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Menopause, Andropause And Other Hormone Imbalances  
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## **Food Selection for Gastric Bypass Patients**

**By Protica Research**

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Dieters who dejectedly complain they are figuratively "stuck" with their excess fat may be surprised to learn there is a scientifically-accurate truth to their statement. Fat cells -- which are created when the body is unable to convert excess calories to energy -- are permanent. Fat cells cannot be removed by any diet known to humanity [1]. They can, however, be reduced in size. This is the experience enjoyed by people who lose weight [i].

There is, however, an increasingly popular - and controversial - method to eliminate fat cells permanently via an external, non-diet method. Scientifically referred to as a Gastric Bypass Operation, but more popularly known as "stomach stapling", this procedure literally staples part of the stomach together. The result is that food intake becomes severely restricted, and the body begins the process of malabsorption, or a decreased ability to absorb nutrients. In addition, the duodenum [2] is bypassed to prevent the absorption of nutrients that could cause excess calories, and as such, the creation of additional fat cells [ii].

In addition to this, a more complex and less frequent procedure called Extensive Gastric Bypass or "biliopancreatic diversion" involves the removal stomach parts, and the circumvention of the duodenum and jejunum - or in laypersons terms, the circumvention of the first part of the small intestine, and the middle portion the small intestine. The result is an even greater malabsorption capacity.

The bulk of concern surrounding stomach-stamping procedures is emanating from the medical community. Some experts are worried that individuals opting for this rather dramatic surgery are not prepared to make post-procedure lifestyle changes. They point out that since stomach stapling reduces the size of the stomach, and therefore the amount of food that a person can digest is severely reduced, an individual must be fully equipped to eat wisely after the procedure. This "wise eating" must include both the volume of post-procedure food that is eaten, and the number of calories that are eaten on a daily basis [iii].

These experts are also quick to point out that the failure to adequately prepare people for post-procedure wise eating habits often leads to various forms of malnutrition. These include anemia

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due to Iron and B12 deficiencies, hair loss, calcium deficiencies, nausea, vomiting, excessive sweating, diarrhea, and the loss of water-soluble essential vitamins such as C, Niacin, and B1, B2, B3, B5, B6, Biotin, and Folic Acid [iv].

The jury on whether stomach stapling is a "fair" choice, or one that is driven by unhealthy body-image stereotypes propagated by the media and elsewhere, is hotly debated and will continue to dominate conversations about this controversial procedure. Yet what cannot be lost in this debate is that, everyday, real human beings are facing an uphill battle after their stomach stapling surgery. For these people, whether they chose to have the surgery due to body image issues or not, the rationale is rather academic once the surgery is over. What they clearly need at this point are nutritional supplement solutions that cater to their new eating limits and framework.

Profect, which is a nutritional supplement created by Protica Research, does not support the proliferation of unhealthy body image expectations that people are inundated with each day; especially impressionable youth. Yet with this being said, Profect has been engineered to provide those who have opted for this dramatic weight-loss surgery with an ideal source of post-procedure food.

Each serving of Profect is contained in 2.7 fluid ounces, which is significantly smaller than most other nutritional supplements. It is therefore aptly suited for those who must limit their volume of food intake. At the same time, each serving of Profect contains only 100-calories - none of which are from fat — and as such will not lead to runaway caloric intake.

What is clearly the most appreciated medical quality, however, is Profect's protein configuration. Each 2.7 fluid ounce serving of Profect contains 25 grams of protein. This is the densest protein available on the market. As such, individuals who are obliged to eat very small food portions can easily ingest 100% of the U.S. Recommended Daily Intake of protein in less than six fluid ounces.

In addition, each serving of Profect contains 50% to 100% of all nine water-soluble vitamins. These vitamins help consumers replenish the vitamin stores that they may be losing due to the post-procedure side effects noted above, such as diarrhea, vomiting, and sweating. In the long-term, daily usage of Profect provides the body with the critically important constant flow of water-soluble vitamins.

Indeed, the controversy surrounding stomach stapling, which also includes its hefty price tag, will continue; and it is important to hear all views. Yet what must also continue is quality education and awareness. People must be adequately informed that while their weight may seemingly "disappear" overnight thanks to stomach stapling, there is still a challenging road ahead. This road includes an eating regimen that will require conscientious food selections, much smaller portions, and careful monitoring of protein and vitamin intake.

### ABOUT PROTICA

Founded in 2001, Protica, Inc. is a nutritional research firm with offices in Lafayette Hill and

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Conshohocken, Pennsylvania. Protica manufactures capsulized foods, including Profect, a compact, hypoallergenic, ready-to-drink protein beverage containing zero carbohydrates and zero fat. Information on Protica is available at <http://www.protica.com>

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### **Gastric Bypass – Solution To Weight Loss?**

**By Alfred J. James**

The most common surgery for obesity is gastric bypass. The gastric bypass results in an effective resolution of major illnesses that accompany obesity. Most gastric bypass surgery candidates have already tried more conventional diet and exercise plans with little success. With few options, doctors and patients are increasingly turning to gastric bypass surgery as a lifesaver and often as a last resort.

Laparoscopic gastric bypass surgery is a treatment for obesity. Obesity risks add to complications of gastric bypass. Today, gastric bypass surgery is being marketed and promoted to obese patients as a panacea for obesity. According to the report, "Gastric bypass is now established as an effective and safe therapy for morbid obesity and its associated health problems.

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Research investigators followed 20 women who underwent gastric bypass for treatment of morbid obesity to compare the safety and effectiveness of RNY and MGB in the treatment of morbid obesity. It was found that Laparoscopic gastric bypass is simple, effective and safe.

Patients who have a BMI over 50 tend to lose about 50 percent of their excess weight with a gastric bypass. With the gastric bypass, patients with a BMI under 50 seem to lose 70 percent of their excess weight or more.

Undergoing a gastric bypass requires patients to commit to a new lifestyle. The amount of calories and nutrients absorbed by the body are significantly decreased after gastric bypass surgery.

People who have gastric bypass operations usually lose two-thirds of their excess weight within two years after the operation. It is no miracle that patients of the gastric bypass lose weight rapidly.

However, weight reduction surgery known as gastric bypass is merely the first step. After a gastric bypass, it is recommended that you follow a certain diet in order to maintain proper weight balance and nutrient intake. The gastric bypass diet helps you maintain good nutrition while losing weight. People who regain weight after gastric bypass surgery usually are consuming too many high-calorie foods and beverages and do not exercise enough. About 1 in 20 people who have gastric bypasses fail to lose sufficient weight or regain weight and the operation has to be repeated.

Kyle Potts is a general surgeon who specialize in performing Roux-en-Y gastric bypass surgery for people with severe obesity. He performs laparoscopic obesity surgery since 1994 and is experienced in gastric banding, gastric bypass, intragastric stimulation and intragastric balloon procedures. He specializes in laparoscopic redo surgery where he converts failed previous obesity surgery to gastric bypass laparoscopically.

Before you consider going for such a surgery, it is always wise to read up everything on this subject, and subsequently meet your doctor to discuss the possibilities of the surgery.

The most common surgery for obesity is Gastric Bypass. Find out more about Gastric Bypass at



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