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personal case studies

TAKE CHARGE







BREAST REPAIR & REBUILD



ISSUE SUMMER

LINDY MUMME

ON WEIGHT LOSS

MOST OF US WANT TO LOSE WEIGHT BUT AS THE OBESITY EPIDEMIC WORSENS, WE SEE AN INCREASING NUMBER OF PEOPLE, AT INCREASINGLY YOUNGER AGES DEALING WITH WEIGHT ISSUES.

The weight loss journey requires lifestyle changes, emotional engagement and diet and exercise adjustments, all of which mean huge changes in someone's life. Surgery is often required, and few are prepared for the body they end up with - large folds of floppy excess skin and lots of stretch marks. Dramatic weight loss is life changing and with the right support you can achieve the results you want. Recently we sat down with Lindy Mumme who shared her emotional journey with us, and showed us that with the right support system of specialists and people who love you, you can completely change your own life.

She married her childhood sweetheart, became a nurse and had two children who are now teenage boys. Lindy lived a mostly happy existence, until a family ski trip to NSW changed everything. Lindy Mumme had been big most of her life, and was a size 16 as a teenager when she first met her husband Sean. As she got older she put on more weight gradually, but never really felt it was an issue. It was a hurtful encounter with a ski instructor that shone a light on her situation and Lindy's thoughts about her weight changed.

"I had never skied before and we spent thousands of dollars on a trip to NSW with 2 other families, to enjoy a skiing holiday together. We paid for some lessons and things took a turn for the worse on the 2nd day when I fell over yet again after many attempts to stay up on the skis." It was the first time she felt her weight was a barrier to doing something she wanted to do. "I didn't want the instructor to help me up because I didn't think it was fair for him to have to lift my 108 kilos off the ground, but my consideration was lost on him, as he looked down on me in the snow and said 'You know this takes effort'. I was humiliated and spent the rest of the holiday inside drinking lattes while my friends and family enjoyed the holiday."

It was on her return to Perth after that trip that Lindy quickly took action. She and Sean attended an information night about bariatric procedures, (gastric band insertion) and on contacting and meeting Dr Steve Watson, she was in surgery 6 weeks later. After a couple of nights in hospital and a few days recovery at home. Lindy was back at work the next week and living on a whole new learning curve.





PATIENT STORY | "LINDY" THE SKINNY ON WEIGHT LOSS



LINDY'S BARIATRIC SURGEO

GASTRIC BAND SURGERY

- . Restricts the amount of food that can be ingested by reducing the capacity of the stomach
- . A band is placed over a section of the upper quadrant of the stomach to provide constriction.
- . The band has a small tube inside that is increased or decreased in size by the addition or removal of fluid.
- . The fluid volume inside the band determines the level of constriction and this is regulated to the individual and their gastric requirements and biological responses.
- · Gastric band surgery has been highly successful in treatment of the morbidly obese.



RADICAL ABDOMINOPLASTY

- Removes excess sagging skin and fat from the middle of the abdomen.
- · Reduces size of abdomen. Can improve abdominal weaknesses by tightening abdominal walls.
- . The belly button is left attached to the deeper muscles and fascia of the abdominal wall. The skin between the belly button and just above the pubic hairline is removed and the skin above the belly button is undermined
- . The remaining skin is then pulled down over the belly button (like pulling down a Holland blind) and sutured to the skin just above the pubic hairthis tightens the abdominal skin.
- . A new position for the belly button is then made and the belly button is brought back through the skin.

The band is a ring, and within the ring is a balloon that gets liquid put into it to determine the level of constriction. Fluid is not added to the band for the first month but it still provides physical constriction. The band is fitted around the top part of the stomach and limits the volume of food that can pass into the stomach. "For the first week I ate only fluids - soups and broth. Then for the next few weeks I could manage thicker foods like scrambled eggs. By the end of the first month I was back to eating most normal foods, but much smaller portions. I do remember sitting there after my first month thinking 'what have I done? This is too hard!'

I was constantly thinking about what I could eat. The reasons I was so big before were that I was eating too much. I'd eat while preparing dinner, while serving it, I'd eat what the boys didn't eat, and then I'd sit down to the same size meal as my husband, who at 6 foot 2 is much better able to metabolise that volume of food. He's in the navy and I would always lose weight when he went to sea because then my meals were the same size as my kids'

After a month of learning new eating behaviours, Lindy returned to Dr Watson and had her band filled for the first time. She also went in every couple of weeks afterwards and the constriction was assessed and adjusted to suit her individual gastric responses. The band constriction is managed through a metal port with a cover that connects to a tube. This in turn connects to the band, which is filled via a needle. Once things are regulated, the band constriction should be checked annually and patients can continue to live a normal life. Although in most cases - a new one!

For many people who have undergone dramatic weight loss, shifting the kilos is only the first part of the journey. The emotional transformation and the body they are often left with are not always what they signed up for. Usually this means another round of work, with body lifting or contouring as the final stage of the process of truly 'getting in shape'.

Lindy had the gastric band surgery in mid 2006 and by Christmas had dropped from 108 kilos to 91 kilos - she had lost 17 kilos in almost 6 months. The weight kept falling off, and once she had lost around 30 - 40 kilos, Lindy's focus shifted from her weight loss to what her body was starting to look like. Her pre surgery jeans were a size 24 and she was now shopping for a size 10. Although she felt smaller, there were large folds of skin left behind that had to be folded into clothes to be contained. "When I was naked, I couldn't look in the mirror. I hated it - everything hung and sagged. Pre weight loss my breasts were an E-F cup. Afterwards they were floppy empty sacks that I could roll up and fold into my bra. I still wore loose t-shirts over jeans to hide the rolls of excess skin and when I'd go swimming all the excess would float to the surface. I hated it and had to do something."

Lindy went back to Dr Watson and discussed her concerns with him and he recommended some surgeons to her that he thought might be able to help. Lindy worked through the list and by early 2009 she had an appointment with Dr Mark Duncan-Smith. Because she had stopped losing weight, he was able to address her surgical needs. "He asked me what I wanted done, and he asked Sean too! He assessed my stomach excess, my breasts and talked me through the different options and techniques. We decided on a radical abdominoplasty and a breast lift."

Lindy's suture line ran from hip to hip and from the bottom of her rib cage to the pubic line. Her belly button was moved and her abdominal wall tightened. Excess skin was removed from her stomach and breasts, and her nipples were repositioned to higher on her newly shaped breasts. The whole procedure took around 6 hours and Dr Duncan-Smith removed 1.5 kilos of excess skin in total. Lindy was in hospital for about 5 days and though it was uncomfortable and there was a fair amount of pain, she knew immediately that the results were amazing.

"I've been really lucky I had no post operative complications. After the surgery, I did everything I was told to do and my experience has really been a success story. I lost 60 kilos overall and aside from marrying my husband and having our boys, it's the best thing I ever did."

Lindy knew she needed to make the changes but didn't know how completely life changing it would be. "My confidence is much better, I'm not as withdrawn as I used to be when it comes to talking to people. Now that I can look at people in the face, I realised how much shame I was carrying around. I used to hate going into clothes shops and often would be ashamed of myself on behalf of Sean - believing his friends and colleagues were judging him because of me and my size. I'm very blessed - my family has been incredible. Sean has loved and supported me no matter what size I've been and one of the best moments ever was when my son gave me a hug and said 'oh Mum - my hands go all the way around!' It made it all worthwhile."



MEET THE TEAM

JANUARY ISSUE



MELINDA BARLOW

With us from our very first issue, Melinda Barlow has written many of our feature articles, and countless editorials for our surgeons and specialists. She has a Bachelor of Health Science and is pleased to be able to apply this knowledge to her work for us here at Nip Tuck Magazine. Being a freelance writer is her dream realised as she has a love for words and their possibilities. Her work is informed by her travels, her Australian upbringing, and her interest in capturing people's stories and telling them with dignity and respect. Talking to surgeons and learning about the work they do, as well as listening to patients and discovering how people's lives can be transformed through illness, injury or surgery, is the thing she is most interested in. Dividing her time between Australia and Europe, she skillfully manages her freelance career across time zones and publications and after 5 issues has had the joy of meeting many of our contributors, surgeons, specialists and their patients, and continues to be inspired by them. She is a hardworking part of our team and we are very lucky to have her here at Nip Tuck.

