



# My Journey to WEIGHT-LOSS SUCCESS

LISA KEITH, 44, FOUND AN EXPERIENCED SURGEON TO HELP HER LOSE 200 POUNDS AND REGAIN HER HEALTH. THIS IS HER STORY.

## FALL 2009

I miss mom. I know taking care of her while she battled cancer was much more difficult because of my size. And now with dad recovering from the kidney transplant, I have to turn my health around.

I was an average-size kid growing up. I just need help to get back where I was in my 20s, but it's so hard to exercise with no cartilage in my knees. Not to mention the high blood pressure, sleep apnea and elevated blood sugar. Weight-loss surgery worked for my friend. I need to find out more.

## A FALSE START

I liked that adjustable gastric banding is a reversible procedure and does not require lifelong vitamin supplementation, but I guess that's not the procedure for me. Maybe it was a blessing in disguise that I stopped physician-assisted weight loss two months into the six months required by insurance to address my enlarged heart.

I feel better going with Duke-affiliated surgeons. The American Society for Metabolic and Bariatric Surgery has named the Duke Center for Metabolic and Weight Loss Surgery a Center of Excellence. My physician there helped me decide that Roux-en-Y gastric bypass

could be the procedure for me because it will restrict what I eat, which should help me lose weight faster.

## WINTER 2010 – ANOTHER OPTION

I am halfway through my second try at pre-surgery weight loss. I am going to make it!

I got to talk with my surgeon, Dr. Ranjan Sudan [MD], and he said, based on my starting weight of 377 and high body mass index [BMI] of 57, I might do better with more aggressive surgery.

Dr. Sudan said [biliopancreatic diversion with] a duodenal switch would leave me with a five-ounce stomach shaped like a banana versus a one-ounce, ball-shaped stomach with Roux-en-Y gastric bypass. He would also do the surgery using the da Vinci® Surgical System. I need to do more research before I know if it's the right choice for me.

## THE NEXT DAY

Okay, so it's only been one day, but I think duodenal switch is the right procedure for me. Because the pylorus—the narrow channel that connects the stomach to the small intestines—is preserved, I can eat more of a normal diet without “dumping” issues [which can include

cramps, nausea and diarrhea] associated with other weight-loss procedures.

There are only two surgeons who do the duodenal switch procedure in North Carolina, and Dr. Sudan is one of them. I told him today I am ready.

#### SPRING 2011 – HERE WE GO

I lost only six pounds in the six months leading up to this day, April 22, 2011. I turned in my paperwork in March and got approval from my insurance company in three days.

I hope I did everything right. I think I will be happy if I lose even 100 pounds. I am scared, but I know I can do it. I feel well cared for here on the bariatric floor at Durham Regional Hospital. The incisions are so small. I think they will heal nicely.

#### SPRING 2012 – WHAT A DIFFERENCE

I can't remember the last time I felt this good. It is such a big change to fit in a booth at a restaurant, behind the wheel of a car and in an airplane seat. That trip to New York City would not have been possible before—I had room in the seat, no trouble walking around the city and got to wear all new clothes!

It's frustrating when people think weight-loss surgery is an easy way out. It has been a struggle every day to live differently. I also had a rocky start after surgery with nausea and difficulty adjusting to the diet. I basically learned how to eat all over again.

Now, I take my vitamins faithfully, eat more vegetables, grill instead of fry and have cut out sodas completely.

Still, the numbers are amazing. In one year, I have lost 190 pounds, my cholesterol levels dropped to 123 from 236, my AC1—which shows my average blood sugar level for three months—went from 6 to 4.3, and my BMI is now 27. Thanks to Dr. Sudan and everyone at the Duke Center for Metabolic and Weight Loss Surgery. They saved my life.

Since Lisa's surgery, Durham Regional Hospital now has the latest version of the surgical robot, the da Vinci® Si™.

## Precision Weight-Loss Surgery

For people who are severely obese—with a body mass index (BMI) 40 or higher or a BMI of 35 or higher with related chronic conditions—weight-loss surgery can facilitate weight loss and improve overall health. Weight-loss surgery using the da Vinci® Si™ Surgical System offers patients a minimally invasive option that is potentially safer than conventional laparoscopy.

"The 3-D visualization with the da Vinci Si and the dexterity of the instruments makes hand sewing easier and complex procedures such as the biliopancreatic diversion with a duodenal switch safer," says Ranjan Sudan, MD, surgeon with the Duke Center for Metabolic and Weight Loss Surgery and vice chair for Surgical Education at Durham Regional Hospital.

#### MORE OPTIONS FOR DA VINCI

Dr. Sudan decides on a case-by-case basis whether to use the da Vinci Surgical System or conventional laparoscopy to perform Roux-en-Y gastric bypass or other bariatric procedures. He has pioneered the use of the da Vinci Surgical System for bowel surgery as well as urologic procedures.

"I have been using the da Vinci Surgical System since it was first approved by the U.S. Food and Drug Administration in 2000," Dr. Sudan says. "My extensive experience using the da Vinci Surgical System—more than a decade with the duodenal switch procedure—means patients are in good hands."



Scan to learn more about robotic weight-loss surgery at Durham Regional Hospital.

For Lisa, the proof is in the numbers:

**190** POUNDS  
LOST

**27**

NEW  
AC1 **4.3**

BMI