Ready or Not?

If you are reading this, you are probably considering weight-loss surgery as a way to resolve your weight concerns once and for all. That is a big step! Preparing for weight-loss surgery and following necessary lifestyle changes after weight-loss surgery are the next steps, and require a big commitment.

Weight-loss surgery does not cause weight loss. It helps you learn and apply the behaviors to lose weight and keep it off. However, if you do not use the weight-loss surgery tool to help you change behaviors, you may experience serious health problems or weight regain. So, before committing to weight-loss surgery, assess whether you are ready to commit to what it takes to succeed. The following questions are meant to help you do some soul-searching and see whether you are really ready to “take the plunge.”

Am I Ready to Be Rerouted? Eleven Points to Consider

Read through the following statements. Do you agree with them? Why or why not?

1. I have “hit bottom” with my weight and I am willing to do what it takes, even if that means waking up an hour earlier to fit in physical activity or attend regular support groups.
2. I understand that the surgery is only a weight-loss tool, and that if I do not keep my calories down and my activity up, I will regain the weight I lose through surgery.
3. I realize that I may still want to eat my old favorites like cookies or chips and, in the long run, I may need to work to limit these foods.
4. I realize that weight loss will generally make me healthier and have more energy, but that other problems, such as relationship problems, may actually worsen.
5. I am committed to taking vitamin and mineral supplements for the rest of my life.
6. I am committed to regular physical activity for the rest of my life.
7. I am willing to learn communication skills so that I can effectively communicate my needs with my friends and family.
8. I am willing to seek psychological support as needed.
9. I intend to comply with the recommendations of my bariatric surgery team.
10. I realize that the recommendations for weight-loss surgery patients apply to me—that I am not different from all the other weight-loss surgery candidates.
11. I am realistic about the amount of weight I will lose and how I must alter my lifestyle to sustain that weight loss.

The “Reality Check”: Interpreting Your Responses

Statement 1

I have “hit bottom” with my weight and I am willing to do what it takes, even if that means waking up an hour earlier to fit in physical activity or attend regular support groups.

The decision to have weight-loss surgery should not be taken lightly. Weight-loss surgery is typically viewed as a last resort.

Before you decide to follow through with weight-loss surgery, ask yourself whether you can make weight management a top priority in your life. You may need to address challenges in some fundamental elements of your life, such as relationships or jobs.

Ask yourself whether this is the best time. Are there other issues that are draining your time and energy?

Weight-loss surgery creates change. Change will add to your stress load. Work on coping skills if you know you eat to cope with stress. Rather than having surgery and gaining the weight back, it is better to wait until the time is right and achieve optimal success.

Statement 2

I understand that the surgery is only a weight-loss tool, and that if I do not keep my calories down and my activity up, I will regain the weight I lose through surgery.

Some people, consciously or subconsciously, cling to the belief that “Weight-loss surgery alone will fix my weight problem.” These people are unlikely to achieve lasting health and optimal weight loss. If they do not eat healthy diets, they will have inadequate energy and stamina or they will experience other health problems associated with poor diets, such as heart disease or cancer. If they eat too many high-calorie foods, they will lose less weight than they otherwise could.

To achieve the best results with weight-loss surgery, it is important to acknowledge that weight-loss surgery is a tool and incorporate changes in key areas of your life (behaviors, nutrition, activity). Changes to your prior lifestyle are a process and are not as quick as having the surgery itself. Before you commit to weight-loss surgery, assess whether you are ready to make changes that support, not undermine, your new tool. Are there areas where you need additional support before and/or after surgery?
Statement 3

*I realize that I may still want to eat my old favorites like cookies or chips and, in the long run, I may need to work to limit these foods.*

With few exceptions, having weight-loss surgery does not make foods that you like any less appealing. Chocolates will still melt in your mouth, and nachos covered with cheese will still make you salivate. In the early period after weight-loss surgery, you probably will not be able to eat these foods, and certainly not in large amounts. However, they will probably still appeal to you, and you may still be tempted to eat them. Eventually, the physical constraints against eating such foods will diminish and you will be able to eat them, and to eat them in larger amounts. Weight-loss surgery will buy you some time to develop new habits of eating and learn new skills, such as not buying cookies or how to stop eating when you are no longer hungry.

Statement 4

*I realize that weight loss will generally make me healthier and have more energy, but that other problems, such as relationship problems, may actually worsen.*

By losing weight, you will find that you can engage in new activities for the first time. You will have more energy, and you will probably feel less pain and discomfort when walking and moving.

Relationships often undergo periods of adjustment, too. Sometimes the balance of power shifts. For example, people who have been overly accommodating may begin to stand up for themselves. Although this may be a positive change, it can create stress at home and at work.

Statement 5

*I am committed to taking vitamin and mineral supplements for the rest of my life.*

Weight-loss surgery affects your nutrition in the short term by limiting the amount of food you can eat. People often eat between 600 and 800 calories in the first several months post-operatively. This is not enough food to provide all the nutrition needed to stay healthy. In addition, there may be entire food groups that will induce nausea or discomfort. This can create nutrient deficiencies as well.

However, even after time has passed and the amount and variety of food you can eat becomes more normal, fewer nutrients are absorbed because the intestine has been short-
ened by gastric bypass or duodenal switch. This change by itself can induce nutrient deficiencies if supplementation is inadequate. If your goal for having weight-loss surgery is to improve your health, you must commit to daily vitamin and mineral supplementation, generally three to four times a day.

Statement 6

*I am committed to regular physical activity for the rest of my life.*

No one is saying that you must run marathons or hike the Appalachian Trail. Many people with morbid obesity have joint problems in their backs, hips, or knees, and carrying around extra weight is a lot of work. Are you willing to set aside time to get some movement in, despite such physical challenges? Are you willing to find things that you can do rather than focus on your limitations? Making weight loss a priority entails scheduling regular physical activity into your day.

Statement 7

*I am willing to learn communication skills so that I can effectively communicate my needs with my friends and family.*

Spouses may feel threatened when you lose weight; coworkers can get jealous. You may change the way you respond to people, no longer willing to bend to their every whim. Perhaps an air of confidence will make loved ones shake their heads and say, “You’ve changed.” You will be adjusting to your new body size and placing your needs first as you adapt to your gastric pouch or sleeve and work on your healthy lifestyle. All of these changes require adjustments and create stress, even though your experience may be wonderful and exciting. Counseling and support groups are resources to help you in these areas.

Statement 8

*I am willing to seek psychological support as needed.*

Some researchers have suggested that one-third of the people who seek out weight-loss surgery have a history of disordered eating. Other researchers have indicated that up to one-fourth of obese patients were sexually or physically abused in their past. According to a survey by Dr. Richard Stuart, many overweight women use weight as a way of deferring sexual advances from men, keeping themselves from cheating on their partner, or evening out a relationship. After weight loss removes the protective layers of fat, old wounds or vulnerabilities may be revealed. If you do not deal with them, the feelings can become overwhelming and may actually sabotage your weight loss.
In addition, many people describe a sense of loss when they can no longer eat large quantities of favorite foods. If eating has been a way of dealing with uncomfortable emotions, then you will be left with raw emotions.

Statement 9

*I intend to comply with the recommendations of my bariatric surgery team.*

Weight-loss surgery is not completed after you leave the hospital. Regular follow-up with your bariatric surgery team is critical for long-term health and success. Additionally, you will have specific recommendations to follow for such behaviors as vitamin supplementation and diet. If you do not fully intend to comply with these recommendations, then you should ask yourself whether you are truly ready to have weight-loss surgery. You are unlikely to succeed at long-term health improvements and weight loss.

Statement 10

*I realize that the recommendations for weight-loss surgery patients apply to me—that I am not different from all the other weight-loss surgery candidates.*

Believing that the rules of weight-loss surgery don’t apply to you is a setup for failure. If you still think that you can outsmart the disease of obesity, then you will probably fail at long-term weight loss.

Statement 11

*I am realistic about the amount of weight I will lose and how I must alter my lifestyle to sustain that weight loss.*

Following weight-loss surgery, the average person loses about one-third of total body weight or about 60% of excess weight. (Excess weight is the number of pounds you weigh beyond your ideal body weight. Thus, if you are 100 pounds overweight for your height, you will likely lose about 60 pounds initially.) Of course, the goal is not simply to lose weight but also to improve your muscle-to-fat ratio. Since muscle burns more calories than fat, a long-term weight management strategy will aim to maintain as much lean mass as possible while losing fat. Some loss of lean tissue (e.g., muscle) is inevitable after weight-loss surgery, in part because your body has less weight to support. Even if you are meticulous about exercise and protein intake, one-quarter of your weight loss could be lean tissue. However, you can minimize muscle loss by (1) maximizing physical activity while you lose weight and (2) taking in adequate amounts of high-quality protein while you lose weight.