

One medium Plum—The glycemic index of a plum is 39. Again, the acid in the plum helps to slow down digestion

and reduces the amount of sugar that enters the body. Carbohydrate content is 7 grams, and fiber is 1 gram.

It is the calories, not the carbohydrates

Carbohydrates are an essential part of any diet. But choosing the right carbohydrates, the ones that allow you to feel full for long periods of time, is essential for losing weight and maintaining your goal weight. Elimination of highly processed foods, the high-index carbohydrates, has been shown to promote weight loss, decrease the incidence of heart disease, and cancer.

Carbohydrates are not bad—and the right ones are an essential part of any meal or snack. Furthermore, unlike alcohol, where all calories consumed are absorbed, the more complex the carbohydrate, the less likely that all the calories will be absorbed. Vegetables and fruits also contain great sources of vitamins, minerals, and other micro-nutrients. The iron from spinach is far more bio-available than that found in most iron pills.

Many of the “low carb” meals offered in restaurants and grocery stores contain far more calories, including a lot of fat, than simple, common-sense choices. Removing carbohydrates from meals often means that fats are substituted—increasing the total calorie content. People

initially lose weight by either removing glycogen stores and water, or by cutting out highly processed snacks that are high in calories. In addition, most low-carbohydrate diets become single-food diets. Because there is a smaller variety of foods, less food is consumed.

A common sense approach to carbohydrates includes eating raw fruits and vegetables for snacks and including them in meals. These carbohydrates provide a healthy basis for meals, and promotes weight loss. In addition, these carbohydrates (non-processed, low-glycemic index carbohydrates) allow people to consume less fat, fewer calories, feel full longer, and have a better source of vitamins, minerals, and micronutrients than can be found in any vitamin.

Fats



“Fats don’t make you fat.” That is probably the single misconception on the internet today. Fats do make you fat, in fact, fats have twice as many calories per gram as carbohydrates or protein. But weight gain is not the only issue with fats. Fats can also raise the levels of cholesterol in your blood, especially the type of cholesterol that can increase your risk of heart attacks.

Fats have 9 calories per gram, while carbohydrates and protein contain 4 calories per gram. As a calorie source, fats are more dense than almost anything that one would eat. High fat items include butter, cheese, lard, margarine, and many meats.

Fats provide a flavor and texture to foods that make a number of foods easier to take.

Not all fats are created equal, and we will attempt to go through the essential differences between the fats.

Trans fatty acids

These fats are manufactured from vegetable oil—some forms of margarine being the most commonly consumed trans fat. While vegetable oils are healthy, when they are processed they change to an unhealthy product. Trans fats are unhealthy and are implicated strongly in heart disease, probably because they raise the bad cholesterol (LDL). Unfortunately, labels such as “cholesterol free” or “cooked in vegetable oil” do not indicate that these products contain high content of trans fats. Trans fats are another reason to avoid processed foods. The Food and Drug Administration now is requiring that the content of these dangerous fats be included on the label of foods. Some companies, such as Pepsi® and Frito Lay®, have eliminated trans fats from some of their food products.

Trans fats are used commercially to fry foods such as most baked goods, potato chips, French fries, and are found in foods such as vegetable shortening, some margarine,

crackers, candies, baked goods, cookies, snack foods, fried foods, salad dressings, and many processed foods.

Reading food labels is the best way to learn about the content of trans fat. If the ingredient list includes the words “shortening,” “partially hydrogenated vegetable oil” or “hydrogenated vegetable oil,” the food contains trans fat. Because ingredients are listed in descending order of predominance, smaller amounts are present when the ingredient is close to the end of the list. Restaurants are not required to label their food, although a number of web sites will list the trans fats in the foods they prepare.

To avoid trans fats, substitute olive oil and garlic instead of butter or margarine. Nut butters and humus are good choices. Get rid of the vegetable spray that you use to coat your pans and instead buy a spray bottle and fill it with olive oil or canola oil—it will be less expensive, it will taste better, and it will be heart-healthy.

Saturated Fatty Acids

These fats raise cholesterol and increase the risk of heart disease. These fats are usually sold in solid form and stored at room temperature. The primary sources of this fat are animal. They include lard, whole milk, and shortening.

Monounsaturated Fatty Acids

These fats are liquid at room temperature but begin to solidify as they are refrigerated. Some salad dressings appear cloudy once they are refrigerated. These fats seem to lower blood cholesterol when used as substitutes for saturated fats. The sources of this fat are plants like nuts, avocados, olives, peanuts, and canola beans.

Polyunsaturated fatty acids

These are considered essential fats because they are required for your body to build cells and hormones. These fats are liquid at room temperature and include the healthy omega-3 fatty acids. They are also found in plant oils such as safflower, sunflower, corn, flaxseed and canola oils, as well as in seafood. Essential fatty acids—alpha-linolenic and linoleic acid—are also in the polyunsaturated group.

Good fats are still high in calories

The avoidance of trans fats and animal fats contributes to a healthy lifestyle. While trans fats will not be required in nutritional labels until 2006, until that time, avoiding processed foods that are not specifically labeled is a wise

choice. Fats are still high in calories and should be minimized in any diet.

One of the difficulties with low carbohydrate diets is that they are typically higher in fat than we would recommend. When people go off the low carbohydrate diets they tend to maintain a high fat content in their diet, and regain the weight they lost, as well as add more. The addition of fat to high glycemic index carbohydrates makes a deadly combination for weight gain.

Alcohol



It is amusing to see the proliferation of low carbohydrate beer and other alcoholic beverages. It is not the carbohydrate in beer that causes weight gain, it is the alcohol.

Alcohol has calories

Alcohol is a source of calories. In fact alcohol, on a per gram basis, is higher in calories than protein or carbohydrates. Alcohol is 7 calories per gram where protein and carbohydrates are 4 calories per gram.

The essential difference is that alcohol is absorbed very quickly into the body. In fact, alcohol is absorbed faster than high-index carbohydrates. One beer a day will add ten pounds in a year—as will one and a half ounces of vodka or a glass of wine. For weight loss, there is no doubt that reducing alcohol to something that is enjoyed occasionally will quickly reduce calories.

Alcoholics, who consume alcohol alone as their source of calories, are often thin—this is simply because the consumption of alcohol alone is insufficient for weight gain. But this is a poor source of food and deadly.

Alcohol is often overlooked as a source of weight gain, but it is one of the more common sources. The evening cocktail, the glass or two of wine with dinner, or the beer or two a night can easily be eliminated. Instead, substitute them with a walk to provide a far healthier lifestyle.



Portion Control

Some say it all started in a movie theater—the idea of portion control, that is. Add a little bit extra, charge more, and people will think they are getting a bargain and buy it. Then it moved to the icon of American foods.

When Ray Kroc bought a small hamburger joint called McDonald's he held the view that if patrons wanted more French fries they would simply order more. One of his employees had worked in the movie theaters and began to experiment with increasing portions, for a few cents more. McDonald's made more money, sold more products, and the patrons thought they were getting a better deal. By the way, you aren't—the fast food restaurants are still making money. It costs them a few cents for every dime you spend.

Penn State Study

Penn State provided lunches to 75 people: a sandwich, some potato chips, a chocolate mint, and water. The subjects had to eat the potato chips and the mint but could eat as much of the sandwich as they wanted.

The researchers varied the sizes and calorie counts of four sandwich sizes from six inches (668 calories) to 12 inches (1,337 calories). After eating, no matter what the size of the sandwich, the people felt just as full. Yet, the sandwich sizes were varied in length and calories.

How much do you eat at a setting? What is an adequate portion of food? Do you rely on someone else to determine the portion? If you eat less, can you be satisfied?

When we sit down with a plate of food before us we have a portion that is determined for us, and we eat that food, and we are satisfied. If we pile the plate with food, chances are we will finish that food. But there is no doubt, the larger the portion, the more you will eat and you will continue to eat until that food is gone. Once it is gone, you will be satisfied.

Plate or Platter?

A very good friend of mine loved the plates of the 1920s and would always stop at any antique store to buy the pattern known as Fiesta. These brightly colored plates were popular then and have made a bit of a comeback. So one day I was in an older Oregon seaside town and stopped in an antique store and asked if they had any of this dinnerware. It turned out that they did, and so I thought I would buy her some plates. When the salesperson showed me the plates I asked, “Wait, these are salad plates. Don’t you have any dinner plates?”

The sales clerk replied that these were indeed dinner plates. What we use now for dinner plates are more like the “platters” that were used to serve an entire family. Your portion size is sometimes dictated by the size of the plates you use. So, lesson learned—smaller portion, smaller plates—then you don’t feel deprived.

One of my favorite infomercials was about a “portion control” diet. I like portion control diets so I watched this. They were selling a small plate, something like a TV dinner plate, which had markings on it, and on these markings you put your food. Why someone would want to pay twenty bucks for that is beyond me, but if you call now you can get one free with a purchase. Anyway, portion control is one of the keys to weight loss success for weight

loss surgery patients as well as non-weight loss surgery patients. Knowing the size of what you eat, and keeping to that, is essential.

Protein Power



Protein Requirements

The average person needs to consume about 0.45 grams of protein per pound of body weight daily. The protein requirements for a person will increase if they are doing a lot of exercise, and certainly will increase if the person has had weight loss surgery.

Our workbook, *Getting to Goal and Staying There: Lessons learned from successful patients*, features a chart showing the protein requirements based upon the type of weight loss operation a person has had. Some weight loss operations bypass a part of the small intestine that absorbs protein, therefore these patients will need more protein than the average person.

Athletes may require up to one gram of protein per pound in order to facilitate muscle building and muscle repair. The more exercise one does, the more the body needs to build muscle and maintain it, the more protein the body requires.

Proteins are used by the body to build muscle, rebuild tissue, repair tissue, and can even be used as a source of energy. The body does not store protein. If you do not consume enough protein, your body will break down muscle tissue. Your body can only absorb so much protein at a time, and if you consume more protein than your body can absorb, that protein will simply be eliminated.

Protein has calories but more important, protein is used to build body parts. Your body remakes itself every seven years. Yup, you are not the same person you were years ago. Your body rebuilds and remodels itself all the time. In order to build the basic cellular structure, your body needs protein. Athletes need even more protein because the increased activity leads to muscle breakdown and the need for muscle repair (this is why you see a lot of gyms selling liquid protein drinks).

Protein Basics

Protein is made of building blocks called amino acids. There are two types of amino acids: those known as “essential” (because the only way to get them is through what we eat), and those that the body can manufacture from other amino acids. The amino acids you must get from your diet (that is, those that your body cannot build), are lysine, tryptophan, histidine, isoleucine, leucine, methionine (and/or cysteine), phenylalanine (and/or tyrosine), threonine, and valine. Arginine is also an essential amino acid but is required for children more than adults. If your body gets these essential amino acids, it can build the other amino acids.

Meat, dairy, soy, and eggs contain sufficient forms of all amino acids to prevent protein deficiency. Vegetarians have to be certain to include tryptophan and lysine in their diets, as these two amino acids are not found in many plant foods. They are, however, found in some grains. Protein deficiency is of particular concern in children whose parents have adopted a vegan lifestyle.

Protein Deficiency

Protein deficiency is uncommon in the Western world except in patients who have short gut syndrome, but it

can occur in patients who have had weight loss surgery. Deficiencies can also be found in people who run marathons, exercise a lot, or have severe trauma such as burns or major surgery. For patients who have had part of their small bowel bypassed (RNY gastric bypass or duodenal switch surgery), deficiencies can be avoided by increasing protein intake. Sometimes increasing intake is not enough and these patients may require supplemental enzymes (pancreatic) to help digest food in the stomach. On rare occasions, it is necessary to revise the operation so that more small bowel is available to absorb protein.

Common signs of protein deficiency include nausea and vomiting, a lack of appetite, swelling (edema) of the lower extremities, loss of hair and sometimes nails, low blood pressure, and muscle wasting. Advanced protein deficiency can lead to liver failure, ascites (fluid in the abdomen), and even death.

Some people have fatty liver disease. These patients might be placed on a liquid protein diet for a week before surgery in order to decrease the size of the liver, making laparoscopic surgery easier. There is no evidence that this is appropriate long-term therapy for fatty liver, although weight loss is the cornerstone of treatment for fatty liver disease.

Protein as an appetite suppressant

Protein makes a person feel full—or has an effect on satiety. People who are on a liquid phase of their postoperative recovery or on a liquid diet for other reasons can become quite hungry. Using protein drinks during these periods is particularly important so patients feel full with minimal calories.

Two types of protein drinks are commonly available; those based on soy proteins and those based on whey proteins. Whey is a byproduct of milk. There are two milk products: curds and whey (“little Jack Horner sat in corner eating his curds and whey”). The whey part of this milk is used to manufacture a variety of protein drinks.

Protein drinks are good as a snack because they allow a person to feel full with fewer calories. Besides, they are quick and convenient. It is far better to have a protein drink as a snack than snacks that dieters commonly use. Many protein-based diets recommend snacks such as peanut butter, nuts, fat filled meats, cream cheese, cheese for snacking. Not all of these items are protein-based foods and none of them would not be recommended as snacks for anyone serious about weight loss.

Whey-based protein drinks are generally better tolerated than soy based. Also, they are easier for the manufacturer to flavor so they taste better.

Food Myths



Protein Myths

There are many common myths about food. I will try to dispel some of them.

(a) Protein does not contain calories.

Protein does contain calories; the same amount, per weight, as carbohydrates. Over-consumption of protein, even protein drinks, can slow weight loss.

(b) The calories in protein are not what make a person fat; it is the calories in carbohydrates.

Protein calories can make you fat. While the body can absorb only so much protein at a time, as the body begins to break down the protein into amino acids, those can be converted into fat. Steaks, chicken, and even soy can cause you to gain excess weight. Your body can break protein down and make glucose, it cannot store protein.

(c) High protein diets are effective for weight loss.

High protein diets, or low-carbohydrate diets, are just that—diets. They work well in the beginning but they are not effective in the long run. It is far better for people to make healthy changes over the long run than to over-eat protein.

(d) You need protein shakes.

Protein shakes can be a good source of protein, and are needed by people at different times. However, food is the best source of protein, and getting protein from food is far more effective at making you feel full than a shake. One ounce of tuna fish can supply you with about 20 grams of protein, which is, for most people, about one fourth of your daily requirement.

Not So Healthy Snacks

—Common myths

A number of foods thought to be healthy snacks for people losing weight are not. Your body does not care where the calories come from, but your body is very good at counting calories. Low-calorie snacks are a great tool to help you lose weight, and whether those snacks are primarily carbohydrates or proteins does not matter.

Peanut Butter

Just about everyone on any diet has considered peanut butter to be a “healthy” choice for a snack. It is not. Two tablespoons of peanut butter contain: 190 calories, 18 grams of fat, 6 grams of carbohydrates, and 8 grams of protein. Essentially, peanut butter is a fat; it is not a protein snack. It is not a healthy choice for a snack, although it is tasty. One of my favorite patients used to eat Oreo® cookies with peanut butter—rationalizing that she was getting her protein in. She was getting in some protein but was primarily getting fat and sugar. A better choice than peanut butter is fresh fruits or vegetables.

Fast Food Fish sandwich

The Fish fillet sandwich is another favorite. The Burger King fish fillet contains 480 calories, 13 grams of fat, 68 grams of carbohydrates, and 13 grams of protein. A better choice is the Burger King Chicken Whooper®, which is 410 calories with 7 grams of fat, 48 grams of carbohydrates, and 38 grams of protein. But the best choice is the Burger King Chicken Garden Salad® with 210 calories, 7 grams of fat, 13 grams of carbohydrates, and 26 grams of protein.

It is not what you eat, it is what it contains. The difference in calories between the salad and the fish fillet is 270 calories. To burn those 270 calories you would have to walk two to three miles (a fifteen-minute mile). It is a lot easier to lose weight by making proper food choices than it is to exercise. Both are needed, but when you put calories in the context of how you will burn them, it becomes easier to make the proper choice.

Cream Cheese (yea, cream and cheese)

Cream Cheese is, by its very name, not something you eat if you are serious about losing weight. One-third of a teaspoon (30 grams) contains 100 calories and 10 grams of fat. The reduced calorie type contains 70 calories and 6

grams of fat. That is a small amount—now, most people put on a lot more than a third of a teaspoon. This is a high-calorie item with a lot of fat and calories and not much nutritional value in return. Contrast that with one-half a cup of cottage cheese, which contains 117 calories, or low-fat style, which contains about 82 calories. A lot more volume and fewer calories. Four ounces (one-half a cup) of the flavored cottage cheese such as Knudsen's contain 120 calories.

Nuts to you

Nuts are high in fats and oils but they have some protein. They are, as with all foods, okay in moderation, but not something you should choose as a snack if you want to lose some weight. Less than half a cup of almonds contain 615 calories, cashews contain 575 calories, peanuts 565 calories, sesame seeds 600 calories, or sunflower seeds 200 calories. Some claim that because these foods satisfy you with less that they are a good item for diet. If they keep you from eating other high fat items, that is one thing. But thinking that Peanut M&M's® is a diet food, or that they are okay because they contains protein, is simply not the way to lose weight.

Cheese

Cheese is high in fat, and some cheeses are high in carbohydrates also. Cheese is not a good choice for a snack. Cheese is almost pure fat. While it is flavorful and works well as something to enhance food, often it simply adds calories and fat. Many restaurants are offering “protein enriched” foods for those who are on “low carb” diets. They do this by offering cheese instead of healthy alternatives. In and Out Burger has a “low carb” burger, where they use lettuce leaves instead of the bun—but the calorie count in these selections is often higher than those with the bun. Why? Because they add cheese.

Taco Bell has “fresco” style selections where the cheese is replaced with salsa. Their Grilled Steak Taco®, fresco style, contains 170 calories with five grams of fat, where the regular Grilled Steak Taco® contains 280 calories with 17 grams of fat.

Cheese is not a diet food—cheese is fat, or lard (animal fat). Alternatives to cheese, such as Taco Bell’s selections with salsa, are far healthier and contains far fewer calories.

Restaurant Eating



It is often difficult to gauge the caloric value of most restaurant meals, and the portion sizes in restaurants are excessive. Learning to ask for the “to go” box early in a meal, and filling it right away, is a key to success. Knowing how much you are eating and making proper choices extends to restaurants.

We are creatures of habit. Chances are you have several favorite places where you eat some meals. If it is Saturday morning I know my parents are eating breakfast at Village Inn off the interstate in Oregon, and I can tell you Mom is going to order a “skillet” meal. Where you get your lunch, or your dinner, is fairly consistent. However, there is no reason not to know how many calories you are eating, nor is there a reason not to make new choices. You can down-

load the nutritional content of most chain restaurants meals on-line or find the caloric content of them in many books. Most local restaurants, while they may not give you the exact ingredients of your favorite dish, can give you a close approximation of the contents and the calories they contain.

Cook at Home

Planning what you are going to eat and having nutritious and delicious food readily available are two advantages to cooking at home. This need not be complex, difficult, or take too much time. You can regulate the food you eat, you can have delicious leftover snacks later, and you can avoid the high-fat, high-sugar foods that are common in most restaurants.

It is also safer to eat at home (although I might be the exception, but we are talking food safety here, not fire safety). Having your butcher grind steak for hamburger makes it less likely that you will suffer from food poisoning or even Mad Cow disease.

Our workbook contains menu plans and recipes for you. In each of the books we publish we always have a new recipe or two, and this book will not be any different. The next chapter contains some recipes supplied by my pa-

tients. They are quick and easy, and if I can make them in my kitchen, so can you.



Recipes

Orange & Avocado Salad

Serves 8

- 4 oranges
- 2 tbs ginger, finely chopped
- 3 tbs mayonnaise
- 1 tsp Dijon® mustard
- 2 tsp honey
- Salt & pepper to taste
- 2 shallots, finely diced
- 1 tbs extra-virgin olive oil
- 2 avocados, diced into small pieces
- 1 tbs mint, chopped fresh mint
- 6 cups spring mix lettuce

Segment and juice 3 of the oranges in the following way: Cut both ends off one of the oranges and place it, cut side up, on a cutting board. Using a sharp, flexible knife, cut the skin and white membrane from the orange. Use a sawing motion and cut from top to bottom following the contours of the orange. Free the orange segments by cutting along the seams that separate them from each other. Do this over a bowl to collect any juices. Reserve the segments separately. Squeeze what's left of the orange over the bowl to collect the juice. Do the same with the remaining two oranges. Strain the juice into a measuring cup: You should have about 3/4 cup; if not, juice the remaining orange and add as much as needed.

Combine the ginger, mayonnaise, mustard, and honey with 1/2 cup of the orange juice in a small bowl. Season with salt and pepper, to taste.

In a small bowl, combine half of the chopped shallots with 3 tablespoons of the remaining orange juice. Whisk in the olive oil and season with salt and pepper.

Cut the avocados into 1-inch pieces and put them into the bowl with the honey-and-ginger dressing. Add the remaining shallots and the chopped mint, mix together lightly so as not to break up the avocado.

When ready to serve, set aside eight orange segments. Toss the rest with the whole lettuce leaves and just enough of the orange-and-olive oil vinaigrette to coat. Divide the lettuce and oranges among 8 plates. Spoon some avocado onto each plate (there will be some dressing left in the bowl). Top with the reserved orange segments and drizzle any remaining honey-and-ginger dressing over the salad.

Preparation time: 10 minutes

Cooking time: 20 minutes

Ready in: 30 minutes

Nutrition Facts: Nutrition (per serving): 165.9 calories; 53 percent calories from fat; 10.4g total fat; 1.4mg cholesterol; 54.9mg sodium; 470.1mg potassium; 18.9g carbohydrates; 5.8g fiber; 10.5g sugar; 2.3g protein.

Chopped Salad with Tuna

Makes 4 regular servings of 2 generous cups each (double calories), or 8 WLS servings of 1 cup

Serves 8

- 1/4 cup lemon juice
- 3 tbs extra virgin olive oil
- 1/2 tsp garlic salt
- 1 dash freshly ground black pepper
- 8 cups hearts of romaine lettuce, chopped
- 2 tomatoes, diced
- 1/2 cup pimento stuffed olives
- 12 oz chunk light tuna, drained

Whisk lemon juice, oil, garlic salt, and pepper in a large bowl. Add romaine, tomatoes, and olives; toss to coat. Add tuna and toss again.

Preparation time: 10 minutes

Cooking time: 20 minutes

Ready in: 30 minutes

Nutrition Facts: Nutrition (per serving): 117.8 calories; 48% calories from fat; 6.6g total fat; 12.8mg cholesterol; 374.7mg sodium; 290.1mg potassium; 3.4g carbohydrates; 1.7g fiber; 1.3g sugar; 11.8g protein.

Steak and Eggs

A breakfast that takes 30 minutes to cook may not be practical on weekdays, but this is a weekend favorite. Make extra steak and have a great steak salad for lunch or dinner.

Makes four regular portions of 4-oz steak + 2 eggs and sauce, or 8 WLS portions of 2-oz steak + 1 egg and sauce.

Serves 8

Beef & Marinade

- 1 tbs extra virgin olive oil
- 2 tbs lime juice
- 2 cloves garlic
- 2 scallions, thinly sliced
- 1 pound skirt steak cut into either 4 or 8 servings
- 1/4 tsp salt
- 1/4 tsp ground black pepper

Eggs & Sauce

- 4 tsp extra virgin olive oil
- 2 small onions, sliced
- 4 scallions, sliced lengthwise
- 1 clove garlic, minced
- 8 eggs
- 2 tbs water

Whisk oil, lime juice, garlic, and scallions in a small bowl. Place meat into a large zip top bag. Add marinade to meat,

seal and shake to coat meat. Place in refrigerator, turning once, for at least one hour or overnight.

Heat 2 tps oil in a large non-stick skillet over medium heat. Add onions and scallions; cook, stirring often, until softened but not browned, 5 to 6 minutes. Add tomatoes and garlic; reduce heat to medium low and cook until tomatoes begin to release their juices about 8 to 10 minutes.

Push tomato and onion sauce to the sides of the pan. Add 1 tsp of oil to the center of the pan and increase heat to medium Crack eggs into the pan; add water, cover and cook until the eggs are set, 3 to 4 minutes.

Meanwhile heat the remaining 1 tsp of oil into a large skillet over high heat. Remove the meat from the marinade, blotting any excess; season with salt and pepper and add to skillet. Cook to desired doneness, about 1 - 2 minutes per side, depending on thickness.

Divide meat among serving plates, top with an egg and sauce.

Preparation time: 10 minutes

Cooking time: 20 minutes

Ready in: 30 minutes

Nutrition Facts: Nutrition (per serving): 229.9 calories; 59 percent calories from fat; 14.8g total fat; 273.1mg cholesterol; 197.5mg sodium; 383.1mg potassium; 4.4g carbohydrates; 0.8g fiber; 1.7g sugar; 19.0g protein.

Cooking Tips

When making this recipe simply double the marinade and meat. Prepare 1/2 as directed for steak and eggs breakfast. Grill the second portion of steak for steak salad later in the week.

Mixed Berry Salad

Serves 2

- 2 tbs low fat, sugar-free yogurt
- 1 tbs lime juice
- 1 tbs fresh mint, torn into small pieces
- 1 cup cantaloupe, cubed
- 4 strawberries, stemmed & quartered (medium size)
- 1/4 cup raspberries
- 1/4 cup blueberries

Whisk yogurt, lime, and mint together in a medium bowl.
Add fruit, toss gently, and serve.

Preparation time: 10 minutes

Cooking time: 20 minutes

Ready in: 30 minutes

Nutrition Facts: Nutrition (per serving): 63.6 calories; 5 percent calories from fat; 0.4g total fat; 0.7mg cholesterol; 20.1mg sodium; 321.1mg potassium; 15.0g carbohydrates; 2.7g fiber; 11.1g sugar; 1.7g protein.

Apples & Cheese Please

Makes 1 regular serving (double calories) or 2 WLS servings.

Serves 2

- 1 Granny Smith apple, large
- 2 oz cheddar cheese, sliced thinly

World's easiest snack. Core and slice apple. Use an apple corer/slicer that does both at one time. Thinly slice cheddar cheese. Top apple slice with cheese and enjoy.

Preparation time: 5 minutes

Ready in: 5 minutes

Nutrition Facts: Nutrition (per serving): 174.1 calories; 49 percent calories from fat; 9.6g total fat; 29.8mg cholesterol; 177.2mg sodium; 151.0mg potassium; 16.3g carbohydrates; 2.8g fiber; 12.1g sugar; 7.4g protein.

Citrus Chicken

Makes 4 regular servings (double calories) or 8 WLS servings of 1/2 chicken breast each

Serves 8

- 1 tbs butter
- 4 chicken breast, boneless, skinless, between 6-8 oz each
- 2 cloves garlic, thinly sliced
- 1 tsp lime zest, finely chopped
- 2 tbs lime juice
- 1/4 tsp ground ginger
- 1/8 tsp crushed red pepper
- 1 orange
- 1/4 cup chicken broth, fat-free
- 2 tsp arrowroot

In a large skillet melt butter over medium heat. Add chicken and garlic. Cook 4 to 5 minutes per side until cooked through. Stir garlic occasionally to avoid burning.

While chicken is cooking, in a small bowl combine lime peel, lime juice, ginger, and crushed red pepper; set aside. Peel orange. Reserving juice, cut orange in half lengthwise; cut crosswise into slices. Add orange juice and lime juice mixture to chicken in skillet. Place orange slices on top of chicken. Cover and cook for 1 to 2 minutes or until heated through.

Remove chicken to serving platter and keep warm.

Add 2 tsps arrowroot to 1/4 cup of chicken stock and add

to skillet drippings. Cook over medium heat 1 to 2 minutes until slightly thickened. Spoon over chicken prior to serving.

Preparation time: 10 minutes

Cooking time: 20 minutes

Ready in: 30 minutes

Nutrition Facts: Nutrition (per serving): 154.3 calories; 17 percent calories from fat; 2.9g total fat; 69.6mg cholesterol; 76.4mg sodium; 346.2mg potassium; 4.0g carbohydrates; 0.6g fiber; 2.2g sugar; 26.6g protein.

Apply it!



You cannot manage what you do not measure

You must learn to measure a number of things in order to be successfully lose weight and make healthy choices. If you do not measure them, then you will have no idea whether you are losing or gaining weight. Here is a summary of them:

Weigh yourself weekly

You will not see weight gain or weight loss daily, with very limited exceptions. If you overeat one day you will not see your weight jump, and if you starve yourself for a day or

two, the chances are you will not see your weight change. But by weighing yourself weekly you can see if what you are doing is working. If it is not, then you need to re-evaluate what you are eating. Not weighing once a week is missing a chance for an early correction. Some refer to daily weight as “toilet” weight—as it can vary so much by, well, you know. Weigh yourself once a week, under the same conditions—usually in the morning with no clothes.

I like the Tanita® scales (available at a number of places) because they also show your fat content. While some can argue as to how accurate these are, it will point out a trend. If you are building muscle and losing fat, the weight will stay the same, but you will see the fat content decrease.

Know your basal metabolic rate

The amount of calories you burn will change based on your age, your weight, and your activity status. As you lose weight, recalculate your basal metabolic rate. Some people simply do not understand that as you age, you need to eat less. If you become less active you need to eat less. If you want to be a 130-lb. person, then you need to eat like a 130-pound person. Knowing the calories you burn daily will help you determine the choices you make.

Know the calories you eat

Your body is a perfect calorie counter. It will count those calories you eat even if no one is watching you eat them. You should also. We are creatures of habit but it is easy to change what we eat over time. But to do so it is important to know the calorie content of what we eat.

Keeping a journal of what you eat, and the calories, opens your eyes as to why you are losing or are not losing weight. You have to measure the calories and be certain that the portion size is right. We have a simple journal that is made for this. It can fit into your purse, pocket, or briefcase easily, and it allows you to keep track of your BMR, weight, calories, and you can even use it as a daily planner. These are available through our website at www.obesitydr.com.

Know your portion size

Many people often miscalculate the portion size of what they eat. In a movie theater I purchased some peanut M&M's and saw that there were only 155 calories per serving. So I ate the whole bag. Later, not really believing that this bag contained only 155 calories, I noticed that the bag contained four servings—I had actually consumed

620 calories! So knowing the true serving size of what you are eating is helpful.

A proper serving size of meat is four ounces, which is about the size of a deck of cards—not more. On the other hand, a serving of vegetables may be half a cup, not one tablespoon.

Know your target heart rate

Exercise is a key to weight loss but it is not everything. Unless you are training and running a marathon, the chances that you can exercise enough to be able to eat junk food without gaining weight is impossible. Exercise is an adjunct. But in order to exercise properly, you need to get your target heart rate up. The maximum heart rate is 220 minus your age in years. So, if you are 40 years old, the 220 minus 40 is 180—that is the maximum heart rate. But your target should be 60 to 80 percent of that (so for our 40-year-old the target is between 110 and 140 beats per minute). For more information about this see our workbook. If you are not getting your heart rate up during exercise, then you may not be working at it hard enough.

Count your steps

We really like walking. It is safe, easy, and almost everyone can do it. Get a pedometer and clip it onto your belt. See how much you walk during a normal day, and then see how much you walk when you add a mile or two. Too often people tell me “I walk all day long, I don’t need to walk more.” Well, measure it. On my busiest day I walk maybe 3000 steps. The only way I can get the 10,000 steps a day in is to walk two miles per day above my normal activity level.

Choices are better

It is easier to lose weight making healthy food choices than by exercising, but to make those food choices, you have to take control of them. While that chicken sandwich may sound like a great diet choice at the deli, remember the extra mayonnaise, cheese, and other sauces may make it a calorie-rich food, not a healthy choice for weight loss. Saving those extra calories by making healthy choices is a lot easier than trying to exercise. So don’t get discouraged—take control!

Plan it!

Finally, you can plan your weight loss. Plan what you are going to eat, and stick to your plan. You are in charge of what you consume and how active you are. Do not leave this to chance. It is your body. If you want to lose 52 pounds this year, you can do it by burning 500 calories a day more than you eat. Cooking at home, knowing what you will eat when you go out, and keeping track of this, allows you to plan your weight loss.

Meals, not snacks

Snacking is a great way to gain weight. How do those Olympic athletes consume all of those calories? They graze, they snack. Instead of snacking, fill up on good food. Plan for healthy, low-calorie snacks, but if you are not hungry you are less likely to need snacks.

Menu planning is key. In our workbook we have forms to help with that. When you go to the grocery store, do it AFTER you have eaten. Funny thing, when you are hungry the foods you purchase are not as healthy as those you purchase when you are full and have a list.

96 calories a day

If you want to gain ten pounds this year just consume 96 calories a day above your basal metabolic rate. Not too much is it? If you want to lose ten pounds this year it is pretty easy to cut back 96 calories in a day—one beer, one can of soda, fruit instead of French fries.

Many of my weight loss surgery patients gained ten pounds a year, maybe lost it, and regained more. Then they gained another ten pounds—and in ten years they were 100 pounds over their ideal weight and needed to have weight loss surgery. Did they eat a lot more than their friends who stayed skinny? Not at all. Just 96 calories more a day made the difference.

Small changes over time have a huge impact

Small changes—better food choices, some exercise, and weighing yourself—make a huge difference over time. This is not a race to lose as much as you can in a month or two. This is a lifestyle change. Those small changes will make a difference as time goes on. Just like the 96 calories a day.

We change our tastes and our food choices all the time. When I was a kid, Italian food was spaghetti. Now we have pasta. There was no swordfish or Chilean Sea bass—but there are now, and they are great foods. Fruits were not available year around—but we also didn't have fast food restaurants. Food choices increase, so changing the things that you eat is quite possible. Making healthy changes is the best way to lose weight.

A recent study showed that French women do not have the obesity problem that American women have. They concluded that French women ate very well for meals; in fact they ate delicious food. They did not eat between meals, and they did not eat junk food.

Small changes, over the long run, have a huge impact. If you measure it, you can manage it. Do not be discouraged: skinny people eat dessert; skinny people eat thin mints (thin mints do not make you thin). You will have fits and starts, but keep measuring, keep planning, and know that over the long run you will get to where you want to be.

Success comes from measuring and planning. It is not random. Eat well, plan on it, and enjoy it.