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Surgery brings 500-pound woman hope

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In the rare times when Jennifer Garcia ventures beyond her doorstep, she imagines what strangers think of her.

“Her house is probably dirty. She probably smells,” Garcia said.

The 29-year-old is mostly housebound because of the roughly 500 pounds she carries on her 5-foot-2-inch frame. She must stop to sit down and rest while she vacuums a room. She struggles to get through her narrow bathroom door but still showers daily.

“I take care of myself,” she said. “I will put on makeup. I haven't stopped caring.”

In late October, Garcia underwent the first of two surgeries at UCI Medical Center that she hopes will enable her to live long enough to watch her two young children grow up.

“I figure I had 29 years to enjoy all the stuff I really wasn't supposed to be eating,” she said. “I think I'm kind of over it all. This is gonna make sure that I live a long, healthy life.”

After years of struggling to lose weight, which peaked at 575 pounds, Garcia's doctors told her she needed to undergo weight-loss surgery. After a surgeon near Garcia's home in Moreno Valley told her she was too large for the procedure, she went to UCI, which offers a two-pronged surgical approach for the very largest patients.

She underwent a laparoscopic sleeve gastrectomy to drastically reduce the size of her stomach and remove much of the hormone that triggers hunger. After she loses about 150 pounds, she can undergo gastric bypass, a more invasive and effective surgery that reroutes the small intestines to a stomach pouch.

“The sleeve can only achieve so much in terms of weight loss,” Dr. Ninh Nguyen, chief of gastrointestinal surgery, said on the morning of her surgery, which was covered by Medi-Cal.

Patients like Garcia have the greatest need, but also carry the greatest risk for complications.

The sleeve procedure is becoming the most common surgical approach for the heaviest of patients, according to data from the American College of Surgeons. A Cleveland Clinic study found that for patients in a category known as “super-super obese,” a two-step surgical process was the safest.

A body mass index of 30 or higher is defined as obese. A patient is considered morbidly obese at a BMI of 40. But patients with a BMI of 60 or higher are referred to as super-super obese. They comprise about 1 percent of bariatric surgery patients at UCI.

Garcia's BMI on the day of surgery was 92. She weighed 505 pounds.

“The minute your BMI goes above 35, your risk of mortality or premature death is twice the rate for a normal person,” Nguyen said. “Her mortality rate is exponentially higher. She wants to see her kids graduate from high school. You gotta worry about that when you're at that weight.”

A FAMILY ISSUE

As Garcia puts it, she comes from a hefty line.

"You just have to look at her family," Nguyen said. "Genetics is a big component to obesity."

Her mother, Tamara Brostrom, 55, underwent gastric bypass a year ago. She had diabetes and weighed 339 pounds at 4 feet 11. She has since lost 130 pounds.

Her father once weighed more than 600 pounds. Garcia remembers growing up drinking whole milk and eating lots of fatty, fried foods.

"My parents were struggling with money and stuff, so we ate what was there," Garcia said. "I've been teased about being overweight since I was in elementary school. It's like a nightmare that follows you. I remember wearing a red hoodie and for a whole year they called me 'Kool-Aid.'"

As she got older, she got heavier. During her last pregnancy with her son, who is 2, she gained more than 100 pounds. She also has a 5-year-old daughter. Both children are of normal weight. Her boyfriend and family members help her care for them.

"I feel horrible, embarrassed, mortified," Garcia said. "I don't even look in the mirror. I don't feel any confidence."

Garcia, who is not able to work, would love to be able to volunteer in her daughter's kindergarten classroom or go trick-or-treating instead of waiting in the car.

"I can't do a lot for them," Garcia said. "They miss out. They've never been to the beach, the snow or Disneyland."

When Garcia goes grocery shopping, she encounters stares and snickers. But she said she's also felt judged and ashamed in medical offices.

She hasn't had a Pap smear in years.

"They would not do it. They could not put me on the table and do it," she said. "Their bedside manner when you're overweight is not always the nicest. Sometimes they can just be mean."

She has high blood pressure and has problems with blood pooling in her swollen feet.

"The few times I've had to call an ambulance out, they come with an army," she said. "There's not too many people that are going to be able to lift me. They're coming with at least 10 people. It really makes you feel like a freak."

Research shows that many physicians don't know how to constructively discuss a patient's weight, or they avoid the subject entirely.

Penn State doctors in 2013 published a study showing that weight counseling by primary care doctors has decreased even as the nation's obesity rate has grown.

"That's the first thing they think is that this is all self-control," Nguyen said. "I can tell you, if that's the case, do two-thirds of Americans not have self-control? Two-thirds of Americans are overweight or obese. That means the majority of us are weak. I don't believe that's true."

While the study authors could not offer a definitive explanation for the decrease in weight counseling, they noted barriers for doctors include pessimism that patients can change, time limitations during appointments and inadequate training to address the topic.

"If you think about our society, currently, we don't have a good prevention program," Nguyen said. "We go to a primary care physician and they talk about, 'OK, you have diabetes, here's the medication for you. You have high blood pressure, I'm going to write you a prescription for that.' It's never mentioned to you that your BMI is 35, you're severely obese, you should lose weight and I'm going to help you with that. We don't treat the underlying problem."

In the first three weeks after surgery, Garcia lost about 49 pounds on a liquid diet. She also no longer needs her blood pressure medication.

"I don't really see it but I feel it in my clothes," she said. "I don't feel hungry. Before, I never felt full."

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