

# Preparing for Weight Loss Surgery: Workbook

*Robin F. Apple*  
*James Lock*  
*Rebecka Peebles*

**OXFORD UNIVERSITY PRESS**

# Preparing for Weight Loss Surgery

---

---

EDITOR-IN-CHIEF

David H. Barlow, PhD

SCIENTIFIC

ADVISORY BOARD

Anne Marie Albano, PhD

Jack M. Gorman, MD

Peter E. Nathan, PhD

Bonnie Spring, PhD

Paul Salkovskis, PhD

G. Terence Wilson, PhD

John R. Weisz, PhD

 **Treatments** *That Work*<sup>TM</sup>

---

# Preparing for Weight Loss Surgery

*W o r k b o o k*

Robin F. Apple • James Lock • Rebecka Peebles

OXFORD  
UNIVERSITY PRESS

2006

---

---

# OXFORD

UNIVERSITY PRESS

Oxford University Press, Inc., publishes works that further  
Oxford University's objective of excellence  
in research, scholarship, and education.

Oxford New York  
Auckland Cape Town Dar es Salaam Hong Kong Karachi  
Kuala Lumpur Madrid Melbourne Mexico City Nairobi  
New Delhi Shanghai Taipei Toronto

With offices in  
Argentina Austria Brazil Chile Czech Republic France Greece  
Guatemala Hungary Italy Japan Poland Portugal Singapore  
South Korea Switzerland Thailand Turkey Ukraine Vietnam

Copyright © 2006 by Oxford University Press, Inc.

Published by Oxford University Press, Inc.  
198 Madison Avenue, New York, New York 10016

[www.oup.com](http://www.oup.com)

Oxford is a registered trademark of Oxford University Press

All rights reserved. No part of this publication may be reproduced,  
stored in a retrieval system, or transmitted, in any form or by any means,  
electronic, mechanical, photocopying, recording, or otherwise,  
without the prior permission of Oxford University Press.

ISBN-13 978-0-19-518940-7  
ISBN 0-19-518940-X

9 8 7 6 5 4 3 2 1

Printed in the United States of America  
on acid-free paper

---

## About Treatments*ThatWork*<sup>™</sup>

---

One of the most difficult problems confronting patients with various disorders and diseases is finding the best help available. Everyone is aware of friends or family who have sought treatment from a seemingly reputable practitioner, only to find out later from another doctor that the original diagnosis was wrong or the treatments recommended were inappropriate or perhaps even harmful. Most patients, or family members, address this problem by reading everything they can about their symptoms, seeking out information on the Internet, or aggressively “asking around” to tap knowledge from friends and acquaintances. Governments and health care policymakers are also aware that people in need don’t always get the best treatments—something they refer to as “variability in health care practices.”

Now health care systems around the world are attempting to correct this variability by introducing “evidence-based practice.” This simply means that it is in everyone’s interest that patients get the most up-to-date and effective care for a particular problem. Health care policymakers have also recognized that it is very useful to give consumers of health care as much information as possible, so that they can make intelligent decisions in a collaborative effort to improve health and mental health. This series, Treatments *ThatWork*<sup>™</sup>, is designed to accomplish just that. Only the latest and most effective interventions for particular problems are described in user-friendly language. To be included in this series, each treatment program must pass the highest standards of evidence available, as determined by a scientific advisory board. Thus, when individuals suffering from these problems or their family members seek out an expert clinician who is familiar with these interventions and decides that they are appropriate, they will have confidence that they are receiving the best care available. Of course, only your health care professional can decide on the right mix of treatments for you.

This particular program presents the latest information on psychological and behavioral aspects of preparing for weight loss surgery and for sustaining weight loss after surgery while adjusting to the radically new lifestyle you will be leading. The program described in this manual has been

---

developed by several of the leading experts in the world on weight loss surgery from Stanford University and includes a team of psychologists and surgeons. The necessity of this program is spelled out in the workbook, where it is noted that failure to change one's lifestyle and develop new ways of thinking about food and exercise could negate the beneficial effects of surgery and lead to substantially increased health risks. If you and your doctor decide that you are a good candidate for weight loss surgery, this program will help you to understand the various surgical options and, in working with your clinician, help you to adopt the lifestyle and dietary changes that will be necessary after surgery. In this program, then, you will learn skills to cope effectively with the necessity to eat smaller amounts of food more often, as well as to substantially decrease the intensity of the cues and triggers that have led to overeating or binge eating in the past and the emotional roller coaster that accompanies these eating episodes. To accomplish this, as you work with your clinician, this program will help you to change the way you think and feel about food and eating, and work to improve your self-image at the same time the pounds are slipping away.

David H. Barlow, Editor-in-Chief,  
Treatments *That Work*<sup>TM</sup>  
Boston, Massachusetts

# Contents

---

Chapter 1	Introduction	<i>1</i>
Chapter 2	Understanding Your Eating Behavior	<i>9</i>
Chapter 3	Normalizing and Keeping Track of Your Eating	<i>19</i>
Chapter 4	Weighing-In	<i>27</i>
Chapter 5	Pleasurable Alternative Activities	<i>37</i>
Chapter 6	Challenging Eating Situations: People, Places, and Foods	<i>55</i>
Chapter 7	Problem Solving and Cognitive Restructuring	<i>69</i>
Chapter 8	Body Image	<i>77</i>
Chapter 9	Congratulations! You're on Your Way to the O.R.	<i>89</i>
Chapter 10	What Happens After Surgery?	<i>107</i>
	References	<i>123</i>
	About the Authors	<i>127</i>

---

*This page intentionally left blank*

# Preparing for Weight Loss Surgery

---

*This page intentionally left blank*

Congratulations on your decision to undergo weight loss surgery!

Perhaps you began to think about weight loss surgery after a conversation with your primary care physician, who was concerned about certain health problems that you have been struggling with that are related to obesity, such as heart disease, hypertension, high cholesterol, diabetes, or sleep apnea. Perhaps as weight loss surgeries of various types became more popular in the media, you learned more about one or more of the procedures and thought that some form of weight loss surgery might be right for you. Possibly, you've already had a friend or relative who has undergone weight loss surgery. Or maybe you just began to research it on your own after years of struggling ineffectively with more traditional methods for weight loss, typically involving dieting and exercise. In any case, your decision to undergo weight loss surgery represents an important step toward a healthy and active future.

You would not have opted for bariatric surgery if you weren't obese. In fact, surgery is not recommended as a weight management tool unless your body mass index, or BMI, is over 40, or over 35 with other significant problems affecting your health and quality of life. In the few studies that have examined weight loss surgery and compared it to traditional weight loss methods, bariatric surgery seems to result in greater weight loss over time in patients who are extremely overweight, rather than those just moderately so. Figure 1.1 shows the National Institute of Health's cutoffs for obesity.

Being overweight can affect almost every organ in your body. Table 1.1 lists most of the conditions that can adversely impact your health and are often caused or worsened by being significantly overweight.

### **Common Weight Loss Surgery Procedures**

---

At this stage you have likely decided on the type of surgery you will have. Your primary health care physician should have gone over the various options available to you.

---

		Normal						Overweight					Obese					
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	
Height (inches)	Body weight (pounds)																	
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	

Source: *The Practical Guide to the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*. National Heart, Lung, and Blood Institute and North American Association for the Study of Obesity. Bethesda, Md: National Institutes of Health; 2000. NIH Publication number 00-4084, October 2000.

**Figure 1.1** Body Mass Index Chart

The means by which different types of bariatric surgeries work to effect weight loss can vary. Some are only restrictive in nature, thereby limiting the volume of food you can take in by creating a new, smaller stomach “pouch” and slowing the exit of food from the stomach (slowed gastric emptying). Others, in addition to restricting your intake, might also include a malabsorptive function. This means that the way food is absorbed, and the rapidity of absorption and elimination as the food moves through your stomach and then enters your small intestine, is changed by the surgery. Usually this happens because part of the small intestine is rerouted or removed.

Obese				Extreme obesity															
36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	
				Body weight (pounds)															
172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258	
178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267	
184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276	
190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285	
196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295	
203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304	
209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314	
216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324	
223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334	
230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344	
236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354	
243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365	
250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376	
257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386	
265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397	
272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408	
280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420	
287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431	
295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443	

Some surgeries lead to more rapid weight loss and more complications. Some procedures are “open,” meaning that they require a larger incision into the abdomen; some can be laparoscopically performed, meaning the surgeon (at some centers assisted by a robot) operates via a small camera that goes through a smaller incision; and some surgeries can be performed either way. The surgeries that are the best studied, most accepted, and most commonly performed are the Laparoscopic Adjustable Silicone Gastric Banding (LASGB) and the Roux-en-Y Gastric Bypass (RYGB). Some surgeons still perform a biliopancreatic diversion, although many consider this surgery to be on the decline, due to higher rates of complications and technical difficulties.