

DOWNLOAD PDF THIS IS NOT BRAIN SURGERY! A MENTAL HEALTH COMPANION FOR THE GASTRIC BYPASS PATIENT

Chapter 1 : Teri Kai Holtzclaw (Author of The Magic Pill)

*A Mental Health Companion for the Gastric Bypass Patient [Teri Kai Holtzclaw] on racedaydvl.com *FREE* shipping on qualifying offers. You asked for it! Here it is.*

Read More At any exertion, sweat would pour from his head and the rest of his body and he would continue sweating for a long time afterwards. Heartburn and acid reflux, especially at night. Flushing in the face, without apparent reason. His doctor diagnosed him with depression. Against his grain, he agreed to try different anti-depressants but things kept getting worse. Apart from all of the other symptoms, he started having some episodes that his doctor described as panic attacks. Read More Robert Evans is a very advanced holistic dentist, and he saved my life. I had oral surgery carried out in a number of affected areas in my jaw, which revealed a blot clot. I got my life back after clearing the mercury toxicity from my amalgam fillings with DMPS-treatments, restoring my mouth with white fillings according to a protocol, and removing the blood clot. It was a 5-year process to survive this, and the first 4 years I was not sure if I would live or die. Read More Gallbladders Is it necessary or preferred to remove an otherwise healthy gallbladder incident to gastric bypass surgery? I was told that the Gallbladder may shut down post gastric bypass and should be removed. However, I have read that resultant bile dumping upon removal of the gall bladder could lead to increased risk of cancer. Also, what non-surgical treatments prescriptions are available to treat an inflamed gall bladder or gall stones? Read More I had a barium test, an endoscopy, a test to determine my acid level and also a test to determine how well I could swallow, plus a test to determine the damage I had to my vocal chords. Again, when did you have the surgery? Also, were you given a dietary plan? Read More I just recently went through a divorce, met someone online who was fraudulent, lost thousands of dollars in the process. Read More All the way from severe iron def anemia hematocrit is usually around 10 to IBS, Gastric Bypass after Brain surgery to reduce crowding, potassium def, hydro, Chiari Malformation and the list goes on and on. Okay with all that history and leaving tons out Read More The symptoms of heart disorder include certain types of pain, shortness of breath, fatigue, palpitations awareness of slow, fast, or irregular heartbeats , light-headedness, fainting , and swelling in the legs, ankles, and feet. However, these symptoms do not necessarily indicate a heart disorder. It makes no sense that I would know more as a user of the drug than they would. Tons on other drugs. Ok so the most alarming part of the Tramadol we would think would be the fact that it is a synthetic opiate. Read More Early satiety - I just assumed I rarely got hungry and felt full because I ate too much and never mentioned it to a doctor until after the gastric emptying study. He also cannot explain the passing out sensation I have had on occassion. I am getting depressed and worried about the surgery and wondering how to cope for 4 more weeks of ER visits and cardioversions. I wish there was more hope for atrial fibrillation patients. Read More I am so glad that I have finally found information on this horrible problem! After having the surgery and allowing enough time for healing, I tried to do crunches to keep my stomach toned.. I swear I felt like there was an alien in there trying to come out!!! I think my sister felt I was faking a problem to get out of working out. Read More The ENT that ran the tests did not feel qualified to handle this case, so he referred me to a colleague who does a lot of throat cancer surgery and work around the hyoid bone. He reviewed the tests and theorized that if we removed the portion of the hyoid that was not firmly attached to the rest of the bone, it should solve the problem. Read More I could not take anything stronger, as I have had a gastric bypass about 18 months ago and cannot take any Motrin based drugs. Then last Friday, my headache worsened and my face was out of control. Twitching and going completely numb. The only feeling to liken it to would be after you go to the dentist and are shot with novicane. The twitching of the nerves and muscles made my face look as if parasites were crawling under my skin. I called my doctor and recommended I come in. Read More I am a 42 year old man, I have had anxiety for years but to be honest I never really understood what it was or what it was doing to me. I had gastric bypass surgery and since then I have been having what I thought were heart attacks but after going to the emergency room my heart was fine

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and we kinda of figured out that they were panick attacks. [Read More](#) Not for me. I have had gastric bypass and everything. It does not help me want to eat less. It does help with my nerve pain. I have spinal stenosis but when it comes to appetite I am affraid it is a lost cause. Any suggestions on how I can make it more effective for weight loss? [Read More](#) I still experience this but not quite as often as I did following the surgery. Now I am wondering if there is a problem with the diaphragm and how to go about having this checked and diagnosed. Does anyone have any answers for this problem? I went on 60mg of natural thyroid and then was raised to 90mg once daily. I dont know if i missed it but they are taking this long to put you on nat thy are they?

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Chapter 2 : The Gastric Bypass and It's Psychological Effects by Jonathon D. Jordan | HubPages

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You may think that gastric bypass surgery aids weight loss simply because you cannot eat or digest as much food. That is certainly what most doctors assumed when the procedure was first developed. However, researchers have discovered that surgery to reduce the size of the stomach and intestine literally changes the way we think or not think! It is all about the hormones. It is common to go off sweet foods and drinks completely and many people feel nauseous when cooking meat. Several people have reported that a few months after weight loss surgery their minds become sharper and they can think more clearly. So, what is going on? Types of Weight Loss Surgery There are now several surgical methods that are used to promote weight loss. The band is usually applied by keyhole surgery and then tightened slowly to make a more gradual change to the size of the stomach. A more aggressive method is to perform a full gastric bypass, which simply cuts off all or most of the stomach from the digestive system. The small intestine is joined to the top of the stomach so that food passes very briefly into the stomach before being sent to the intestine. This method is sometimes called stomach stapling, as the stomach is literally stapled along its centre to close the larger part off. This is also known as loop reconstruction. A final method discussed is the Duodenal Switch. It is in the small intestine that much of the digestion takes place and the digested food is then absorbed into the body i. By shortening the small intestine, there is less time and opportunity for food to be digested and absorbed. Changes to our Thinking is Key to Weight Loss Success Samantha Murphy discovered that these changes to the way we think are not merely a side effect of weight loss surgery, they are actually fundamental to the success of the surgery. People not only feel less hungry, but they no longer desire sugar and fat. Foods that were once craved are suddenly undesirable. For patients who have the Roux-Y surgery full stomach bypass the change in attitudes tend to be permanent and healthy eating is preferred with more fresh fruits and vegetables and less fat and sugar. Hormonal Changes Hormones drive much of our actions " just about every impulse is driven by a hormone. There are 4 main hormones which play a role in digestion and appetite: Glucagon-like peptide-1 GLP-1 " this suppresses appetite and is released by the small intestine. Leptin " this inhibits the desire to eat and is released by fat cells. So, removing most of the stomach from the digestive system results in less ghrelin being released into the body. Likewise, sending food directly to the small intestine results in GLP-1 and PPY being released quicker and in greater numbers, so the appetite is suppressed very quickly. Leptin is also released much faster after bariatric surgery and so also reduces hunger. It seems that the process of surgically modifying the stomach manages to create the perfect changes in hormone levels to prompt weight loss. Immediate Changes to the Way We Think Recent studies have found that some of these changes are immediate. The Imperial College London took MRI scans of patients before and after surgery to see if there were changes to the areas of the brain that control appetite. Before a Roux-en-Y operation pictures of cakes and burgers resulted in the reward centers of the brain lit up but a few days after surgery the reward centers did not respond at all to images of cakes sugar and burgers fat. Better Brain Function In a research carried out by Gladys Strain at Cornell University found that brain function was improved 3 months after surgery and continued to improve after that. Tests were done at 3 months and at 1 year after surgery and subjects showed cognitive improvements during both tests Surgery for Obesity and Related Disease, vol 4, p These findings raise an important question which will, no doubt, lead to a new research: If weight loss surgery works by inhibiting and boosting hormones, is there a chemical solution? Maybe surgery is not required at all, but instead a pill that can mimic the hormonal changes which result from the surgery. This would provide a ground breaking solution to the obesity crisis. Negative Effects Unfortunately not all the changes that take place are positive. In January it was reported that weight-loss surgery can cause a significant increase in

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alcohol abuse. Studies showed that around 2 years after weight-loss surgery subjects were more likely to increase alcohol consumption and develop alcohol disorders. The reason is thought to be due to the increased concentrations of ethanol alcohol in the body. As well as alcohol abuse some people have experienced cognitive problems, such as short-term memory loss, not being able to remember words and not being able to concentrate. The thalamus controls sensory taste as well as memory, attention and concentration. It is also the area of the brain where the hormones GLP-1 and ghrelin bind together hormones must bind to neurons to send signals to the brain. So it seems that the stomach surgery has a long term effect “ as hormone levels are reduced there is less need for receptors in the thalamus, so receptors die out. The side-effect is that other brain functions that rely on the thalamus also suffer. The damage is irreversible. The science of weight loss continues to throw up new problems. While surgery may help to reduce the burden of obesity, it may also lead to an increase in cases of dementia, another growing health burden. Once again it seems that the best option is to encourage regular exercise and a healthy diet. This is the method that we recommend our readers who want to lose weight. It really does work for everybody “ you just have to reprogram your mind to think differently about food and exercise. New Scientist, 19th May Published by Reed Business Information. Accessed on July, Diagram of Surgical Options.

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Chapter 3 : Gastric Bypass Surgery And Alcohol Abuse

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It seems more and more people are becoming obese at all ages. Obesity is very dangerous and deadly. Many people struggle with dieting and exercise being an effective way for them to lose weight. After some people have an unsuccessful attempt after attempt to shed the pounds they resort to a weight loss surgery such as gastric bypass. The gastric bypass surgery is performed on people who have morbid obesity. This procedure divides the stomach and rearranges the small intestine. The surgery aims to reduce the size of the stomach through the new arrangement. If you have a smaller stomach, you tend to get full easily and you also tend to eat less. This is why gastric bypass can help you lose weight easily. There are variations of the procedure, first is the gastric bypass roux en-y proximal, roux en-y distal, and lastly loop gastric bypass which is also known as a mini bypass. Surgeons decide on what type of procedure to push through with patients. These patients very rarely gain weight again because of the procedure. Weight loss due to the gastric bypass occurs a lot quicker than most diets and exercises. This is primarily due to the smallness of the intestines that is easily filled when one eats. Whenever someone is considering having the gastric bypass they should really look not only into the facts of the surgery itself, but also the possible problems with their body after the surgery. These problems include vomiting, clogging food blockage, reactive hypoglycemia, constipation, gas, gallstones, hibernation syndrome, very serious emotional problems, and other body changes. While the doctors do touch on the risks of the surgery and these issues they do not go into great detail. Many people are so stuck the idea of losing the weight they are not concerned with focusing on or researching the issues and problems that the surgery can cause. One serious side effect of the gastric bypass surgery that people often fail to consider is how the overwhelming changes will affect their marriage. Studies show that the divorce rate after weight loss surgery is extremely high. Undergoing surgery is just a first step. Over the next year or two, the dramatic weight loss has ramifications for every aspect of your life. Imagine living in a funhouse for a year or so. All the mirrors are warped, so you have no way of knowing what you really, truly look like. You may even begin to lose sight of who you are. Meanwhile, as these changes are occurring, the world around you starts treating you differently with every pound you shed. Every relationship you have will change in some way simply because you are changing. You start being noticed by the opposite sex. Some people may even flirt with and hit on you. This new attention can be frightening, but it can also really turbocharge your ego. All of this change can be very difficult for your significant other. Not to mention that you probably bonded over food before, but now that option has been taken off the table. So suddenly, your partner loses the old, comfortable spouse, and gains a new, confident, attractive and outgoing one. And just like the change is a mind-bender for you, it can be overwhelming for your spouse as well. They want to go for walks, socialize, see and be seen. They want to get out and live. The last thing they want is to sit around and watch TV all evening. Unfortunately, that may be exactly what your spouse wants and he or she may feel real insecure about the idea of you going out alone. However, the surgery itself is not always to blame in a divorce occurring afterwards. Some people put up with abuse, infidelity, or just a bad marriage because the weight has killed their self esteem. Others blame problems on their weight, believing that once they are thin things will automatically change for the better. After gastric bypass surgery, the excess weight is no longer there to take the blame, and confidence and self esteem begin to rise. All of these things together can make many take a long, hard look at what may be an unhealthy marriage. The studies conclude that weight loss surgery has a very high divorce rate. Experts say that few procedures can test a marriage like bariatric surgery because, for one or both spouses it signals that their old life is over. Often it may not be what one or the other signed-up for. They may miss the old life so much that they seek a new partner. The bottom line is that gastric bypass surgery will have a dramatic effect on your marriage. Just be prepared for a wild ride. Gastric bypass surgery has an emotional, as well as a physiological, impact on the individual. Many who have undergone the bypass surgery suffer from

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depression in the following months. This is a result of a change in the role food plays in their emotional well-being. Strict limitations on the diet can place great emotional strain on the patient. Energy levels in the period following the surgery will be low. This is due again to the restriction of food intake, but negative change in emotional state will also have an impact here. It may take as long as three months for emotional levels to rebound. Muscular weakness in the months following surgery is common. This is caused by a number of factors, including a restriction on protein intake, a resulting loss in muscle mass and decline in energy levels. The weakness may result in balance problems, difficulty climbing stairs or lifting heavy objects, and increased fatigue following simple physical tasks. Many of these issues will pass over time as food intake gradually increases. However, the first months following the surgery can be very difficult, an issue not often mentioned by physicians suggesting the surgery. The benefits and risks of this surgery are well established, but the psychological effects are not well understood and potential patients should ensure a strong support system before agreeing to the procedure. Vitamins are normally contained in the foods we eat, as well as any supplements we may choose to take. The amount of food which will be eaten after gastric bypass surgery is severely reduced, and vitamin content is correspondingly reduced. Supplements should therefore be taken to completely cover the minimum daily requirements of all vitamins and minerals. An anastomosis is a surgical connection between the stomach and bowel, or between two parts of the bowel. The surgeon attempts to create a water-tight connection by connecting the two organs with either staples or sutures, either of which actually makes a hole in the bowel wall. If that seal fails to form, for any reason, fluid from within the gastrointestinal tract can leak into the sterile abdominal cavity and give rise to infection and abscess formation. Leakage of an anastomosis does occur in about two percent of gastric bypass procedures, usually at the stomach-bowel connection. Sometimes leakage can be treated with antibiotics, and sometimes it will require immediate re-operation. As the anastomosis heals, it forms scar tissue, which naturally tends to shrink or contract over time, making the opening smaller. Infection of the incisions or of the inside of the abdomen may occur due to release of bacteria from the bowel during the operation. Nosocomial infection, such as pneumonia, bladder or kidney infections, and sepsis are also possible. A hernia is an abnormal opening, either within the abdomen, or through the abdominal wall muscles. An internal hernia may result from the surgery, and re-arrangement of the bowel, and is mainly significant as a cause of bowel obstruction. An incision hernia occurs when a surgical incision does not heal well. The muscles of the abdomen separate and allow protrusion of a sac-like membrane, which may contain bowel or other abdominal contents, and which can be painful and unsightly. The surgical procedure puts patients at risk for a hernia. While researching the surgery I have found horror stories from all over which are related to or caused by the surgery. While the number one downfall was divorce, I also found many stories of stomach bleeding, death, hernias, serious infection, denial of identity, stress, depression, hemorrhage, nutritional deficiencies, ulcers, leakage, weight gain, too much weight loss, surgery reversal, as well as other complications. The surgery not only effected the patient who underwent the surgery but also those people around them. While talking to Virginia Harrison of Gulf Breeze, FL, I had a prime example of someone who had to have the surgery reversed because of stomach bleeding. She decided at pounds and after falling through the roof of her upstairs apartment to have the weight loss surgery. A little over one year and about ninety pounds later she started having problems. She dealt with the issues for about eight more months. After losing another fifty pounds she was admitted into the hospital for testing and was rushed into emergency surgery for the reversal. She has managed to keep the weight she lost off but has not lost any excess. She wishes she had never had the surgery to begin with but is proud of herself for giving it a shot. I have personally had several experiences with knowing people who have had a weight loss surgery. Of these the people who are closest to me are my mother, aunt, and grandmother. She had progressively become addicted to eating and to food. Whenever her insurance approved her for the surgery because of her morbid obesity she weighed in at about three hundred and thirty pounds. Her recommended weight was about one hundred and forty. Our entire family was excited for her. Her surgery was a success and for the three years she had minor and mostly common aside from being admitted into the hospital once. As my mother lost more and

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more weight it was like she was an entirely different person from the woman that I and the rest of my family had always known. This change caused my parents to divorce after nineteen years of marriage, which has split up my entire family. Even without seeing my mother just a conversation with her you can tell she is different. She has been admitted into the hospital several times for iron deficiency and blood transfusions. These admittances seem to be more and more usual as time passes.

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Chapter 4 : Gastric Bypass Surgery Will Change The Way You Think - MotleyHealth®

Apakah Anda ingin menghapus semua pencarian terakhir? Semua pencarian terakhir akan dihapus.

The work cannot be changed in any way or used commercially. This article has been cited by other articles in PMC. Abstract Purpose of review Bariatric surgery has been consistently shown to be effective in long-term marked weight loss and in bringing significant improvement to medical comorbidities such as metabolic syndrome. Empirical data suggest a high prevalence of psychiatric disorders among bariatric surgery candidates. In this review, we focus on the studies published recently with a high impact on our understanding of the role of psychiatry in bariatric surgery. Recent findings This article reviews the specific psychopathologies before surgery, changes in psychopathologies after surgery, suicide risk related to bariatric surgery, factors associated with weight loss, and recommendations for presurgical and postsurgical assessment and management. Research indicates a decrease in certain psychiatric symptoms after weight loss with bariatric surgery. However, the risk of suicide and unsuccessful weight loss in some bariatric surgery patients make monitoring following surgery as important as careful assessment and management before surgery. Specific considerations for youth and older populations and future potential research foci are discussed. Summary Recent publications suggest new directions for psychiatric evaluation and interventions for bariatric surgery patients. Future research on outcomes of specific populations, effectiveness of psychopharmacotherapy, and underlying pathophysiology are warranted for the advancement of treating bariatric surgery patients. It has a multifactorial cause that includes genetic, environmental, dietary as well as cultural and psychosocial factors. Treatment results have been disappointing in this category of obesity, even when intensive medical treatment is applied, and till now bariatric surgery is considered the only effective and long-lasting therapy. Jejuno-ileal bypass was the first reported bariatric procedure and involved bypassing most of the small intestine. This operation was associated with high morbidity and a significant mortality rate, and most of the patients eventually had to undergo reversal of the procedure, so it was finally abandoned [3]. At present, adjustable gastric banding, sleeve gastrectomy, and Roux-en-Y gastric bypass are the most commonly adopted bariatric procedures in the world [4]. The bioenterics intragastric balloon BIB is a reversible and nonsurgical method for weight loss and has been considered an effective treatment for obesity in both Western and Eastern populations [5 , 6]. The BIB is a spherical balloon of silicone that can be filled with 600 ml of isotonic saline. It is placed in the stomach under endoscopic control and should be removed after 6 months to avoid spontaneous balloon deflation. It treats obesity by reducing the volume of the stomach and provides a continuous sensation of satiety, which will result in decreasing food intake and facilitating maintenance of a low-calorie diet. Although the majority of the obese progressively regain some weight, Kotzampassi et al. In addition to the treatment of obese patients, BIB is also effective in treating overweight patients. Mental health providers are asked to assist in the preoperative evaluation and postoperative monitoring more often than before. Though most reviewed reports are related to bariatric surgery, findings may well be applicable to BIB.

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Chapter 5 : Many bariatric surgery patients face mental health issues - CBS News

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However, in the early s, a pattern seemed to emerge. People were beginning to report an increase in alcohol intake, and at about two years post-surgery, they were reporting symptoms of an alcohol use disorder AUD. There appears to be a number of theories with a combination of many factors, starting with the surgery itself. The Roux-en-Y Procedure There are many different types of surgeries that assist with weight loss, but one seems to most often be connected with post-surgery alcohol misuse, and that is the gastric bypass surgery, also referred to as the Roux-en-Y procedure. During the RYGB procedure, the surgeon creates a small pouch at the top of the stomach, approximately the size of a chestnut. This creates a very small space and the person is unable to eat large amounts of food as a result. In addition, the small intestine is reattached to this small pouch, and part of the intestine is not used in order to make calorie absorption more difficult. Other surgeries, such as the gastric banding did not have the same increase in alcohol misuse as the Roux-en-Y procedure RYGB. There has not been enough research to determine if the gastric sleeve has the same potential effect as the RYGB procedure, but early studies have shown that there is also increased potential for alcohol abuse post-surgery. An enzyme in the stomach lining, called alcohol dehydrogenase, breaks down alcohol. Because the stomach lining is drastically reduced in size, there is less enzyme present and more alcohol can enter the bloodstream. Studies revealed that people consuming alcohol post-surgery have higher blood alcohol content, reach peak levels faster, and the alcohol remains in their systems longer than people who have not had the surgery. In one specific study, participants reached above legal limits after one drink. Individuals who have had the RYGB procedure have reported feeling the effects of alcohol from very small amounts and feeling intoxicated for longer periods of time. This may impact the way the brain responds to alcohol, and explain the increased potential for an alcohol use disorder. Researchers have considered that the RYGB procedure may affect more than just weight loss and alcohol levels in the body. If this pathway becomes more activated when alcohol is consumed, it can lead to an alcohol use disorder. In one study, subjects who were three and four years post-surgery, who had no problems with alcohol, were asked to drink one beverage containing alcohol. All of the participants reported they felt the effects of the alcohol before finishing the beverage. Many surgeons strongly discourage drinking alcohol in any amount after gastric bypass surgery. After the connection between the surgery and alcohol abuse was discovered, there has been continued research in an attempt to discover the cause of this connection. The exact cause has not been clear, although there are some possible pre-surgery factors. Avoiding alcohol altogether seems to be the only way to eliminate the possibility of developing alcohol abuse after surgery. Risk Factors For Developing Post-Surgery Alcohol Use Disorder A number of risk factors have been discovered in connection to alcohol misuse after gastric bypass surgery. Studies found that some of these factors are:

Chapter 6 : Psychiatric aspects of bariatric surgery

Surgery candidates, Dawes noted, have to commit to a new way of eating, both to lose weight and stay healthy -- and there have been questions about whether people in poorer mental health can.

Chapter 7 : fainting and gastric bypass surgery - MedHelp

A quarter of adolescents who undergo bariatric surgery have lingering mental-health and psychosocial problems, highlighting the importance of providing ongoing support, say Swedish researchers.

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Chapter 8 : Gastric Sleeve Vs. Gastric Bypass - All You Need to Know - Bariatric Surgery Source

Part of the problem is that although patients looking at weight-loss surgery go through significant physical examinations, they go through minimal "if any" mental-health screening.

Chapter 9 : Los Angeles Times - We are currently unavailable in your region

You are right; mental health may not be given the attention it needs while the patient is being prepared for the physical changes that will occur after the bypass.