

• personals • promotions • best of austin • find a paper • submit an event • advertise with us • contact • jobs: art director



ARCHIVES CALENDAR

keyword

SEARCH

HOME  
NEWS  
ARTS  
BOOKS  
FOOD  
SCREENS  
MUSIC  
CALENDAR  
CITY GUIDE  
CLASSIFIEDS

SUBSCRIBE TO RSS FEEDS  
GET MOBILE CONTENT FOR YOUR IPOD, PDA, AND PHONE  
SIGN UP FOR EMAIL DIGEST AND EVENTS NEWSLETTER

Restaurant Guide Featured Stories Food-o-File/News Event Menu Reviews Wine of the Week

HOME: JULY 13, 2007: FOOD

## Enough Is Enough!

*I've been a food critic for 15 years. I've been overeating all my life. Recently, I decided enough is enough!*

BY VIRGINIA B. WOOD

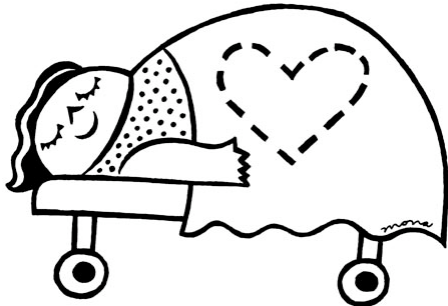


Illustration By Lisa Kirkpatrick

Don't worry: This is not your average angry-fat-girl story. It's not really a before-and-after story, either, but more of a before-and-during report.

I've been fat all my life. Early photos reveal a plump, dimpled toddler who grew into a chubby kid and reached the "normal" weight for her height of 5 feet 2 inches by age 11. It was certainly an issue when I was in high school, although looking back, I'd kill for my paltry graduation weight of 175 these days. Whatever genetic predisposition I might have had toward obesity – along with an aversion to exercise – a steady diet of restaurant food, catering cooking, and my own baked goods washed down with plenty of bourbon and Coke meant gradual but steady weight gain from my 20s through my 40s. Even though I managed to lose 100 pounds more than once during those years, I eventually gained back that much and more each time.

By the time I became a restaurant critic for the *Chronicle* in 1993, I'd made peace with the social consequences of being fat (culturewide ridicule and discrimination, no husband, etc.), and I weighed about 300 pounds. I'd long since quit drinking by that time, but eating out professionally was to be a broadening experience, both literally and figuratively.

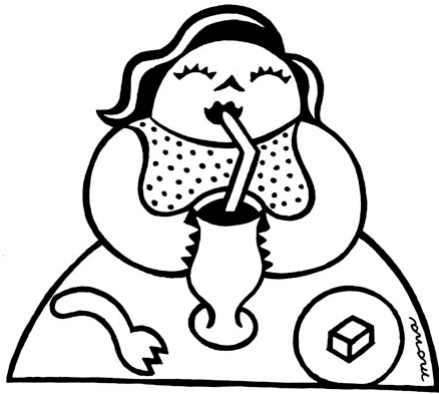
Though I have made emotional and intellectual peace with my weight, being comfortable in my own skin didn't protect me from the health problems that began to catch up with me in the past few years. The heart attack that was due in my mid-30s has yet to materialize, but I was diagnosed with type 2 diabetes not long after my 50th birthday.

Years of hard work in commercial kitchens and carrying far too much weight on a tiny frame have resulted in painful osteoarthritis, especially in my knees, ankles, and hands. By 50, I was walking with a cane and finding out-of-town travel and any excursion that required much walking to be a real challenge. I found myself in an increasingly untenable situation: I had a career I loved that offered such wonderful opportunities as book contracts, culinary travel, and speaking engagements, but poor health and limited mobility were making it difficult to accomplish all of the things I wanted to do.

I began researching bariatric surgeries about five years ago. I read everything I could find, both pro and con. Like a good reporter, I interviewed several post-surgery patients about their experiences. Other than the inherent dangers involved in any major surgery, my main concerns were how I'd pay for the procedure if I had one and how I'd do my job once the operation was over. I love my job, and I hoped it would be possible to save my life without losing my career in the process. The *Chronicle* provides us with very good health insurance, but our particular policy does not cover bariatric surgery, so I knew going in that I'd be on my own financially.

The two major weight-loss surgeries are the Roux-en-Y, or gastric bypass, and adjustable gastric banding, more commonly known as the Lap-Band. I won't go into exhaustive detail describing the procedures, but suffice it to say the gastric bypass involves stapling off a small part of the stomach and connecting that pouch to a rerouted portion of the intestine. This drastically limits the absorption of both calories and nutrients from the food that is eaten. I considered the cost (\$35,000-40,000), success rates, and potential postoperative complications of the gastric bypass. It seemed like I'd just be trading one set of serious health problems that was covered by my health insurance for the potential of many more problems that would not be. The bypass was not for me.

The more I learned about the Lap-Band, however, the more it seemed it might be the tool I was looking for. A surgeon makes small incisions in the upper abdomen and uses laparoscopic techniques to install an inflatable plastic band around the top of the stomach. There is no cutting of the stomach, and the process can be reversed, if necessary. After surgery, the band is adjusted by the injection of a saline solution through a port in the abdomen. Banding works on the principle of restricting the amount of food a person can eat without disrupting the rest of the digestive system. Weight loss is not as dramatic as with gastric bypass, but postoperative complications are not as serious, either. I attended some informational (read: sales) seminars about the Lap-Band procedure in early 2006 to help me choose a surgeon. By July of last year, I realized I'd talked about surgery long enough – it was time to move forward or shut up.



*Illustration By Lisa Kirkpatrick*

I made an appointment for a consultation with a surgeon the first week of August 2006, and soon after I borrowed \$18,000 from my 401(k) retirement plan to pay for the surgery. I figured it was worthwhile to invest more than half of my accumulated retirement money trying to make sure I had a fighting chance to live long enough to need the rest of it. The next six months were sheer torture. My primary-care physician and two surgeons told me I was not a particularly good candidate for the Lap-Band procedure because my body mass index (weight-to-height ratio) was too high. They were all concerned that an enlarged liver would make it difficult to access the stomach area. If that problem didn't cause a "dry run" (incomplete procedure), they worried I ultimately wouldn't lose enough weight for the surgery to be considered a success. Though I was certainly not the heaviest person either surgeon had seen, I still found it ironic that how much I needed the surgery made me such a poor candidate.

The second surgeon I consulted was skeptical about the success of either procedure. He told me that the postoperative wound care after a gastric bypass on someone my size would be prohibitively dangerous and that he doubted I could ever reach the "goal weight" of 125 pounds for my height with the Lap-Band. I said, "Honey, I haven't weighed 125 pounds since junior high – at this point, I'd settle for lower blood pressure, lower blood sugar, and being able to walk around the block. Can you get me there?" He agreed to give it a try.

Qualifying for the surgery involved one daunting task after another. I decided it's that way by design, not just to anticipate and rule out all the potential complications (and malpractice suits), but to make sure the patient is really serious about making such a drastic life change. Weight-loss-surgery candidates have to complete a series of preoperative tests: psychological screening to determine suitability for the procedure, a fitness consultation to plan a post-surgery exercise regimen, a nutritional consultation to explain the post-op diet plan, a sleep-apnea test (this is the new "in" diagnosis for fat people), and some blood work. In addition to the above tests, I was required to have an ultrasound of my liver, a deep-vein scan of my legs, a lung-function test, a chest X-ray, a cardiac stress test, and more blood work.

I had originally hoped to have surgery by the end of October 2006, but I changed surgeons in the fall, and all the extra testing he requested set me back a couple of months. The first time I got on the surgery schedule was the week after Christmas. A series of communication breakdowns among the various doctors I was seeing caused the date to be changed more than once. I was set to go again in late January when the ice storm intervened. The scary prospect of getting to the short-staffed hospital on icy roads caused another cancellation. By that time, I'd told my friends and family I was going into the hospital and had canceled so many times, I started referring to myself as "the woman who cried 'surgery.'"

In early February, my primary-care doctor and my surgeon reviewed all my test results, and we determined I was as healthy as I was ever likely to be. My Lap-Band surgery was scheduled for Feb. 14. I told myself that if the surgery was any kind of success at all, for the rest of my life I could say that I'd finally gotten a really great Valentine.

I had surgery at St. David's on the morning of Feb. 14 and went home the next afternoon. Because of my enlarged liver and an excess of scar tissue from a prior gallbladder removal, my surgery took 4 1/2 hours, about three hours longer than usual. Dr. Sashidhar Ganta told my sisters afterward that it was the most difficult Lap-Band he'd ever done.

Lucky for me, he persevered, and it was a success. My only real post-op problems resulted from my right arm and left leg being in awkward positions on the operating table for so long. My abdominal incisions weren't that uncomfortable, but I went home with a pinched sciatic nerve in my left hip and a pinched ulnar nerve in my right elbow. The severe pain in my ass subsided in a couple of weeks. The numbness in the fingers of my right hand is still receding. It never occurred to me that stomach surgery would result in the temporary loss of right-hand function. Go figure. Fortunately, my friend Suzann typed my columns as I dictated them over the phone for the first few weeks after surgery, and I didn't miss any work.

In order to give the stomach plenty of time to recover from having the band installed, Dr. Ganta prescribes two weeks of a liquid diet immediately after surgery: protein shakes, clear broth, nonacidic fruit juices, sugar-free Popsicles, etc. I ate more sugar-free Jell-O during those two weeks than I have in the past 40 years, just to have something to chew on. The next two weeks called for soft and pureed foods: scrambled eggs, grits, baby food, a righteously delicious carrot-ginger soup from my friend Pamela, nutritious pureed soups from the Soup Peddler, my favorite chile con queso from Chuy's, and restorative vitamin-C-laced tortilla soup delivered from friends at Manuel's. The weight loss on the high-protein, low-carb preoperative diet and post-op liquids was pretty impressive – I lost almost 40 pounds in February and March.

Dr. Ganta's approach to postoperative band adjustment is very conservative, meaning that portion restriction is very gradual. He's convinced this reduces incidences of vomiting and acid reflux. Based on my experience, I think he's right. I've had very little post-adjustment discomfort and only vomited once because I ate too fast. I've learned to eat slowly and sip liquids through a straw instead of gulping. Since I've been back on solid foods, my weight loss has slowed considerably. High-calorie liquids and soft foods slide right on through, pretty much defeating the purpose of the band. This means there will be more actual dieting involved than I originally anticipated. So far, I haven't encountered anything I can't eat, although soft bread takes up too much space (goodbye sandwiches and biscuits), and anything carbonated makes me feel as though I have a helium balloon in my chest. That should help me kick my lifelong Coca-Cola habit.

Before the surgery, I had worried about how I was going to review restaurants, being limited to tiny portions and a constant fear of throwing up. My recurring nightmare featured any number of local restaurateurs saying, "Yeah, that Virginia Wood came to review my place and barfed at the table!" Please, God, no. So far, things have worked out fine. I can taste small bites of my own and my companions' dishes and take excess food home for later, if need be. The secret seems to be small bites and *plenty of chewing*. Truth be told, my professional colleague Pat Sharpe has maintained a slim figure eating that way, and she's been reviewing restaurants twice as long as I have, so I'm encouraged that it can be done. The band around my stomach hasn't changed my palate or what I know about food. Used wisely, it is a tool that can help me prolong both my career and my life.

As I said, this isn't a before-and-after story. Five months after surgery just isn't long enough for after, and I've only lost about 50 pounds so far. A loss like that might turn some folks into a skeleton, but on me it just amounts to a good start. My blood pressure is lower, my blood sugar is under much tighter control with less medication, and I can walk a little better every day. I have one less chin, and both my clothes and my car fit better. I consider myself incredibly lucky that my family, my loving circle of friends, and my employers have all supported this (hopefully) life-changing decision. Going public about this aspect of my life is a birthday challenge to myself – I hope telling *Chronicle* readers about it inspires me to more success. I'll check in around my birthday next July and let you know how it's going. ■