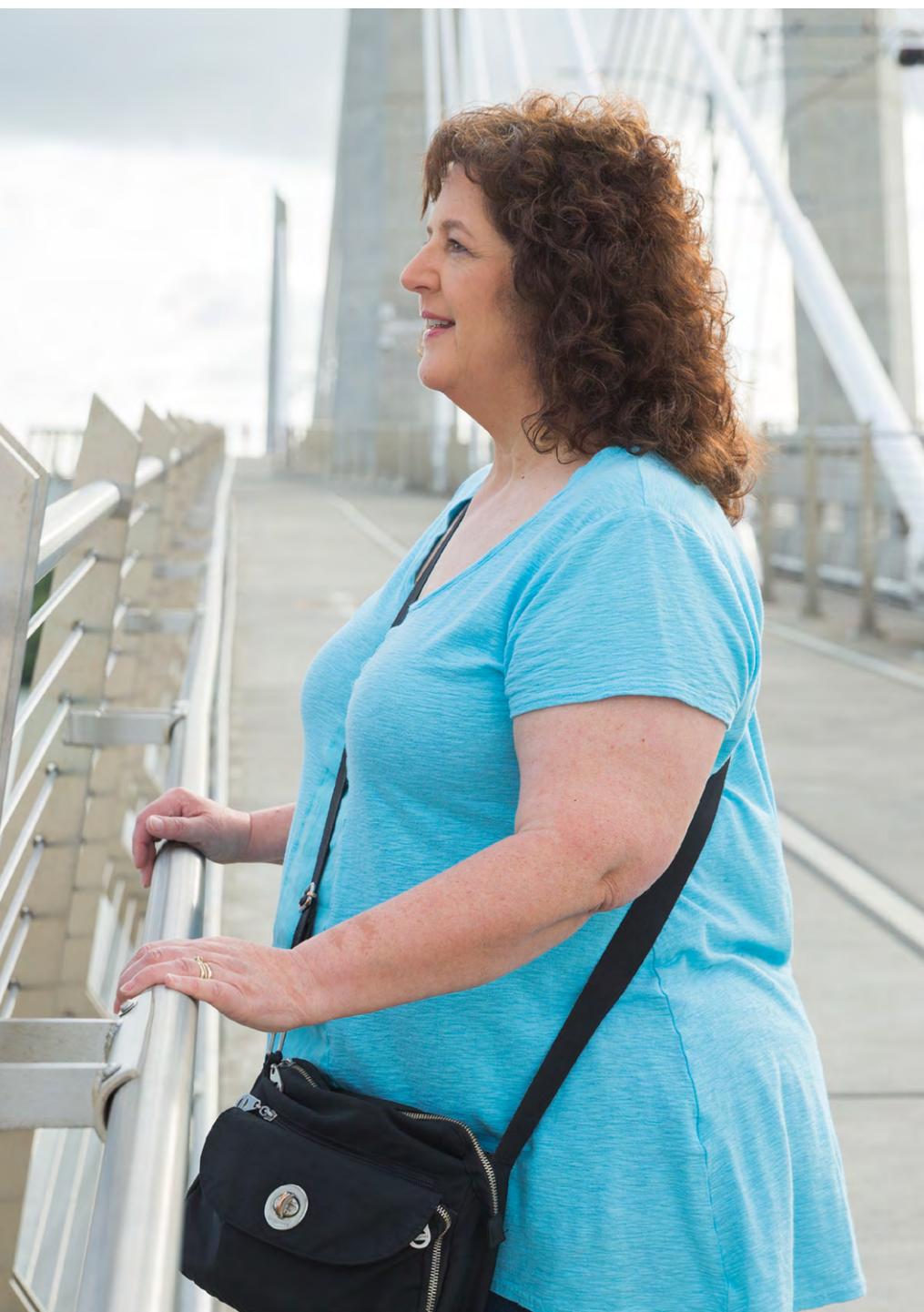


BARIATRIC SERVICES

Planning for success



OHSU Health
Bariatric Services

www.ohsu.edu/bariatric

Deciding to have weight loss surgery is a major step toward improving overall health. However, you will also need lifestyle and behavior changes to achieve your goals.

Change is not easy, and individuals experience different emotions and degrees of commitment throughout the process. Successful weight loss after surgery depends on awareness of your emotions and devotion to taking action.

The following tools can help you understand your behaviors and emotions around eating, food and exercise.

It is important to remember that these tools are just a place to start. If you are experiencing serious food behavioral issues, such as binge eating or purging, you need to seek professional help before having surgery.

“With behavior change, there is no such thing as failure. Change occurs on a continuum: sometimes we leap, sometimes we crawl and sometimes we slip back.”

–Michael Samuelson

Psychological and emotional health

OHSU's Bariatric Services is dedicated to providing you with the best medical treatment and care. Psychological and behavioral services are part of our program's commitment to the long-term success of your weight loss surgery.

Weight loss surgery is a major medical procedure that can have a significant effect on many areas of your life, including your health, body image, relationships and self-esteem as well as your eating behavior and weight.

Our psychologists perform presurgical evaluations to help you decide if surgery is the best option for you at this time. The evaluation identifies the factors that can help you obtain the best possible outcome following surgery. This involves identifying specific ways you can prepare for surgery and providing recommendations regarding how to make the pre- and postoperative changes that will be necessary for long-term weight loss success.

We can provide recommendations and/or referrals so that other psychological issues, such as depression, eating disorders or anxiety, do not negatively impact the success of your surgery.

Stages of change

Pre-contemplation: "I don't want to change anything."

The wish to change is vague. No matter what others say, you must want to change.

Action plan: Keep the idea of changing in the back of your mind for later. Don't dismiss the idea of changing altogether.

Contemplation: "I'm thinking about changing."

You realize that you would like to, or should, make a behavior change. You consider the pros and cons of change.

Action plan: Think about the consequences if you don't change your behavior. Gather as much information as you can on your behavior.

Preparation: "I'm getting ready to change."

This stage combines the intent to change with actually making some small alterations in your behavior. You are thinking more about the future than the past, more about the pros of a new behavior than the cons of the old one. This is the time to make a firm decision.

Action plan: Write out a detailed plan of action with small, attainable goals. Let people know you plan on changing and that you will need them for support.

Action: "I've started to change."

This is the busiest stage of change. It's also the most visible to others. Give yourself all the help you can. Substitute a healthy habit for an unhealthy one.

Action plan: Keep making new goals after you are successful with your old goals.

Maintenance: "I'm keeping the change going."

This stage is often far more difficult to achieve than action. This stage can last six months to a year. For most people, relapses are part of quitting. Try to learn from your mistakes.

Action plan: Keep making new goals after you are successful with your old goals.

Emotional rescues

It's easy to turn to food to "fix" sore emotions. But when you're bored, lonely, angry, frustrated, anxious or sad, you're really looking for something that the pantry can't fix. So, you need something other than food to soothe these emotions. The following ideas are suggestions. Prepare your own list and try them next time.

Anger

- Accomplish something positive: laundry, vacuuming, washing the car or the dog, sorting the mail, weeding.
- Talk it out.
- Walk.
- Play some relaxing music or blast the radio and dance around the house.
- Meditate or use deep breathing.

Frustration

- Write down what you accomplished today.
- Write down what you can accomplish today that you haven't — and then do it.
- Do a favor for a friend.
- Watch one of your all-time favorite movies.
- Read an uplifting book.
- Seek space.
- Take a walk.

Anxiety

- Practice some relaxation techniques.
- Call your best friend.
- Ask yourself, "Is the worst-case scenario likely to happen?"
- Turn off the news and tune in to a nature show, comedy channel or cartoons.
- Knit, read a book, paint or play music.
- Take a hot bath or a nap.
- Exercise.

Loneliness/boredom

- Invite a friend over.
- Join a club, be on a committee or volunteer for a community service.
- Write or email friends and relatives.
- Go to a museum, art exhibit or auction.
- Make a new friend; talk to someone new at the gym, on the bus or at the store.
- Consider adopting a pet.
- Participate in an online support group.
- Seek stimulation.
- Accomplish some house, garden or yard work.

Sadness/depression

- Exercise, preferably outdoors.
- Find out what's making you sad and plan to remedy it. (If your friend moved, plan a trip to visit them.)
- Accept your sadness; try to learn from it. Have a good cry.
- Practice smiling.
- Write down what makes you happy and do it — immediately.
- Keep a list of feel-good movies and watch one.
- Visit the zoo or some gardens.

My plan

1.

2.

3.

4.

Intuitive eating

Intuitive eating is not eating a whole chocolate cake when you crave a slice. It is learning what the craving is telling you and interpreting the message. Food has a remarkable way of connecting us to those feelings or disconnecting us from our physical and emotional selves. It's also important to recognize and understand the link between biochemical and emotional processes.

As infants and toddlers, we were born with the ability to regulate food intake and match it consistently to hunger and fullness. With time, we learn emotional eating and unlearn intuitive eating. Cake at birthdays, pizza with a sad friend and ice cream after winning or losing the baseball game are just a few examples. Emotional eating does not mean that you have serious problems; it is a learned response that becomes a “bad habit” over time.

Overcoming emotional eating and rediscovering intuitive eating involves:

- Recognizing that a negative cycle exists.
- Setting aside beliefs about food and our bodies, including feelings of guilt.
- Exploring the expectations of who we would be if we weighed less.
- Determining what emotions provoke a reaction and learning how to cope.
- Recognizing physiological and emotional responses to food.

Characteristics of intuitive eating

- **It varies from person to person.** Our tastes, bodies, activities, emotions and spiritual paths are different. Also, what our bodies require in terms of nourishment differs individually.
- **It is cyclical.** Weekly, monthly and annual cycles, even life cycles, change our bodies' need for, and responses to, food.
- **It is imperfect.** Intuitive eating does not mean we'll always choose absolutely healthy foods. We don't always feel as if we've had a perfectly balanced day.
- **It is rhythmic.** We feel pleasantly satisfied (but not stuffed) after a meal and pleasantly hungry (but not starving) before the next.
- **It includes a wide variety of foods.** Cereals and grains, fruits and vegetables, dairy products, meats, beans, nuts and even fats play a role in normal, intuitive eating. Again, the exact balance and variety of foods is different for each person.
- **It is free of obsession.** Intuitive eating acknowledges that our compulsions are due to biochemical or emotional reasons and sees any over- or undereating as an opportunity for learning.
- **It is nourishing** to the body and spirit.
- **It feels good.** Good food in the right amounts and at the right times excites the senses. It provides tactile and taste sensations as we eat, and a pleasurable “satisfied” feeling afterward. When we finish a meal, we feel comforted and renewed — physically, emotionally and spiritually.
- **It is an essential component of self-care.** What better way to nurture ourselves than with the foods we need and enjoy in the amounts we require?

Measuring your progress

Most people seeking weight loss surgery want more than just weight loss. What are some of your other goals?

Healthier eating habits

- Eat more whole foods (whole grains, dried beans and nuts).
- Eat more fruits.
- Eat more vegetables.
- Eat more of the health-promoting fats.
- Know what is in the foods I eat.
- Plan ahead more often for meals and snacks.
- Choose more appropriate portion sizes.
- Eat a wider variety of foods.
- Drink more water.
- Pay more attention to my body's hunger/fullness signals.
- Be more assertive in turning down food when I'm not hungry.
- Eat adequate amounts of food (instead of dieting drastically).
- Feel more at peace with food and the role it plays in my life.

Better emotional health

- Improve my attitude toward my body.
- Develop a variety of coping strategies to lessen emotional eating.
- Find more support for the lifestyle I want.
- Engage in more activities that bring me enjoyment.
- Actively do things that lower my stress level.

Improved physical health

- Move with greater ease.
- Lose body fat (measure inches lost with a tape measure).
- Feel less short of breath when climbing stairs or carrying packages.
- Feel more comfortable in my clothes.
- Be able to participate more fully in fun physical activities, like hiking with friends.
- Have more energy throughout the day with fewer highs and lows.
- Be more physically active on a consistent basis.

Improved medical status

- Improve my diabetes control.
- Lower my blood pressure.
- Lower my cholesterol level.
- Be able to take less medication for a chronic health problem or illness.

Making a plan to manage your stress

Many of us feel stressed and would like some relief. But we may feel so overwhelmed that we lose track of making changes to reduce or manage the stress – we feel trapped! Please take the next few moments to focus on you and use the questions below as a guide for creating an action plan for stress reduction.

Stress and you

My main reasons for making a change to reduce my stress are:

1. _____

2. _____

3. _____

Making a change is important to me because:

1. _____

2. _____

3. _____

What do I plan to accomplish with this change, or what outcomes will I get?

1. _____

2. _____

3. _____

What change do I plan to make? _____

Where am I currently? _____

Where do I want to be? _____

What kind of timeline am I considering? _____

Creating a plan

How do I plan to make this change? What strategies, tips or resources do I plan to use? _____

What plans do I have for difficult times? _____

How can others in my life help me? _____

How will I monitor my progress? _____

How will I reward myself? _____

How confident am I that I can accomplish the plan above? _____

Lifestyle changes for a successful outcome of your weight loss surgery

Obesity is caused by many factors, including genetics, the environment, culture, biology and individual behavior. You may have little to no influence over some of these factors, like genetics. However, you can influence some of the factors (like behavior) that contribute to obesity. This is very important to do in preparation for weight loss surgery as it will allow you to make the most of your treatment results.

Ask yourself these questions:

1. What things did I do that contributed to my becoming overweight?
2. What things do I do that make it harder for me to lose weight or manage my weight now?
3. What have I done that has prevented me from maintaining weight loss after diets in the past?
4. What can I do to make this time different?

When we ask you to think about these questions, we are not implying that obesity is your fault. Again, there are many factors that contribute to obesity, many of which a person has no control over. However, what we want to do is help our patients work on the factors they can control to increase the likelihood of greater weight loss and the healthiest outcome following surgery.

Bariatric surgery will not eliminate the problems that led to weight gain in the first place. It is a very effective tool that can start you on a new path. It is up to you to make the lifelong changes that are necessary for anyone, not just bariatric surgery patients, to maintain a healthy weight. Start making these changes as early as possible so that they can become entrenched as your new habits.

Step 1: Assess your current eating/exercise behavior

Do an analysis of your current eating and exercise behavior. Keep a food/exercise/weight log in a journal for a few days or weeks to find out where you need to make changes. In particular, if you answer “no” or “false” to any of the following statements, these would be ideal targets for change.

Eating behavior

- I eat breakfast (within two hours of waking up) every day.
- I eat meals and snacks regularly and evenly dispersed throughout the day (about five to six times per day or about every two to three hours).
- I eat small or moderate-sized portions.
- I pay attention to my hunger and fullness. I do not let myself get too hungry or too full. Instead, I try to start eating when I’m “moderately hungry” and end each meal or snack when I feel “satisfied.”
- I make healthy food choices, including lots of fruits/veggies, lean proteins and healthy carbohydrates. I avoid fried food.
- I limit soda intake. When I drink soda, I drink diet soda.
- I limit liquid calories, including soda, coffee, alcoholic drinks, shakes and smoothies.

Weighing

- I weigh myself regularly, at least once a week. I think of my weight as “data” rather than feeling the number represents me as a person.
- I understand that weight tends to fluctuate a little, so I don’t overreact to very small changes (upward or downward) in my weight. Instead, I consider them to be weight maintenance.
- If I notice a little bit of weight gain (not just slight fluctuation), I catch it before it goes too far. I analyze what I might be doing that is contributing to the increase. I make a specific plan for how to change my eating and/or exercise to get back on track. If I need to, I keep a food/exercise log for a few days/weeks to help me do this.

Taking charge of the environment

- I plan my meals and snacks for the day. I take food with me when I will be away from home, so I don’t have to wing it at work/school or when I am out.
- I am always careful when I go out to a restaurant. I recognize that portions are almost always too large, so I plan ahead and have strategies for how to stop eating when I’ve eaten a reasonable portion.
- I rarely/never eat fast food. If I do go to a fast food restaurant, I am careful to make a healthy choice — and not just what sounds like a healthy choice, but I read the labels of their food items to make sure.
- I can assertively say no to food if I do not want it and/or I’m not hungry. I can do this even if someone is encouraging me or pushing me to eat some food.
- I recognize that our current sociocultural environment does not usually assist with healthy eating (portions are too big, fast food is too available, etc.). I know that it is up to me to take control of my own eating and exercise planning, regardless of what is most easily available.

Attitudes/beliefs

- I do not take “vacations” or “holidays” from healthy eating and exercising. I enjoy my food at special occasions, but I maintain my healthy eating and exercise habits.
- I am mindful when I eat.
- I believe that I am in charge of maintaining my weight.
- I know that everyone has to be attentive to their eating and exercise patterns to be healthy.
- Maintaining a healthy lifestyle is something I will need to think about and spend time on every day for the rest of my life. I know this will take effort.
- I have realistic expectations regarding how much weight I will lose. (If you need help calculating this, ask one of the bariatric surgery team members to help you know what to expect.)
- I have realistic expectations regarding what it will take to maintain my weight loss.

Emotional or binge eating

- If I feel the urge to eat when I am not hungry (or before two to three hours have passed after my last meal/snack), I engage in alternative activities instead. I have a prepared list of these activities, so that I am ready if I feel the urge to eat.
- I do not engage in emotional eating. Instead, I have other ways of dealing with my emotions.
- I don't give up because I feel I have drifted off track with my eating or exercise.
- I do not binge eat (having a sense of loss of control while eating, like you can't stop once you've started).

Exercise

- I exercise regularly, at least four to six times per week.
- I schedule other things around exercise rather than trying to schedule exercise into my day.
- I consistently look for ways to increase physical activity and calorie expenditure through my everyday activities. For example, I can take stairs instead of elevators, park farther away from stores and buildings to increase my total steps, and/or wear a pedometer to make sure I'm getting at least 10,000 steps per day.

Step 2: Making changes/setting goals

Make changes gradually. Keep track of your progress so that you can see how your efforts are paying off – not only with weight loss, but in other aspects of your life. To start making changes, set specific goals for yourself each week. Make sure the goals are SMART goals.

S = Specific

SMART goal = I will walk for 20–30 minutes three days this week.

NOT a SMART goal = I will exercise more this week.

M = Measurable

SMART goal = I currently eat ice cream five nights per week. Next week, I will reduce this to eating ice cream on only three evenings, and I will eat a piece of fruit on the other evenings.

NOT a SMART goal = I will reduce the amount of ice cream I'm eating.

A = Attainable

SMART goal = I do not have money to buy exercise equipment for my home. Instead, I will walk four evenings per week in the park near my home.

NOT a SMART goal = I do not have money to buy exercise equipment for my home. I am hoping to buy a treadmill, so that I can walk more often.

R = Realistic

SMART goal = I never do planned exercise now. Next week, I will walk for 15 minutes on two days of the week.

NOT a SMART goal = I never do planned exercise now. Next week, I will run 2 miles all seven days of the week.

T = Timely

SMART goal = I always eat two full bowls of cereal in the morning. I will reduce this to one-and-a-half bowls starting tomorrow morning.

NOT a SMART goal = I always eat two full bowls of cereal in the morning. I will reduce this to one-and-a-half bowls someday soon.

Also, keep in mind that it is best to set goals about your behavior, not your weight. For example, a goal might be walking for 15 minutes five days this week rather than losing 2 pounds by next Friday. Weight loss is not a behavior; it is the result of many things, including your behaviors. Set goals that help lead to weight loss and healthy weight management.

Step 3: Maintaining your progress

This is a very important step. Once you have successfully changed a behavior, sometimes it feels like you should be able to put things on autopilot and not have to worry about them anymore. However, this is not the case, and people will often notice some drift back toward old behaviors. It's very important to keep journaling every once in a while to see if you have drifted back toward behavior patterns that you worked hard to change. If you notice some drift, there is no need to panic or feel that you have failed. Drift is normal. What it does mean is that you'll need to recalibrate to be back on track (to do this, see Step 2). Again, this drift happens to everyone. No one can function on autopilot and expect to stay on top of priorities. If something is a priority, there has to be an active effort to keep it going. This applies to all things in life, not just weight management.

Weight management/obesity/ eating disorders/body image providers

Gretchen Newmark, M.A., R.D. | 503-249-8064 | www.gretchennewmark.com

Clearwater Associates, LLC | www.clearwaterpdx.com

Britta Dinsmore, Ph.D. | 503-913-4791 | www.brittadinsmore.com

Dawn McWatters, Psy.D. | 360-694-7632 | Email: therapy@drmcwatters.com

Christine Jensen, R.D., Ph.D. | 503-641-9136 | 10-week group program/2 hrs/wk

Kim Goodale, Psy.D. | 503-684-7246 | www.nwomc.com/clinical-team

Anne Cuthbert, M.A. | www.foodisnottheenemy.com/index.html

Be Nourished | Nutrition Therapist and Psychotherapist | 503-288-4104

benourished.org/certified-body-trust-providers

Bob Wilson, B.S., D.T.R. | balancedweightmanagement.com

Kartini Clinic for Disordered Eating | 503-249-8851 | Email: help@kartinclinic.com | www.kartinclinic.com

Suggested resources

Book recommendations

Food Rules by Michael Pollan

Overcoming Binge Eating by Dr. Christopher Fairburn

Breaking Free from Emotional Eating by Geneen Roth

Transformational Weight Loss by Charles Eisenstein

Mindful Eating: A Guide to Rediscovering a Healthy and Joyful Relationship with Food by Jan Chozen Bays

Intuitive Eating: A Revolutionary Program That Works by Evelyn Tribole and Elyse Resch

Dialectical behavior therapy book

Get Out of Your Mind & Into Your Life by Steven Hayes, Ph.D.

Free online food record/journal

Fit Day

www.fitday.com

Dialectical behavior therapy

Portland DBT

www.pdbti.org/dbt-eating-disorders-program-path-mindful-eating