

Getting her life back



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Like Katy Miller Merriman and one other person like this.

Surgery helps woman control weight

When the scale read more 200 pounds for several years, Laura McGaugh decided to make a change in her life.

"No matter what I did, I couldn't get the weight off," McGaugh said. "I just knew I needed something because I wanted to get my life back. I needed a whole lifestyle change."

McGaugh, a south Bossier resident, said people knew her as the person who was always full of energy that participated in cheerleading and kick boxing. However, McGaugh said she simply couldn't control her weight on her own.



McGaugh

She scheduled a consultation with George R. Merriman II, MD, FASMBS, to see what options were available for bariatric surgery.

Exactly one month after undergoing weight loss surgery, McGaugh is now down to 188 pounds and happier than ever with her decreasing weight and new lifestyle.

Merriman, the medical director of the Christus Schumpert Bariatric Center of Excellence, said weight loss surgery is time tested and proven to work well if used correctly.

"It doesn't matter which surgery it is. They are tools for treatment, not a cure," Merriman said. "Like any tool, when used appropriately, it will work as designed."

Merriman offers Lap-Band, vertical sleeve gastrectomy and gastric bypass surgery. In his experience, Merriman said results vary from patient to patient.

"One of the three surgeries I offer fits better with each individual personality, lifestyle, work style," Merriman said.

The Lap-Band method places an adjustable gastric band around the stomach to reduce the amount of food it can hold at one time. The procedure is done without any stomach cutting or stapling, can be reversible and, if necessary, removed.

Gastric by-pass, one of the most common types of bariatric surgery in the United States, involves a procedure where the stomach is cut, stapled and rerouted to the intestine and bowel system.

Similar to gastric bypass, the vertical sleeve gastrectomy requires cutting and stapling the stomach to create a new small, sleeve shaped stomach. After the sleeve is made, the larger part of the stomach is permanently removed, making it impossible to reverse the procedure.

McGaugh said she chose the sleeve gastrectomy because of that very reason.

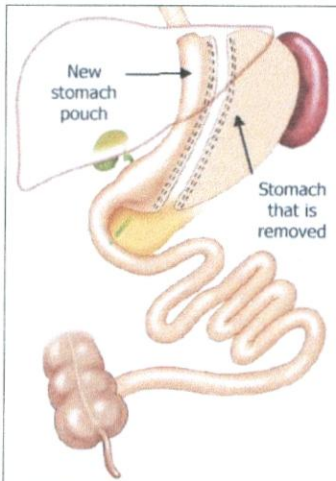
"I had 85-percent of my stomach cut off," McGaugh said. "My stomach right now can probably hold four to five ounces. Even if I wanted to eat [a lot], I couldn't."

All three options are done by laparoscopic procedure, which means small incisions are made in the abdomen to allow a camera and instruments inside. Merriman said the procedure inside is the same, but the recovery experience is profoundly different.

"Gastric by-pass takes a lot of getting used to because of all the various mechanisms of which it works," Merriman said. "People are still recovering two and three months past the surgery, but it's not because they have a big incision or small incision. It's because of the nature of the procedure on the inside."

As with any medical procedure, there are risks to consider before choosing bariatric surgery.

"The individual could die," Merriman said. "It's the same kind of risks as any abdominal surgery - bleeding, infection, complications with anesthesia."



The sleeve gastrectomy, like the one used by Dr. George Merriman's patient Laura McGaugh, requires cutting and stapling the stomach to create a smaller one.

Bariatric surgery also varies from other routine procedures because it is step one to a complete lifestyle change. To achieve the maximum benefits of weight loss surgery, patients must make permanent healthy changes to their diet and exercise regularly to ensure long-term success.

Right after surgery, McGaugh said she was able to drink an ounce of liquid every half hour. From there, the amount of liquid increased each week and she was eventually able to incorporate solid food into her diet again.

McGaugh said her food cravings have also completely changed since her surgery and she can't consume as much food in one sitting as she used to.

The second step of weight loss surgery, Merriman said, is to learn how to exercise safely and effectively. Finally, he said reconstructive or plastic surgery would be needed to reshape the body from the weight loss.

No matter what it takes, McGaugh said she is happy with the decision she made to have weight loss surgery.

"A lot of people think that you chose the easy route, but it's actually not," McGaugh said.

McGaugh said she now has the confidence to go out in public and not hide from people she knows.

"I feel good," McGaugh said. "It just changed my personality and everything about me."

For more information or to schedule a free consultation, visit Merriman's website at www.freedomfromobesity.com