

REAL LIFE

# weight-loss surgery changed their lives

Brooke Simons Mahoney and Jacqueline Halliday-Jordan had a lot in common—including the fact that they were both morbidly obese. After a lifelong struggle, they decided to have gastric bypass surgery together.

BY WINNIE YU

**O**n a chilly morning in November 2008, Brooke Simons Mahoney got up at 5:30, put on some comfy sweats and headed to Ellis Hospital in Schenectady, New York, where she was scheduled to have gastric bypass surgery. Brooke, now 48, had been preparing for this moment for months. She was carrying 359 pounds on her 5'10" frame.

Across town, Jackie Halliday-Jordan, her best friend since the seventh grade, had also woken up early. The 48-year-old said a prayer and then headed to the hospital so that the same doctor could operate on her right after he was done with Brooke. At 5'5", Jackie weighed 289 pounds.

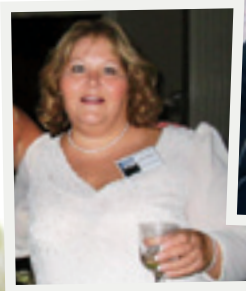
The two friends had spent an hour on the phone with each other the night

before, chatting about their future. "We knew the surgery involved major risks and could have side effects, so of course we were scared," says Brooke. "But I was terrified that, without surgery, I wouldn't live long enough to see my son grow up." (Her son, Jacob, is now 14.) Jackie, who has two sons of her own (Timothy, now 22, and Jon,

now 18), was similarly concerned.

But they tried to stay positive. "We talked about how we couldn't wait to go to stores that weren't for plus sizes and how great it would be to stop taking medication for all our health problems," says Jackie. "Then I said, 'See you tomorrow for the rest of our lives.'" PLEASE TURN TO 144

before



JACKIE BEFORE: 289 lbs  
AFTER: 164 lbs  
GONE: 125 lbs



BROOKE BEFORE: 359 lbs  
AFTER: 198 lbs  
GONE: 161 lbs

after



## A LIFELONG CHALLENGE

STRUGGLES WITH WEIGHT started early for the two women, who grew up in Clifton Park, New York. Brooke still winces at the memory of a photo of them at the junior prom. “A girl came over and told us her friend said we were sitting at the ‘fat table,’ and that our picture would be unusable for the yearbook,” she says. Jackie remembers not being able to squeeze into her dress. “My mom had to cut open the seams and put lace between them so I could still wear it,” she says.

As they got older, their friendship remained strong—both leaned on the other when their marriages collapsed and they began the challenging task of being single moms—but living with obesity didn’t get any easier. Brooke recalls riding the subway in Boston (where she lived for a few years) and being mocked by teenage boys who started pushing and shoving her. “I was so upset that I got off and walked the three miles to work, crying the whole time.”

For Jackie, being overweight meant a lifetime of lies. At amusement parks, she told her sons she was too scared to get on the rides, when in fact she was afraid she wouldn’t fit in the seats. When loved ones asked her size so they could buy her holiday or birthday presents, “I’d lie and say I was an 18 when I really needed a 2X,” she says. “Later, I’d tell them, ‘Oh, I didn’t like the color,’ and return the item for a larger size.”

Being obese wasn’t just humiliating; it was making both women physically sick. Brooke developed type 2 diabetes, high blood pressure and high cholesterol. Jackie’s blood pressure was so high that she had to take medicine three times a day, and



Jackie, left, and Brooke at their junior prom in 1980.

her doctor warned her that diabetes and heart disease were just around the corner if she didn’t lose weight. “I also had acid reflux and heart palpitations, and I could barely make it up a flight of stairs without being out of breath,” Jackie says.

Despite short-lived bouts of success, their dozens of attempts to lose weight never worked long-term. “I would lose 20, 30, 40 pounds, but then I’d gain it all back plus much more,” says Jackie. “For me, food was an addiction,” says Brooke. “I’d stick to a diet for a little while, but eventually I’d go back to my old ways. I’d see food, and I’d have to eat it. I’d get an almost immediate ‘high’ from eating—and then feel bad about myself right after. It was a vicious cycle.”

At one point, Brooke and her sister Dana, who was also obese, talked about having gastric bypass surgery. But when their mom got sick and needed to go on dialysis, Brooke bowed out so they both wouldn’t be recovering from surgery while their mom needed their assistance. Dana went ahead with the procedure, and Brooke and Jackie watched as Dana lost weight.

Meanwhile, Jackie was also considering weight-loss surgery and even attended a few information sessions at the hospital where she worked. But the moment she knew it was time to take action was after her 25th high school reunion. She posed for a picture with a group of old friends—including Brooke—and afterward, someone had the photo blown up into 8” x 10” prints and gave a copy to everyone. “When I saw it, I was mortified,” says Jackie. “Sobbing, I called Brooke up and said, ‘That’s it. I’m going to have the surgery.’”

Brooke’s mom was still sick, but Brooke decided that she, too, couldn’t delay any longer. “I was a walking heart attack,” says Brooke. “I told Jackie, ‘If you’re doing it, I’m doing it with you.’”

## THE PREP

THE HOSPITAL orientation, which was led by the surgeon who would later perform their procedures, only confirmed their decision.

Jackie recalls, “The doctor got up and told us, ‘Morbid obesity is a disease. If you had cancer, you’d get

it removed. If you had heart disease, you'd have heart surgery. This is no different.' Finally, I felt as if someone really understood and could help me."

The doctor further explained that gastric bypass—a surgical procedure that restricts the size of the stomach—has a variety of risks and side effects (for details, see "Is Weight-Loss Surgery Right for You?," page 146). Also, it wouldn't be successful unless they learned to make healthier food choices, cut portion sizes and exercise. But the two friends remained convinced that the surgery would be worth it, and that going through it together would make it easier. The doctor agreed to accommodate their request to schedule their surgeries on the same day.

In the months leading up to the surgery—which was set for the day

## A NEW REALITY

THE TWO WOMEN soon realized they could no longer eat whatever they wanted. Because gastric bypass surgery shrinks the stomach and affects how food is digested and absorbed, people who have had it can only eat a very small amount in one sitting (they have to work up to being able to eat about a fistful of food), and chewing thoroughly is crucial. High-fat foods can be particularly troublesome and cause bad side effects because they're usually difficult to digest.

A week after they got home from the hospital, Jackie ordered chicken at a restaurant. A few bites later, she was in the bathroom with her head against the wall, drenched in a cold sweat and racked with pain and nausea.

"I had white foam coming out of my mouth, and my nose was running hor-

**"I'd see food, and I'd have to eat it. I'd get an almost immediate 'high' from eating—and then feel bad about myself right after. It was a vicious cycle."**

before Thanksgiving, 2008—both women underwent a battery of medical tests, including X-rays and an EKG, to make sure their bodies could withstand the surgery. They also met with a psychologist to make sure they were mentally prepared for the recovery, that they had a good support system in place and that their main motivation was better health—not vanity.

The day of the surgery, Jackie told one last lie. "The anesthesiologist asked me what I weighed, and I lied right to her face," she says. "I told her that I weighed 20 pounds less than I actually did. The whole time I was being wheeled in, I was afraid I'd wake up in the middle of the surgery because I'd lied."

ribly," she says. "Thank goodness I was with Brooke. My mother would have insisted on rushing me to the hospital, and my kids would have thought I was dying. But Brooke just said, 'Oh, it didn't go well, did it? Maybe it was too much food or you didn't chew well.' She understood because the same rules applied to her."

In addition to changing their eating habits, Brooke and Jackie also started exercising more—a critical factor in losing the weight and keeping it off. Brooke does aqua aerobics and uses the weight machines at the YMCA where she works, and also enjoys walking; Jackie mostly walks but is hoping to start working out with a trainer soon.

Six months after the surgery and nearly 100 pounds lighter, Jackie went into a clothing store and grabbed a few items in a 1X, her most recent size. But when she tried them on, she discovered that none of them fit her. "I was shocked to realize that even an extra-large was too big," she recalls. "That's when I realized I could buy anything I wanted. I went home, called my mom and said, 'I just bought a large!'"

Today, Brooke is 161 pounds lighter and has gone from a size 28 to a 14. Jackie has lost 125 pounds and dropped from a size 24 to a 12. Jackie no longer takes blood pressure medication, and Brooke no longer needs medication for diabetes, cholesterol or blood pressure.

But the challenges aren't over. Both women are still prone to emotional eating. "There are times when I'm feeling stressed or upset and find myself looking for something to eat to feel better," Jackie says. Brooke struggles at parties and family gatherings. Though she wants to sample everything, she's careful not to load up her plate. To help her stay the course, she carries a photo of herself at a Yankees game, where she couldn't fit in the seat and had to sit sideways. "It's a constant reminder of how big I was," she says.

Though Brooke isn't at her dream weight (she'd like to lose another 30 pounds), she knows how far she has come. Her son, Jacob, does too. He recently admitted feeling embarrassed a few years ago, when his mom came to his classroom and the other kids made fun of her. "But when I went back to his school after the surgery, he was excited to have everyone see how much better I looked," says Brooke. The best part: "He said that when he gave me a goodbye hug, he was happy that he could finally reach his arms all the way around me." PLEASE TURN TO 146

Freelance writer WINNIE YU is the coauthor of the *New Mother's Guide to Breastfeeding* and *The Everything Health Guide to Thyroid Disease*, due out this fall.

# is weight-loss surgery right for you?

**I**f your body mass index (BMI) is greater than 40—for example, if you're 5'4" and weigh over 235 pounds—then you're a potential candidate. People with a BMI over 30 are also eligible if they have a weight-related condition such as diabetes or high blood pressure.

But just because you qualify doesn't mean you should do it. First, surgery is expensive—anywhere from \$11,500 to \$26,000—but your insurance may cover part or all of it (check with your provider). And while weight-loss surgery is life-changing and can even be lifesaving by reducing the odds of dying from cancer, diabetes or heart disease, it does have risks, both during the operation and afterward. So it's crucial to try losing weight through diet and exercise first.

Surgery isn't a magic bullet; you don't just have it and see the pounds effortlessly come off. "It can help a lot, but you still have to do the work," says Robin Blackstone, MD, president of the American Society for Metabolic & Bariatric Surgery and medical director at Scottsdale Healthcare Bariatric Center in Arizona. "You must exercise and change the way you eat." Otherwise, you run the risk of not losing or regaining the weight.

If you've reached the point where you're seriously considering surgery, you'll most likely be deciding between the two most popular options: gastric bypass, which is what Brooke and Jackie had, and gastric banding (such as Lap-Band). The chart, right, tells you what you should know about both of them.

For more info on bariatric surgery, go to [asmbs.org](http://asmbs.org).

	<b>GASTRIC BYPASS</b> (Roux-en-Y gastric bypass)	<b>GASTRIC BANDING</b> (laparoscopic gastric adjustable banding; brands: Lap-Band and Realize)
<b>HOW IT WORKS</b>	A surgeon closes off part of your stomach, shrinking it. The smaller section gets attached to the middle part of your small intestine (jejunum), allowing food to bypass the upper part of the small intestine (duodenum). This triggers changes in hormones that control hunger and metabolism, as well as physically restricting the amount of food you can eat.	A surgeon makes a small incision and inserts a silicone band around the upper part of your stomach, creating a small pouch that restricts how much you can eat. A plastic tube connects the band to a device just under your skin (the band stays in forever unless the surgery needs to be reversed or redone). After surgery, patients return to the doctor periodically so he can inject or remove saline solution from the device (through a port in the skin) to make the band tighter or looser as needed.
<b>WHO'S ELIGIBLE</b>	People with a body mass index (BMI) greater than 40 or a BMI over 35 with one obesity-related condition (such as diabetes, high blood pressure or sleep apnea).	People with a BMI greater than 40 or a BMI higher than 30 with one weight-related medical condition (such as diabetes, high blood pressure or sleep apnea).
<b>WHY CHOOSE IT?</b>	You'll probably lose weight faster. In one year, bypass patients shed an average of 85 percent of excess body weight; banding patients lose an average of 48 percent, according to research from the University of Wisconsin. Bypass may also be better for people with diabetes, since the procedure seems to immediately affect hormones that impact this condition.	This is a less complicated procedure than bypass surgery because there's no resectioning of the intestines or stomach. You'll probably go home from the hospital the same day, and complications are less likely than with bypass (1 in 2,000 mortality rate).
<b>THE DOWNSIDES</b>	You'll probably be hospitalized for 48 hours after surgery; there's a 1 in 1,000 risk of mortality during the procedure. After, patients may develop hair loss, vitamin deficiencies, and dumping syndrome (undigested food gets dumped into the small intestine too rapidly, causing nausea, vomiting, cramps, diarrhea and profuse sweating).	Twenty percent of patients don't lose enough to reverse a medical condition. Five to 10 percent need to have a repeat procedure to correct a problem, such as slippage of the band. If you have diabetes, the condition won't reverse until you shed significant weight. Side effects include heartburn and difficulty swallowing.