



“I didn’t take the easy way out”

by Pam Davis, RN, CBN

Let’s start off by clarifying a few things.
Weight-loss is hard. **Weight maintenance is harder.**

To achieve and maintain weight-loss by any means, including surgery, you must eat fewer calories than you burn. Wow, that sounds so simple doesn’t it? It even sounds easy. Where does this perception originate? If weight-loss truly were easy, we would all be at our ideal body weight and we could put all the money we spend annually on weight-loss and treating obesity-related diseases toward paying off the national debt.

The statistics beg to differ that weight-loss is easy. With 34 percent of our country affected by obesity and another 35 percent overweight, there are certainly more of “us” than “them.” So if a combined 69 percent of us are unable to achieve our ideal body weight, why do we have the perception that surgical treatment for the approximately 5 percent with severe obesity is the easy way out? Is it because unfortunately obesity continues to be the last socially acceptable form of discrimination? Is it because those of us with obesity wear our disease?

It is a disease that not only affects our physical condition, but it also affects our physical appearance – a physical appearance that forces us to display our disease publicly. You cannot tell by looking if someone has a diagnosis of migraines, alcoholism, high blood pressure or heart disease.

For at least 25 of my first 35 years, I was often given multiple formulas for achieving weight-loss. All were along the lines of, “eat less, exercise more,” “push away from the table,” and other profound words of wisdom. There was no education about portion sizes, no explanation of healthy foods beyond “eat your fruits and vegetables,” and no discussion about how to prepare food or questions about my lifestyle and habits.

Time for “The Talk”

Finally, at the age of 35 after multiple attempts on my own, my doctor had “the talk” with me. I had high blood pressure, horrible reflux and was really worried I wouldn’t live to see my boys grow-up. She helped me find a commercial weight-loss program we were both comfortable with; I agreed to follow the plan and

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go to water aerobics at least three times per week and to see her monthly. At the end of five months, I had lost 17 pounds. That may seem like a lot, but when you weigh more than 300 pounds, it’s not even a clothing size.

My physician then began treating my blood pressure with medications. When I first followed the prescribed treatment of dietary changes and exercise to control my blood pressure and still had to move to the next level of treatment, medication, no one accused me of taking “the easy way out.” When someone with diabetes is first prescribed a diabetic diet to control their glucose and treatment fails to achieve results, they are next prescribed oral medications. If those medications fail to achieve results, they may be placed on insulin. Is insulin considered the easy way out for treating diabetes? What about open heart surgery as a treatment for heart disease? Would you consider that an easy way out?

The Decision was Right for Me

After a year of treating my blood pressure with diet, exercise and medications, it was still creeping upward. I spoke with my physician about gastric bypass surgery. I was very fortunate that she was supportive. Ten years ago I underwent laparoscopic gastric bypass surgery losing 160 pounds – also losing my high blood pressure, losing my reflux and losing my joint pain.

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Educate Others

When a friend, family member or co-worker tells you they feel surgery is the easy way out, what are they really saying? If they truly feel surgery is easy, you need to inform them otherwise:

- Take them with you to a seminar and share information with them.
- Tell them about all the preparation you went through.
- Tell them about how long it took to get the insurance on board.
- Explain the lifelong lifestyle changes you have to make to achieve and maintain weight-loss.
- Give them the gift of knowledge.

They may be saying the first thing they can think of to make you change your mind because they’re worried about you. They may not be aware of the improved complication rates and mortality rates when bariatric surgery is performed at a Center of Excellence. Or, it may be that they are surgery candidates themselves and are not yet ready to address their weight.

What if your physician thinks surgery is the easy way out? Help educate them too! Remind them of all the other treatments you have tried for your weight. Talk to your surgeon and ask for current resource articles you can share with your physician or better yet, ask your physician and surgeon to speak to each other to come up with the best plan of treatment for you.

There’s More to It

We have to remember there are many environmental, societal, hormonal, physiological and genetic factors that come together to impact our weight. We as a society cannot be so naïve as to think behavior change alone will be a successful treatment. We have to be ready, willing and able to educate the naysayers

regarding obesity prevention and treatment. We have to be willing to stand-up for ourselves and others. We have to be willing to educate those who think any treatment for obesity, including surgery, is an easy way out.

In preparation for this article, I turned to my two favorite sources, the Internet and our own patients. Via Facebook, I asked to hear others thoughts and comments when someone tells them they took the easy way out. The responses came fast and sounded very familiar. Linda C. summed it up very nicely, “Since when is major surgery ‘the easy way out?’ After failing several so-called diets, I had most of my stomach bypassed and my intestines re-arranged. In three years, I re-gained more health than I ever did by dieting.”

Harsh criticism and scolding by parents, physicians and (well intentioned) strangers do not motivate anyone to lose weight. I am a 46-year-old married mother of two, a healthcare professional and a proud member of the OAC. After being a “fat” kid, teen and adult, my physician and I determined that bariatric surgery was the best course of treatment for me. I had bariatric surgery to treat a chronic, lifelong disease and I did not take the easy way out.

About the Author:

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OAC Membership Categories

(select one)

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- Institutional Membership: \$500/year
- Chairman's Council Membership: \$1,000+/year

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Make a tax-deductible donation to the OAC when joining as a member. Your donation helps the OAC's educational and advocacy efforts.

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MEMBERSHIP



Building a Coalition of those Affected

The OAC is the **ONLY** non-profit organization whose sole focus is helping those affected by obesity. The OAC is a great place to turn if you are looking for a way to get involved and give back to the cause of obesity.

There are a variety of ways that you can make a difference, but the first-step is to become an OAC Member. The great thing about OAC membership is that you can be as involved as you would like. Simply being a member contributes to the cause of obesity.

Why YOU Should Become an OAC Member

Quite simply, because the voice of those affected needs to be built! The OAC not only provides valuable public education on obesity, but we also conduct a variety of advocacy efforts. With advocacy, our voice must be strong. And, membership is what gives the OAC its strong voice.

Membership Benefits

Benefits to Individual Membership

- Official welcome letter and membership card
- Annual subscription to the OAC's publication, *Your Weight Matters Magazine*
- Subscriptions to the *OAC Members Make a Difference* and *Obesity Action Alert* monthly e-newsletters
- "Bias Buster" Alerts, alerting specifically to issues of weight bias
- Immediate Advocacy Alerts on urgent advocacy issues and access to the OAC's expert advocacy team
- Ability to lend your voice to the cause

