

5 Issues That Can Sabotage Weight Loss Surgery

Most of us who work with weight loss patients know little about what makes a “successful long-term weight loss patient.” We do, however, know of several things that should be dealt with prior to surgery. In fact...if the patient can be candid enough during the psychological evaluation, most of these issues can be talked about and helpful counseling sessions could address them. Unfortunately, insurance may not cover the expense of counseling, so many of these issues remain hidden for the patient to deal with after surgery. This leads to the feeling of being “overwhelmed” and many times a sense of failure for the patient.

The first of these issues is prior psychological history. This includes: depression, bi-polar disorder, obsessive-compulsive disorder, attention deficit disorder, external locus of control, and “magical thinking”...which may lead to discontinuation of necessary psychotropic medications.

Secondly, the issue of abuse is a possible saboteur after surgery. Was there physical abuse, sexual abuse, and/or verbal abuse? If this is not addressed prior to surgery it will not be a surprise to see an anxious patient six months post surgery due to the feeling that they have lost their “protective cover.”

Thirdly, a low self-esteem may lead to a patient not being successful after weight loss surgery. The patient may experience a sense of failure if they go off track (since it is a total life-style change, they can expect to go off track once in awhile). There may be lack of accountability; many patients are socially immature, or not wanting to take responsibility.

Fourthly, if the patient suffered from past grief or trauma that wasn't dealt with prior to surgery, this can make a patient fail. I have sat in my office many times talking to patients who gained their weight back after not being ready to give up losing someone close to them who had died, or a past rape that they had never dealt with.

Lastly, and perhaps the most frustrating for the patient, is a history of addiction. This can present as a history of smoking, drug use, drinking, or food. Cross addictions are a reality; they really do happen. In fact, the Betty Ford Center in Rancho Mirage, CA is seeing an influx of bariatric patients with new addictions checking in for help. Addictions do not go away!

Let's talk further about food addictions.

DEALING WITH FOOD ADDICTIONS

If you had a food addiction prior to surgery, you will most likely have one after the surgery. Sometimes you can anticipate changing addictions...but with a food addiction, many times you do not. You end up overeating many of the foods you did prior to surgery.

Food addictions can present themselves in many forms. They may present as compulsive overeating, night eating syndrome, binge eating disorder and many other forms of eating that reflect an unhealthy relationship with food.

SYMPTOMS OF UNHEALTHY RELATIONSHIPS WITH FOOD

- Fear of gaining weight while eating
- Feelings of loss of control when eating
- Having thoughts about food and eating other than at mealtimes

- Thinking of food with feelings of guilt or shame
- Repeated attempts at dieting
- Self-consciousness or embarrassment about eating
- Lying about eating habits
- Eating to relieve stress or depression
- Eating when not hungry
- Fearful that you may not be able to stop eating when you should

If you know prior to surgery that you have a food addiction, tell the psychotherapist and dietician. If we know about it prior to surgery we can guide you so that after the surgery, you will be successful. You may also want to be honest with your surgeon and tell them about your addiction to food. Most patients are not addicted to all food. They have foods they prefer and they use these foods for comfort. They use certain foods to numb themselves or to stop anxiety. Since this journey of weight loss and management after surgery can be overwhelming at times and stressful, you can understand how you may be tempted to turn to comfort foods just as you did in the past.

One of the troubling things is that prior to or after surgery, your surgeon may tell you that a “sliver of cheesecake” or other trigger foods is okay for you to taste after surgery. This is analogous to telling a recovering alcoholic that they can have a small glass of wine, or to tell a smoker they can have one puff of a cigarette. We know this would be unethical advice, but at the same time, we say it to our weight loss patients frequently. Perhaps what would be a better stance to take is to ask patients prior to surgery to list their “trigger foods” and then counsel them on how to switch to a healthy food in the place of the “trigger food.” Patients tell me that unlike an alcoholic, they have to eat (an alcoholic doesn’t have to drink). This is true, but patients don’t have to eat the foods they are eating. No one becomes obese from eating healthy foods (fruits and vegetables). I don’t know any patients who are addicted to carrots and broccoli. I think the firmness of a treatment team to guide the patient after surgery and tell them prior to surgery that their “trigger foods” will no longer be acceptable for them would be much more helpful than to tell them to live a “healthier life style after surgery.” Patients tell me frequently that they are planning to live a healthier lifestyle after surgery, but if they have an underlying food addiction that hasn’t been dealt with a healthier lifestyle will be a temporary thing (the honeymoon phase of bariatric surgery lasts 6 to 12 months). After that the old patterns of eating will kick in.

SIMPLE WAYS OF KEEPING A FOOD ADDICTION IN CHECK

Prior to surgery, have a set amount in mind of your limit in weight gain. The most discouraging part of the surgery may be if you gain weight back after losing it. This is frustrating and it mostly happens when we don’t pay attention to what we are eating and we turn to old habits of eating. After your surgery, have a talk with yourself and decide how much weight you will use for “fluctuation.” I usually encourage patients to have a 3-5 lb. limit. If at any time after your surgery you gain 3-5 lb., call or email your psychotherapist and dietician and tell them you went over your set limit. We will respond by going over your diet and your thinking. If we catch it early we can usually help you turn things around within a two week time. If you allow yourself to go into a “shame cycle” where you are embarrassed to get on a scale or you deny you are gaining and don’t want to deal with it, then we won’t be able to help you. Remember you are the boss of your treatment team. If you don’t tell us your problem we cannot help you.

Lower your sweet volume. If you know you are addicted to sweets, make a vow to clean every sweet thing out of your kitchen, office drawer, and day to day life. If you are addicted to sweets, eating a little bit after surgery is like getting a little bit pregnant. It doesn’t exist.

Keep your hunger in check. You know what happens if you get overly hungry. Don’t let it happen. Eat a little bit every three hours.

Work it out by working out. If you are bored, lonely, or sad, grab a pair of dumbbells and work your arms and chest. Go for a walk. Get down and do a few crunches. The feeling will pass...and you will be fitter for it.

Remind yourself with a rubber band. Find a nice big tight rubber band. Place it on your wrist near your watch so you won't forget to wear it every day. Whenever you are out and about and thinking about eating "comfort food" or something that isn't healthy, snap the rubber band. The stinging of the rubber band will distract you so you will be able to get in touch with how often you are thinking of sabotaging your weight loss. It will also show you if the addiction is stronger than your will. If the addiction is stronger, it is time to call your treatment team for additional support.

Find other ways of coping. We eat when we feel pain or anxiety. Better to have a "help line". Call a friend, schedule a session with your counselor, and go to a support group.

12 Step groups. I believe the power of the 12 step group is one of the most intense and complete ways of dealing with food addiction. These groups are so powerful because you have others who understand what you are going through. They offer support and become part of your help-line. There is a format followed within the group and it looks at the addiction as a way of you trying to cope with uncomfortable feelings. Once we talk about these feelings and share them with others, they lose a lot of their power and influence over you.

Books I Recommend

The 12 Steps A Way Out: A spiritual process for healing. This is a workbook...many authors. It is sold as listed at Barnes and Noble.

Overcoming your Eating Disorder. By W. Stewart Agras and Robin F. Apple.

The Taming of the Chew. By Denise Lamonte, P.HD.



Mary Jo Rapini, LPC, Psychotherapist, is featured on Big Medicine and is the author of *Is God Pink?* and her new release, *Start Talking*, co-authored with Janine Sherman.