

“Gastric Imbrications”

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Obesity is the basic cause for many diseases. [1] Diabetes, hypertension, hypercholesterolemia are caused by obesity thereby increasing cardiovascular diseases. Obesity is also an important factor in development of Arthritis. So it is important to control obesity to prevent many diseases. Blood pressure can be controlled and the diabetes and uric acid levels also can be decreased. Fatty liver and joint pains can be prevented. As the cholesterol levels decrease the chances of getting heart diseases also decreases.

There are many surgical options available for the treatment of obesity like bariatric surgery, gastric bypass etc. Gastric sleeve plication or gastric imbrications is latest weight loss surgery option. A reversible procedure that is differentiated from existing bariatric procedures in that it does not require device implantation nor the removal of stomach tissue.

The Gastric Imbrications is a laparoscopic (keyhole) procedure, which is very simple and yet effective. It is less invasive and shorter than the Sleeve and Bypass surgeries, with equally good results. The procedure is reversible which involves only 3 tiny cuts on the abdomen and the stomach is folded over itself and stitched. The tiny cuts are so small that they don't require any stitches and the patient walks home the next morning. The procedure results in reducing the capacity of the stomach to 100-150 ml and as a result the patient gets a feeling of satiety with a small meal. The size of the stomach is reduced in this method. Stomach capacity is reduced and the patient consumes less quantity of food and loses weight.

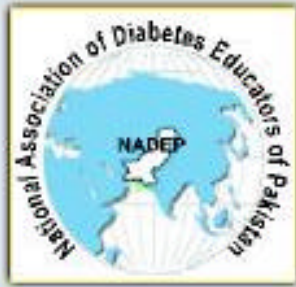
Benefits:

- Like other bariatric operations, the procedure promotes weight loss by reducing stomach capacity to cause early satiety and limit calorie intake. Based on preliminary results, gastric plication surgery for severe obesity appears to be a safe and effective weight loss procedure. Patients have achieved excess weight loss of 60-90% at the end of one year.
- 90-98% patients of Diabetes, Hypertension, hyper lipidemia, Sleep apnea, and knee joint pain got much better quality of life.
- Unlike other bariatric procedures, gastric plication does not involve stapling, cutting or removing stomach tissue or require a medical implant.
- Performed laparoscopically, thus minimum invasion.
- Does not cause malabsorption (like gastric bypass surgery)
- Does not require a medical implant (like gastric banding)
- Does not involve cutting away and removing a portion of the stomach (like sleeve gastrectomy)
- Procedure is easily reversed
- Offers minimal risk and quick recovery
- Currently the lowest cost weight loss procedure available.

Based on preliminary results, gastric plication surgery for severe obesity appears to be a safe and effective weight loss procedure but more studies are needed to confirm these findings.

Reference :

1. Wrong diagnosis .com/o/ Obesity / Causes. html



News and updates

National Association of Diabetes Educator Pakistan is an Association of diabetes educators, Dietitians, other health care professionals and those who have keen interest towards diabetes care. In Karachi, under the umbrella of NADEP diabetes awareness walk was organized on 14 November, 2010 celebrating the world diabetes day to cope with the rising epidemic of diabetes. Thousands of people from different walks of life participated in this event.



Diabetes Awareness Walk

NADEP has arranged Sessions of Conversation map tools for the lecturers of R.A.L.K College and for the dietitians of Pakistan Nutrition & Dietetic Society (PNDS) with the collaboration of Baqai Institute of Diabetology & Endocrinology. Conversation map tools are latest tools for diabetes education. The sessions were conducted by Miss. Erum Ghafoor, Expert trainer of conversation map tools by International Diabetes Federation.



Sessions of Conversation Map Tools



International
Diabetes Federation
IDF, Centre of Excellence
2009-2012

Issue 13 : January 2011

Diabetes Educator

INDEX

| | Pg # |
|--------------------------------------|-------|
| ◦ Glycemic Index of Food & Diabetes. | 1 - 2 |
| ◦ Gastric Imbrications | 3 |
| ◦ News and updates | 4 |

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"Glycemic Index of Food & Diabetes."

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The Glycemic Index is a method of Classifying carbohydrates based on their blood glucose response. (Jenkins, 1982)

It should be noted that the glycemic index does not measure how rapidly blood glucose levels increase; peak glucose values occur at approximately the same time from differing carbohydrates eaten separately or in meals.

Because there is no rate limitation in the digestion of polysaccharides into glucose, starchy foods usually do not have a lower glycemic index than do sugars. For example, Coke, Snickers bars, and premium ice cream all have moderate to low glycemic indexes. Many factors affect the glycemic index of a food, such as the following:

- Amount of carbohydrate
- Cooking or food processing
- Food structure
- Fasting and preprandial glucose concentrations
- Severity of the glucose intolerance
- Second meal or lente effect

In general, refined grain products and potatoes have a higher glycemic index whereas legumes, unprocessed grains, nonstarchy fruit, dairy products, and sugars have a lower glycemic index.

The long-term improvement in glycemia from low glycemic index diets compared to high glycemic index diets has been controversial. A few studies report improvements in A1c or fructosamine, but the majority of the studies report no differences. The Canadian Trial of Carbohydrates in Diabetes was designed to provide high-quality evidence for the long-term (1 year) effects of altering the source of carbohydrate in the management of type 2 diabetes. High-carbohydrate/high-glycemic index, high carbohydrate/low-glycemic index, or low carbohydrate/high-monounsaturated diets were compared in 162 subjects with type 2 diabetes managed by nutrition therapy alone. At the end of the year there were no significant differences in A1C, insulin or lipid levels, body weight, or blood pressure. C-reactive protein levels improved significantly but all values were in the normal range.

What is Second meal or lente effect?

The second meal or lente effect is that if one eats a low GI food at one meal, there is a carry over effect to the next meal in terms of "buffering" the impact of eating sugar during that second meal.

The difference between the glycemic responses of mixed meals at dinner can be predicated from the GI of the individual foods consumed. In addition, breakfast carbohydrate tolerance is improved when low-GI carbohydrate foods are eaten the previous evening. This provides evidence for a sustained metabolic effect of allowing the absorption of carbohydrate." Second-meal effect: low-glycemic-index foods eaten at dinner improve subsequent breakfast glycemic response."

Second-meal effect: low-glycemic-index foods eaten at dinner improve subsequent breakfast glycemic response
Wolever TWS., et al. A, J Clin Nutr 1988 48: 1041-7

How to Become a Member:

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Treasurer NADEP

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E-Mail: nadep@nadep.org.pk
nadep.khi@gmail.com

On approval by Executive committee the Membership No. will be allotted



"Those who think they have no time for healthy eating will sooner or later have to find time for illness."
 Edward Stanley (1826-1893) from *The Conduct of Life*

The American Dietetic Association (ADA) Type 1 and Type 2 Diabetes Evidence-Based Nutrition Practice Guidelines (EBNPG) for Adults reviewed studies comparing low and high glycemic index diets and concluded: "Fifteen short-term studies ranging from 2 to 12 weeks and one long term (1yr) study reported mixed effects on A1C levels. These studies are complicated by differing definitions of 'high glycemic index' and 'low glycemic index' diets or quartiles, as well as possible confounding dietary factors." As a result of the evidence review, which was done before publication of the Wolever article, the following recommendation was made:

"If the use of glycemic index is proposed as a method of meal planning, the registered dietitian should advise on the conflicting evidence of effectiveness of this strategy.

- Studies comparing high versus low glycemic index diets report mixed effects on A1C." (American Dietetic Association, 2008b).

The glycemic load is another method used to calculate the physiological effects of carbohydrate. The glycemic load is the product of the carbohydrate content in an average serving of food (or a meal or day) and the glycemic index of the food(s). It attempts to incorporate both the quality and the quantity of carbohydrate consumed. Some examples of the glycemic index compared to the glycemic load of a few common foods (based on standard serving sizes) are as follows (Faster-Powell, 2002):

| Foods | Serving Size (available carbohydrate g) | Glycemic Index | Glycemic Load |
|--------------|---|-----------------------|----------------------|
| Pizza | 1 slice | 86 | 68 |
| Potato baked | 1 | 85 | 26 |
| White rice | 1 | 65 | 23 |
| Orange juice | 6 oz | 57 | 15 |
| White bread | 1 slice | 70 | 10 |
| Ice cream | 1/2 cup | 62 | 8 |
| Carrots | 1/2 cup | 92 | 5 |
| Milk | 8 oz | 32 | 4 |
| Watermelon | 1 cup | 72 | 4 |

It is interesting to note how closely the glycemic load corresponds to the grams of carbohydrate in a servings and not the glycemic index.

Conclusion:

The total amount of carbohydrate eaten per meal is more important than the glycemic index of food. Food with high glycemic index, such as potatoes, rice and corn etc. can be eaten in moderation, keeping in mind the total amount of carbohydrate per meal, better combined with any high fiber food such as salad.

Reference :

http://nutritioncaremanual.org/content.cfm?highlight=glycemic%20index&nem_content_id=91284