



SLEEP MATTERS

ISSUE NO: 42

SLEEP MATTERS is published by The Sleep Apnoea Trust. The editors and publishers of SLEEP MATTERS have no medical knowledge and therefore take no responsibility for the medical accuracy of the content of this newsletter. Concerned readers are advised to take professional medical advice.

Editor:
Tim Healing
8 St Mary's Road
Oxford, OX4 1PX
Email:
drtimhealing@hotmail.com

-oOo-

(NB. Queries concerning membership, SATAday etc. should be addressed to the membership secretary (Ms Heather Holt) at the address below and not to the Editor of Sleep Matters).

SATAday 2009

14th November 2009

**Tingewick Hall, John Radcliffe Hospital,
Oxford**

We Need Your Help!

**In order to make sure SATAday runs smoothly we need help with activities. If you can help please contact Heather Holt on:
0845 60 60 685**

Bariatric surgery for obesity - a patient's experience

Ellen Perrier

I had struggled with my weight all my adult life, but I had reached a point when my health was getting worse and it hard to do things that I decided to look into bariatric surgery as they had a bariatric centre there that might be able to help me as I fitted into their criteria because I had diabetes, and was obese. I had always ended up with more putting on weight. So I got on to the computer and started finding out as much as I could. Armed with the information I went to see my GP and asked for her help. I was sure this was what I wanted but was not sure of the way forward. She told me she would write to Luton & decided to look into Dunstable Hospital as with the specialist nurse. I had waited what seemed a life-time, as once I had made up my mind, I wanted to get started on the new me. Finally a letter came asking me to go to the Obesity Centre at Luton to have a chat with the specialist nurse.

The Sleep Apnoea Trust

Registered charity no 1056963

The Sleep Apnoea Trust exists to improve the lives of sleep apnoea patients, their partners and their families and is managed by unpaid volunteers.

12a Bakers Piece, Kingston Blount, Oxon. OX39 4SW

Telephone: 0845 60 60 685 Fax: 0845 60 60 685

Email: sata.admin@tiscali.co.uk Website: www.sleep-apnoea-trust.org

The day of my appointment came round. My husband was the only person I had told about my decision and he came with me.

The nurse told me what would happen if I met the criteria for them to go ahead. I was asked many questions about what I had tried before to lose weight (which for me, like most over-weight people, was everything from diets to pills) and what health problems I had. Once again many of my symptoms (pain in my legs, hips and back) were shared with many overweight people. In addition I had diabetes.

I was asked what my goals were if I had weight-loss surgery. These were easy - I would like to be 12 stone and start horse riding again. They also weighed me and measured me; I was about 25 stone and 5ft 4in.

The forms were all filled in and the nurse told me I would hear from them again so off I went to wait but I was even more sure this was what I wanted.

My letter came and I now had three appointments, all on the same day to see the nurse, the surgeon and a psychologist. My husband came with me as I wanted him to know what was going to happen as I am also his carer.

The nurse told me that if I was considered for surgery I would have to

lose 5% of my body weight. This would require a special diet which would be explained at a later date.

I then met the surgeon. He was very nice and after he examined me we had a chat about the different types of operation that were available. He suggested that a gastric bypass would be the right thing for me, which was great as this was what I wanted. However he wanted me to have a sleep test first as there seemed to be a problem. I agreed to this but had to arrange this on a different date with a different department.

Then the physiologist talked to me to make sure that I would be able to cope with the treatment programme. I then had to go home again and wait for another appointment.

A letter came from the sleep unit at Luton hospital and I had to go and pick up a machine that was to be worn overnight to check my sleeping. The nurse at the sleep unit met me at 4pm and showed me what to do, and told me that the machine would have to be returned by 6am the following morning.

A few weeks after my sleep test I had a call from the hospital telling me that I had obstructive sleep apnoea which would need to be treated before I could have the surgery, and an appointment had

been made at the Churchill hospital in Oxford. At the Churchill I was given a CPAP machine to use when I slept. This took a bit of getting used to but it was all in a good cause.

Then another appointment at Luton hospital to see the nurse again and also a dietician. I was told that I had been accepted on to the program and I was told what would be expected of me.

First, I needed to lose 5% of my body weight and to do this I would have to go on a liquid diet for four weeks. On this diet my daily intake was restricted to four pints of semi skimmed milk, two pints of another sugar free liquid, two Oxo drinks (for the salt), three sticks of sugar free gum and some sugar free jelly. I was told that this strict diet is to see if you can cope and also to make the liver soft so it can be moved out of the way during surgery.

If all was OK after the four weeks, a small amount of solid food would be added to my diet. Then, two weeks before surgery, the liquid diet would start again.

There was a small problem. I had never drunk milk let alone pints of it. (My husband also said that I had never drunk that much of anything). I asked if I could flavour the milk as this might help me to cope with it and was told I could

use a sugar free flavouring. On the way home from the hospital I stopped at the shops to find this and I bought all that there was on the shelf. I think the lady in the shop thought I was mad!

Next morning I took the next step to the new me. I think the first glass of milk was the hardest to drink even though I had put in loads of flavouring. The Oxo drink and the sugar free jelly were no problem as I love them anyway.

My next hurdle was to tell the rest of my family as I was not sure what their reaction would be. I first told my son on his own so that he understood everything and my reasons for taking such a step. The other members of my family were coming for my 50th birthday party not long afterwards so I decided that I would wait until then. This would also give me time to get used to the liquid diet.

I had decided not to tell anyone else and my husband and son agreed not to say anything until I said so. This was not too hard as I work odd hours and never eat at the same time as other people, so they never had a chance to wonder why I did not want any food.

Back to Luton hospital to see how I was getting on and to see if I had lost the 5%. I was delighted to find I had lost more than this as I could now get a date for my operation.

However the nurse told me that I would have to go on with the diet for a bit longer, because the surgeon was going on holiday and the next date he had free was early in October.

This date was agreed and I was given a menu for a re-feeding diet. This was designed to maintain my weight-loss while I re-introduced solid food to my diet. I was advised that if I tried to eat more than my allowance I would probably be in pain as my stomach had shrunk and was not used to solid food and this would make me sick.

The new diet included two pints of semi-skimmed milk per day plus one meal of 400 kcal and 1 – 2 snacks of about 200 kcal per day. I thought this would be easy as I had just been a month without any solid food, but I found out that it was harder than I thought, because once I started eating solids I kept wishing I could have more.

My other problem with the diet was that I am fussy about what I eat and two of the main things that are good for a low calorie diet are fish and yoghurt. Yes, you guessed it, I don't like either of them!

The day of my 50th birthday barbeque came and my husband made sure that I had things that I could eat without breaking the diet. All my family arrived and as the

party started I told them about my decision to have a gastric bypass and that I now had a date for surgery, then I waited to see what the response was, as I hoped for their support. My younger sister was the first to ask questions - not "Why?" but "What would this surgery involve and how safe was it"? Then the whole family was asking questions and giving me support. Everyone thought it was a good idea.

My date for the operation was the 10th October 2008, I was to go in to hospital on the afternoon of the 9th and I was told to make sure I took my CPAP machine with me.

When I arrived I was put in a side room and the nurse came to take bloods and measure my heart rate. My husband booked a room at the local hotel as we never stay far apart.

On the morning of surgery I was told that the operation had been brought forward to earlier in the day than I had expected which was great as I did not have time to worry.

When I got to the prep area the anaesthetist came and had a chat and then tried to put in a cannula. This is always a problem as no-one can find my veins. But in the end she did it and I was all set, I was taken on the trolley to the entrance of the theatre and then

asked to walk the rest of the way and get myself on to the table. This was a bit weird as I had never been awake in an operating theatre and seeing all the machines made me a bit worried.

The next thing I knew was my husband talking to me in ICU and it was about 7pm. The nurse said all had gone well and the surgeon would be round to see me in the morning. The rest of the evening was a blur.

When the surgeon arrived he said that he had had to do one extra incision as there was a cluster of lumps in the way, but other than that all had gone well.

I was allowed to have water for the next couple of days and then liquids for eight weeks (clear soup, Slimfast shake, smooth yogurt). Off came more weight but I still had to take it easy with no driving for four weeks and also had to be careful about lifting heavy objects.

As the weeks went on I started to do more. My food bill had gone down but my clothes bill had gone up. I tried to buy cheap clothes as most were only fitting for a week at a time. Then came the time I could start solid food again but very tiny portions and never with a drink. I was worried at first that I might open the stomach but made sure I kept to the diet. Christmas was

coming and talk was about what I could eat. In fact I could eat most things but just smaller portions than most people and I was sure I would cope. As it was, Christmas was different but for all the wrong reasons. My husband ended up in hospital and I never had a Christmas dinner and so had no problem with all the trimmings!

It is now eight months since my operation and I am 7 dress sizes smaller! I go to the local gym three times a week, use the spa and go to Aqua-size twice a week. On my 51st birthday my husband bought me a push-bike and I love buying clothes that I want rather than what fits me. Life seems to be great and getting better.

The Churchill hospital has asked me to return my CPAP machine as the last test should that my sleep apnoea has now gone. Also my doctor has not needed to supply me with diabetic tablets as I seem to have no problem with my sugars.

It was the right way to go for me and I look forward to doing many new things in my new-style body.

What is Bariatric surgery?

Bariatric surgery is performed on the stomach and intestine of people who are dangerously obese, to help them lose

weight.

There are two common procedures, one of which involves closing off a part of the stomach and bypassing part of the intestine (gastric bypass); and the other (gastric banding) in which a band is placed around the stomach to reduce its volume.

In long-term studies bariatric surgery has been shown to lead to a significant long-term loss of weight, recovery from diabetes and improvement in cardiovascular risk factors.

Our thanks to Ellen Perrier for sharing her experiences of this type of surgery

Please note.
There will be a presentation on Bariatric Surgery at SATADay this year

Press & Publicity
Frank Govan

Terry Gasking recently retired from the SATA committee, after a

successful period of some years leading our press and publicity campaign. I am sure that members would like to join me in thanking him for his efforts on our behalf during an important time for the Association.

I am pleased to announce that Chris Rogers has agreed to take on this role, and we look forward to working with him

A note from the Treasurer
Wilma Govan

Membership renewal notices for the year to 30th April 2010 were sent out at the beginning of May.

Many thanks to all of you who have renewed, and to those who sent donations, which are greatly appreciated.

To keep postage costs down no reminders will be issued, so if you wish to renew please let me have your subscription as soon as possible

The Sleep Apnoea Trust Association

The Committee

Role	Name
Chairman	Frank Govan
Vice Chairman	Bill Johnston
Treasurer	Wilma Govan
Medical adviser	John Stradling
Membership Secretary and Helpline Volunteer Co-ordinator	Heather Holt
Editor "Sleep Matters" & Travel advice	Tim Healing
IT & Webmaster	Rob Holt
Press & Publicity	Chris Rogers
Other members	Brian Spires
	Brian Benson
	Gordon Waite

The following Local Support Groups are affiliated to the Sleep Apnoea Trust.

Bristol Sleep Unit Patients Association	0117 9695272
Humber Sleep Apnoea Support Group (email: info@apnoea.org.uk) (www.apnoea.org.uk)	0845 0942 672
Derriford Sleep Apnoea Support Group (Plymouth)	07880 706803
St James Sleep Apnoea Support Group (Leeds)	0845 463 2087
East Kent Sleep Apnoea Support Group (Ashford)	01303 269830
Welsh Sleep Apnoea Society (email: merriottkj@aol.com)	