

Gastric Bypass Club-Veszprém, 27th July 2012

Female patient

I was a month old on 27th July. I've lost 12 kilograms until now.

Male patient

I was operated on 37 days ago, I lost 19 kilograms.

Male patient

I was operated on 3 months ago. I succeeded to lose 22 kilograms.

Male patient

I lost 67 kilograms compared to my 'ideal body weight'.

Male patient

I was operated on 3 months ago. I was 170 kilograms. Today I stepped on the scales. The result is 130 kilograms.

Female patient

I was operated on in March. Since then I've lost nearly 30 kilograms.

Female patient

I was 122 kilograms. I was operated on 9th March 2011. My life has changed completely. I've lost 57 kilograms.

Gastric Bypass Club

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Péter Vizl, Organizer, Gastric Bypass Club

I was operated on 8th February. Five months passed since then. I could get rid off 65 kilograms ever since. I still plan another 20 kilograms of which Elemér tells me to slow down a bit. I always do the opposite what he says. When he told me to rest, I was doing sports. Many people asked me if I got fat because I ate a lot. Elemér asked me the same before the surgery. I told him that, in my opinion, no. Now, from a distance of five months, it was awfully much. To compare the then amount to the amount now, you can multiply the amount now by five. I also worked myself into a frenzy after the surgery, which is typical for many who are operated on and who measure their weight daily. Well, I measured my weight three times a day, in the morning, at noon, and in the evening. It was astonishing to realize that I always lost weight when morning came.

Dr. Elemér Mohos, Head Physician, Department of General and Vascular Surgery

Gastric bypass is an old intervention that has been performed for 45 years. The biggest patient population who have undergone metabolic surgery have undergone this surgery. That is why I think it is a well-tried surgery. It's effective in the long run. It's not just about weight loss but also about preserving health for a long time.

Conservative techniques cannot be really implemented if your BMI is over 35 or 40. Many of those sitting here can confirm that when you lose 15, 20, 30, 35 kilograms, the weight loss course is over, after which everyone gets back to normal. We can't concentrate on weight loss with all of our energy, and a bit more [weight] is put on, more than the amount we lost before.

If you accept to be operated on, the next question is, 'What kind of surgery should be performed?' I trust gastric bypass and sleeve, we perform many. We also perform sleeve when gastric bypass isn't viable because of different reasons. That's a simple surgery, you can see that a sewing machine is pushed along the stomach, and instead of the stomach a tube is left. That's our favourite solution, which is gastric bypass. It can be seen that technically speaking it is a more complicated intervention. The stomach is divided into two parts. A little upper part remains, here comes the food. The lower part also remains. The small intestine is cut across at a meter from its beginning. We have two stumps, the lower is moved up to join the gastric pouch, and the upper is fixed to the side of it. So there is a 1.5-meter-long section into which just food enters. It is a meter-long section where no food flows into but gastric juices. And gastric juices and food meet just in this third section. On the one hand, the surgery influences absorption as absorption happens in a shorter section. On the other hand, the consumed amount of food is limited this way. These two together are good. There are no two identical bypasses. Many come to me saying that 'Doctor, I've read the English literature, there was a gastric bypass, several hundred patients were in the study, and one patient put on his original weight, another one didn't lose it properly. It's in the study. Another part didn't lose their weight properly. Complications are such and such.' You should immediately take a close look at what kind of bypass was surveyed in the study. The bypass we perform is this type. The gastric pouch is made 50 milliliters, and where the muscles are the thickest on the stomach, to prevent the expansion of the pouch we always have a 150-centimetre-long Roux limb, where just food passes, and the limb that carries gastric juices is 100 centimeters long. So this 50-150-100 constellation is the one we perform. I have a view of over 500 patients in this relation. We had operated on 450 patients with my former boss in Austria, in Veszprém we have had over 60 surgeries. These patients return. I can say that these are the results we speak of.

Question

As for your weight, where are you? At the bottom or you've gained [some weight]?

Male patient

I haven't gained any. I don't know if I'm at the bottom but it took a year to lose weight. Now it's been 1.5 year since the surgery. It has been levelling for half a year or a bit longer. I was 140, now I'm 100. But I don't want to force myself to lose more weight, I feel well now. I feel I would lose more [weight] if I could leave out breakfast.

Dr.Győző Vándorfi, Head Physician, Internal and Diabetes Center

I work here at Veszprém Hospital as an internist. I specialize in diabetes. I have patients who can do anything they would never lose any weight. The overwhelming majority of these patients have diabetes. It can happen that someone at the age of 20, 30, 40, 50, or 60 becomes overweight but doesn't have diabetes. However, these people, at least most of them, will have diabetes if they live long enough. There is no pain, it doesn't cause many problems. You can run up and down even with a blood sugar [level] of 10. But it's a sly problem because if you have pains, it means a grave problem. It's like science fiction, when a little monster gets into us. It destroys the vessels, and sooner or later a blood vessel catastrophe can occur. Either the kidneys gave up, or the nervous system is ruined, or the arteries of the lower limb, or the coronary arteries, or the cerebral arteries are damaged. This illness can cause numerous problems. Why does this surgery mean a cure for diabetes? Not only does the patient lose weight, eat less, but she/he also goes through special hormonal changes that are used today to treat diabetes. We inject these hormones into the patient to decrease the blood sugar. [These hormones] also contribute to weight loss to a certain degree, but these treatments don't solve the 160-180-200-kilogram patients' problem in the long run. More hormones are produced after the surgery, many more than before it, and they have a very significant influence on reducing blood sugar. And I see that our results, Dr. Mohos's results, are outstanding.

Male patient

I was operated on 37 days ago, I lost 19 kilograms. Based on my own experience I've a personal advice, you should chew the food, make it pulpy, and then make it pulpy again, and when you swallow it, wait a bit. I have shockingly small amount of food. I'll buy clothes just in spring. Until that time I'll manage with a hole puncher. I'll make holes into my belt as I have to tighten it. I can tell the guys that the surgery is easy, without any problems. We've heard that the girls have more problems but girls endure more than we, guys do.

Male patient

I've lost 40 kilograms until now, in around a year. As for alcohol... I had drunk it before, and I drink it now. Since the surgery I have to pay a little more attention to it. Firstly, radically less alcohol can upset your stomach, and it can put you into a situation you wouldn't [like to] experience by yourself. As for sweets, when I had the operation my oral glucose tolerance test result was 17. Now it's 5.4. I took some medication but I don't take any at the moment. The 3-month average is 7.4. I didn't eat bread or chocolate before. I don't force chocolate, I don't like it

very much but if I have cravings, I eat some chocolate or sugar, in my coffee. It doesn't change the situation, a normal portion doesn't change my blood sugar level now.

Péter Vízl Organizer, Gastric Bypass Club

There's no standard diet. For instance, Józsi was the one, who had meat balls on Sunday evening. Compared to my situation, I had yoghurt for two years and I couldn't even have a look at them, everyone's different. There was someone whom I talked to and I was told that he felt extremely poorly after meals. And I always remember Elemér's words, 'Slow down'. When we identify the problem, that's the first step taken towards the solution.

Dr. Elemér Mohos, Head Physician, Department of General and Vascular Surgery

We operated on 77 patients in Oberwart in 2008. That's our data. Thanks to this kind of bypass surgery the patients lose 80 or 85 percent of their excess weight. There were ten diabetes patients among them nine of whom could get off their medication. Over 70 percent of patients with high blood pressure could get off the medication. Acid reflux quasi ceased to exist in every case. These results could be reached:

The same results were taken in Hungary. We checked the Hungarian patients 'data for the year 2010, which means the first ten patients, for the Diabetology Congress. The average weight loss was 39, or 40 kilograms after 20 months. The excess weight disappeared well. It's visible that it's formed in the first months. Then it doesn't change, weight loss stops. There were ten patients with diabetes, five out of whom took insulin. Those patients used altogether 600 units daily. That's an astonishing amount. Now two of them still get insulin, that's 57 units a day. Their insulin consumption, if you allow me to use this expression, dropped to 10 percent. The other five patients took tablets, nine different kinds. At the moment, one of them takes tablets. The same could be said about hypertension. Nine patients had high blood pressure, they took 19 different medications. At the moment, five patients take seven kinds of medications. Meanwhile their blood pressure results have become normal. The same could be said about the blood lipids levels, 2.60 has become 1.12., and as we have already talked about it several times, acid reflux problems ceased to exist.

Male patient

I lost 18 kilograms in two months. And what's pretty important for me I've seen quite many of you put your hands up, those who had diabetes. I took 72 units a day. Now I haven't been taking any medication on diabetes.

Male patient

I had my surgery in October. I lost 67 kilograms compared to my 'optimal body weight'. I had diabetes, hypertension, and had extreme joint pain. My stomach was ulcerous before the

surgery as a consequence of taking numerous painkillers. This surgical procedure freed me of these pains and tortures. I can eat almost any food now. The only thing that is transformed is portions. As a piece of good advice, I'm telling those who are preparing for this intervention, it's worth connecting someone who has already undergone this.

Female patient

I had the surgery nearly two years ago. I've lost 60 kilograms. I had diabetes. My fasting plasma glucose test was 19, and my blood pressure was also high. As a piece of good advice I can say that do not have food and drink at the same time because it's much for the stomach in the first one or two month. You'd rather eat first, then, in 30 minutes drink something. Well, sweets, that's over. You don't feel hungry. The general feeling is okay. You can lose weight continuously, 10 or 15 kilograms in the first months. Feeling the urgency to eat something immediately is over within one or two weeks after the surgery. You sometimes don't even remember that you have to eat something. The earth doesn't revolve around food, what and how much I could eat. Rather around the problem that I can't eat.

Female patient

I haven't been hungry since the surgery. For a month, never.

Male patient

I can ask for a 1.5 portion. Then I dip my fork into it, and leave it as it is. What I've noticed for these five months, I'm more often thirsty than hungry and I think feeling thirsty means I'm hungry.

Male patient

If you decide to undergo the surgery entrust you to the doctors here, and then your feelings. Noting would be brought up you couldn't tackle. And then, you can ask questions. We'd also happily answer them either on the phone or anyhow. It wouldn't bring up anything you can't easily tackle.

Female patient

I scoop my usual portion into my plate and when my husband looks at me, I know there's a problem. That's just the habit. I know after a spoonful that I shouldn't eat it because I can't. Anyway, I have diabetes and I go to follow-up care to Dr.Vándorfi, Chief Physician. Instead the 120 units of insulin that I took over ten years ago I take now 4 or 5 units in the evening. And I hope I shouldn't take it long.

Male patient

I was operated on 3 months ago. I was 170 kilograms. Today I stepped on the scales. The result is 130 kilograms. I made a mistake. I went home on Thursday from the hospital and we were invited to a christening ceremony on Saturday. My favourite dish, Wiener Schnitzel was served. I stuffed myself with it, and also with french salad. Then I had an hour which was worse than any post-surgery pain. I wouldn't suggest anyone do it. Otherwise I'm completely well. My general state has been improving. My blood sugar was around 8, now it's around 5. The order was restored.

Male patient

I was operated on 3 months ago. I succeeded to lose 22 kilograms. I had to have this surgery primarily because of my knee as I had arthrosis. And I had been threatened that in 10 years I wouldn't have been able to stay on my legs. I had to lose weight by 30 kilograms. The food-related psychological stimulus is an interesting thing. I try to fill this void with watching TV shows for food-and-cooking, and prepare the food for my family myself.

Female patient

I was operated on in March. Since then I've lost nearly 30 kilograms. I didn't have to force myself. It went almost by itself. Many of us, almost everyone said so, can't eat. In vain do I put a portion on the table I could eat earlier, now I'm unable to do so. I eat a bit more liquid or runny food, but I simply can't have food that's lumpy like a dry Wiener Schnitzel or an apple. If you eat slowly, rather pulpy or runny things, there's no problem. And it's a superb feeling.

Female patient

I was 122 kilograms. I was operated on 9th March 2011. My life has changed completely. I've lost 57 kilograms. I was, and still am, an emotional eater. Not that much anymore. Sweet addict, chocolate addict. If I had had problems, I ate them. If had been happy, I ate them. I've been fat since my childhood, a plump child, a plump teenager, and a plump adult. I didn't realize how [serious] this surgery would be. When I came here I got a shock and a crying fit. I saw the bed, I thought I was mad that I would pay to suffer. Then I was also hysterical. Then the first three months were difficult. Now I think I'd take my chance again. It was worth doing and my life has changed. The psychological dependence ceased in most part. I'm not saying I don't touch any chocolate but I can't have much of it. I have a craving for it, I can't say I don't. I can have it. But I lose weight despite [the fact that] I have chocolate, almost every day. Still. But just little bits. I can't finish a good old Milka bar of chocolate like I could on a sad rainy December evening. It's much easier because of it. [Interpolated question: The big one?] I mean the huge chocolate, not the little one.

Male patient

I'm ...László. Allegedly I was the first one. It happened on 18th February 2010 and everything is true that was said. Don't buy any clothing in the meantime. I bought a jacket on Monday, and it became too big for me on Friday. That's not a joke.