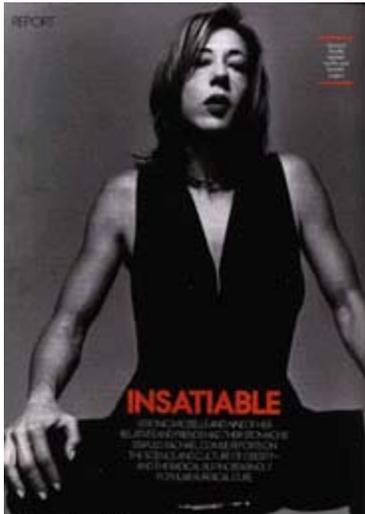


Capella Plastic Surgery

INSATIABLE

by Rachale Combe



Veronica Roselle eighteen months post-bariatric surgery

Veronica Roselle is supersized. Her voice, low, a little husky - she smokes Parliament Lights seemingly by the carton - has got quality and quantity. Veronica projects, and she speaks in long, torrential paragraphs. She's got a huge heart, and she wants to know your problems (she gives good advice, she says). If you start to cry, big, fat tears will well up in her eyes, too. Her aesthetic is grand. She drives a mammoth gold Lexus SUV. Her apartment in Long Branch, New Jersey, with its wraparound terrace and sweeping view of the Jersey shore, is magnificent: wall-to-wall marble, big gilt-framed mirrors, an army of figurines, a customized armoire so enormous, Veronica's not sure she could get it out were she to move, a turquoise baby - grand piano, a chandelier over the splash-pool-size bathtub - Veronica really knows how to fill a room. You can't avoid her, to be honest. Intense is the word that comes to mind. And obese - or severely clinically obese, if you want to be severely clinical about it - is the other word

that would have come to mind a few years ago, before Veronica performed a rare act of reduction and lost 220 pounds. Now a lean, toned 139 pounds, at five feet seven, she's thin - skinny, even. But Veronica, who's thirty-seven, can't bring herself to describe her body in such small-person terms. Instead, she'll say she's "more slender," or "slimmer," as though she doesn't want to downplay, or perhaps forget, that her waist once measured more than five feet around and that her unquenchable appetite drove her to eat quarts of lo mein and gallons of ice cream and boxes of doughnuts until she passed out.

Veronica's family looms equally large. In fact, it's a wonder the Roselle house never exploded, given their collective expansive energy. Joe Roselle, Veronica's father, six feet two, silver-haired, gravel-voiced, sits, walks, and talks like a man who's done very well for himself (and he has, as the owner of several waste-management companies). He calls women he's only just met "babe," and it seems entirely appropriate. In fact, you'd be disappointed if he didn't call you babe. Veronica's brother, Peter, younger by only eighteen months, has a similar BMOC confidence. Tall, dark, and handsome, Peter was president of the student body and his fraternity at New Jersey's Monmouth College (which he and Veronica both attended), and so popular growing up, Veronica says, that their house was the place to be.

The Roselles were happy to be de facto chaperones, and this is probably because of Veronica's mother, Anita, who loves a holiday, a birthday - any excuse to throw a party. When Anita isn't out attending to one of her five charities, she's entertaining family and friends at her home along the Navesink River in the posh hamlet of Fair Haven, New Jersey. She keeps a telephone on a stool next to her seat at the kitchen

table so she can answer it - and it rings constantly - without leaving her guests. Anita, who has also struggled with obesity and overeating, recently followed her daughter's lead and became "more slender." But before she lost those eighty pounds (and counting!), Anita's gatherings featured insane, laughable (Anita herself chuckles about it) quantities of food: ten different appetizers, followed by six entrées (chicken, shrimp, and artichoke française, a family favorite called "steak Murphy," sausage and peppers, and perhaps an eggplant parm or some veal), plus side dishes, plus eight or more desserts, sometimes prepared by the Roselles' caterer, who has also lately become "more slender," shedding ninety pounds in four months. If Anita's sister, Marie Pellicone, came by, she would bring a few more salads and desserts, along with her husband, Tony, and two daughters, Dina and Denise. All four Pellicones, by the way, are also much "more slender" these days, having lost a combined 345 pounds.

That's how it was: Veronica was a fat girl, in a fat family, living in a fat world. So how did Veronica, Anita, Marie, Dina, Denise, Tony, the caterer, and, for that matter, three other Roselle family friends all become "more slender" after years of losing and gaining back weight? They had gastric bypasses, a.k.a. stomach-stapling surgery. While the operation is still viewed by many as lazy or vaguely freakish - not incidentally the same kinds of adjectives often used to describe the obese - it is actually both extremely painful (compared to, say, the SlimFast plan) and increasingly common (it's even got a celebrity endorsement by Carnie Wilson). Its growing popularity is probably due to the surgery's phenomenal success rate: More than 80 percent of recipients lose and keep off an average of 60 percent of their excess weight for a decade, while almost no one who uses traditional methods does the same. Also, there's been a marked increase in candidates: Nearly two-thirds of Americans are now overweight, according to the Centers for Disease Control, and 27 percent of that group are obese. Perhaps the real question, then, is how did the Roselles, like so many other Americans, get so fat? In truth, it's pretty shocking how little we know about the physiology of appetite, satiety, and metabolism. We're discovering the basics: The brain makes us start or stop ingesting based on stomach receptors that tell the hypothalamus what we've eaten (fat or protein) and how much; glucose levels in the blood track the amount of energy we have available in the form of carbohydrates. The brain also sends and receives messages about our long-term energy reserves: Fat cells emit hormones called leptin and adiponectin (among others, scientists think) that indicate how much fat is stored. Depending on whether we weigh more or less than our genetic "set point" - more a range than one number - we will be encouraged, on a neurological level, to eat more or less. Metabolism may also be influenced by these signals - speeding up when we surpass our set point, slowing down when we fall short. And this explanation is cursory. Besides reproduction, food intake is the most basic requirement for the propagation of the human race, so the biological mechanisms that govern it are among the most evolved, with many redundancies and a preference for conserving energy. In other words, our evolutionary mandate is to err on the side of overweight rather than underweight.



Veronica two months before her surgery, weighing 359 pounds

Still, for the most part, the obese exceed even the upper reaches of their genetically determined weight range. They're actually overriding nature's design in some way, consciously or not: They may have a defect in the appetite-signaling process -

something hardwired in the brain. Or they may have learned to use food to compensate for an abnormally low number of dopamine receptors, which regulate feelings of pleasure and satisfaction, in the same way addicts rely on drugs, alcohol, or cigarettes. (Intriguingly, the antidepressant bupropion, which influences dopamine and has been approved by the FDA as an antismoking medication, was recently shown to help people lose weight.) Much is possible, scientists say, and very little is proven. The Roselles are a prime example of how difficult it is to tease out the causes of obesity, and of how likely it is that no one factor is in itself responsible: Was it their genes? In addition to the six family members already mentioned, another cousin of Veronica's is one of those who survived bariatric surgery in its early, brutal form in the 1970s. Veronica can show you pictures of several generations' worth of overweight relatives. (Her paternal grandmother was a "classic Italian grandmother, out of The Godfather - overweight, the cardigan sweater, the hair pinned back in the bun, the boobs that come down to here," Veronica laughs, cupping her hands somewhere around her navel.) Then again, perhaps the family was a victim of sociological forces. Ideas as well as DNA were passed down from generation to generation: Food is central to their Italian heritage, a way to show love, prosperity, and hospitality. Still, they're not all obese. So perhaps the explanation is psychological: Many in the family say their eating was emotional and talk of abusing food. Of course, twin studies show that eating disorders have a strong hereditary component...which brings us back to genetics. But whatever each individual in the Roselle family thinks his or her main problem was, they all agree on one point: Veronica's troubles were the most monumental.

Her story starts out typically enough: Veronica Roselle was a "big girl" from age five on, growing up in Neptune, New Jersey, not far from the apartment she lives in now. The tallest in her class. The wearer of specially made, extra-large Catholic-school uniforms. The oddball, she says. Excruciatingly self-conscious. "It was really painful to see all these cute little girls with pigtails, and even if they had glasses or whatever, they were just tiny and petite," Veronica says one day as we sit at her kitchen table, picking at tuna wraps and a fruit salad. "I was always isolated. I felt like I had no friends, no people I could communicate with."

Veronica was also an anxious child. Her fears were such that her parents put her in therapy when she was ten. Her younger brother's ease with other kids - and with his weight (he could eat whatever he wanted)-didn't help matters. So, in a familiar story recounted on Oprah (and by Oprah) hundreds of times, Veronica turned to food-entertainment, opiate, and protection, all rolled into one chocolate-coated, cream-filled, artificially flavored snack cake. And the more she ate, the better she felt: "Cookies, candy, Suzy Qs, Yodels, Devil Dogs. It wasn't like, 'Oh, Mom, I'm really dying for steak and potatoes.'"

Though her mother had been a slip of a girl when she got married - "She wore a double-A bra!" Veronica says-Anita began to put on weight after Peter was born. Peter's girlfriend, Tiffany Weiner - a knockout brunette with a cartoon-vixen silhouette-says that some of Peter's earliest memories are of pulling fudge pops out of his mother's mouth. "I do believe that I got some habits from my mom. I don't want to hurt her feelings. I'm not blaming her," Veronica says. "I don't remember pigging out with her. I don't remember, like, 'Okay, Mom, let's get, like, a gallon of ice cream and sit and watch Dynasty.' But she'd be eating the chocolate-covered frosted doughnuts from Entenmann's on the three-minute ride home from 7-Eleven, so it was like, 'Mommy does it. What's the big deal?'"

Veronica was ten when she and her mother joined Weight Watchers together. "My parents really did their best to help me," Veronica says. "They kept certain foods out of the house-but it was almost like with any addiction, which eventually, of course, it turned into. If kids in the lunchroom had leftovers, I'd eat them. If someone had an extra Twinkie, they'd be, like, 'Oh, Veronica, do you want this?'" On pizza day at school, she'd eat the other kids' crusts.

By the time she got to high school, Veronica had grown from a big girl into an overweight teenager, but she'd learned to control her eating - at least in public. Instead of begging for Twinkies, she'd beg her brother to eat them so she wouldn't. And then, when no one was looking, she "snuck-ate." Years later, when she cleaned out her childhood room, she found her drawers full of wrappers from contraband Suzy Qs and Yodels.

Her weight zigzagged up and down, depending on whether she was dieting or bingeing (as you might imagine, over the years, Veronica and the women in her family have tried, and failed at, in Anita's words, "every diet in the world, whether it was a staple in the ear, hypnosis, or Weight Watchers"). But it wasn't until Veronica headed off to college and got involved with her first "real" boyfriend that she became truly obese. "The relationship was crummy, and I ate all the time," she says. On top of her regular meals, she kept cold cuts, bread, and a stash of Oreos in her room. "My suitemates were like, 'But you're so pretty!'" Veronica says, mimicking the tone used by mothers of girls who pierce their noses or shave their heads. And then her weight edged over 200. "I said to myself, 'I'm in big trouble here, big trouble. I'm 200-plus pounds, I can't stop eating' - I'm going to cry - 'I can't go on like this.'" She decided to make a run for it: She broke up with the boyfriend, moved to New York, and transferred to the Fashion Institute of Technology, where she earned a degree in fashion marketing.



Aunt Marie and Uncle Tony through thick (above) and thin

And she was happier - but still pretty fat. A little over 210. "My cousin [Dina], who's like a sister to me, was getting married, and I was her [co-]maid of honor. She came to me one day and was like, 'The dresses are one-shouldered. And we can't change the dresses for you.' She wasn't being mean. She was just being honest." Veronica had a panic attack. "And that's when I went on the liquid diet. . . . For six months I ate nothing but shakes. Nothing. God as my witness. I chewed gum. I drank diet soda. I smoked my brains out. And I ate no food for six full months. And I exercised, and got down to like 147 pounds. Or 150. And - I looked really great for the wedding. Everyone thought I looked just wonderful." But the emotional "void" that she'd been stuffing with food persisted. "So I'd fill it with shakes. 'Cause you know what? At the end, I started compulsively overeating my shakes."

Veronica figured out how to make the shakes into "cookies" and "pudding" by adding less water and microwaving them. She started eating eight packets a day instead of the recommended four. "I knew it in my heart, I am so gross. And I said to myself, 'It's only a matter of time - you're going to fall off the wagon. And then it happened.'" One weekend she bought some stonewashed jeans (give her a break, it was the '80s) for her new figure. Then she went off the liquid diet, and by the next weekend she couldn't get the jeans past her thighs.

After college, she landed a great job as a promotions manager for *In Fashion*, a now-defunct magazine. "I was, like, 'Oh, well, now, I'm not going to eat *now*. I'm working for a *fashion* magazine.'" But her chic new environment just forced her eating further underground: "I'd be totally professional, everyone thought I was so on top of my job, and I was, I loved it, but then I'd come home and I'd take the pearls and the skirt and the stockings and the pumps off and I'd wash all my makeup off and I'd stick my hair in a ponytail and I'd put on my sweats and I'd start ordering away." Her brother, Peter, who'd never quite understood why his sister didn't simply stop eating so much - Eat one cookie, he says he'd think, not a box - moved in with Veronica and began to see the depth of her problem. He told their mother, "You know, Ronnie's really anxious around food." Veronica says it was the impatience of a junkie waiting for her hit: "I'd get nervous around food, like I had to get it in me."

When *In Fashion* folded a year later and Veronica was shunted over to *Soap Opera Digest* - not exactly her dream job - she fell into a depression. She went on Prozac, but it didn't lift her mood or help her lose weight. Now she didn't know how much she weighed because her scale didn't go over 300 pounds. "I would walk down the streets of New York and I just felt invisible, even though I was so massive and I knew I wasn't invisible," she says. "You go into a supermarket, and you always think that - and people *do*-they look in your shopping cart." It wasn't just adolescent self-consciousness anymore. She heard people call her a pig. In fact, she heard someone call her a "f---king pig." Once, when Veronica was standing at a light, a woman in a car puffed out her cheeks and made a fat face at her.

Eventually, she broke down in a sales meeting, sobbing, "I can't take this." She committed herself to a psychiatric hospital, where she was diagnosed with an eating disorder. Veronica then checked into an eating-disorders clinic on Long Island, but found the program and the people - in particular her anorexic roommate, who cried when the nurses made her drink orange juice - more traumatizing than her own issues. She fled. Next up was a Sunrise, Florida, eating-disorders rehab, followed by a halfway house in Tampa. But the treatments didn't take, and after another career disappointment and another troubled relationship with a live-in boyfriend, Veronica found herself back on the Jersey shore. Her parents bought her the apartment she lives in now, and she went to work for one of her father's garbage companies.

Life was reduced to a joyless movable feast: After throwing on her size-54 bra, a T-shirt, and leggings (no underwear - even the largest from the Lane Bryant catalog were too tight) and maybe smudging on a bit of makeup (if she could stand to look at herself), Veronica would jump in the car and head straight to the 7-Eleven across the street from her building. She'd pick up a 20-ounce coffee with cream and sugar, a bagel, two or three Dunkin' Donuts (she especially liked the Boston cream ones), and maybe a sugar cookie, Danish, or coffee roll. She'd spread the food on the passenger seat and wedge the coffee between her legs and dunk and eat breakfast number one during the ten-minute drive to work.

Near the office, she'd stop at a second 7-Eleven, a Quick Chek convenience store, or the Burger King drive-through to pick up her second breakfast. "I'd bring something for my assistant, who was eighty-five pounds soaking wet. I'd be like, 'Oh, Dora, I brought us breakfast.'" At around 9:30 or 10:00, a food truck would come by for the mechanics and garbagemen. "And I'd be, like, 'Oh, greasy-spoon truck, let's go.'" Soon it would be lunch, and she and Dora would hit a Taco Bell or McDonald's, or get a few slices of pizza and some onion rings. "I'd be exhausted by all the junk I'd eaten by 1:00, still have to work, and then eventually at 3:30, I'd be like, 'Okay, who wants to run out and grab us something?'"



She'd work until 6:00 or 7:00, and then make another circuit to score dinner. "I'd stop and get Dunkin' Donuts, or a pound of macaroni and buy cheese and put butter on it, or I'd get a quart of lo mein, and fried rice, and two egg rolls. And then I'd have to get a half-gallon or quart of ice cream and a candy bar. I mean, I'd have it all planned out: 'Here's all my sugary stuff, and here's all my salty stuff.'" She'd strip down and pull her hair back just as she'd done in New York (even getting undressed for these "food orgies" had become a ritual). "I'd have the TV on, watching, like, Melrose Place, and just sit and eat, and then smoke, and eat and eat, and smoke, and eat," she says. "Then I'd pass out from the sugar. I mean, I wouldn't fall on the floor, but I'd be like, 'Omigod, I have to go to bed.'" She'd wake up at around 9:00 p.m. - "with still, like, the sugar around my mouth" - and start eating again until she cried herself to sleep or knocked herself out with a Tylenol PM. She figures she was eating at least 10,000 calories a day, and her weight climbed to more than 350 pounds. Everyday tasks became an ordeal. "Taking a shower was an effort. Getting out of bed in the morning, rolling over. It was exhausting just carrying all that weight around. You do stuff like put off going to the bathroom because you don't feel like getting up out of your chair."

Finally, Veronica's therapist suggested she spend a month at a behavior-modification clinic in Durham, North Carolina. Unlike the eating-disorders rehabs, where Veronica felt like a second-class citizen (because she was fat instead of fashionably emaciated), everyone in Durham was looking to lose, and she felt at home. She ended up staying more than a year - at an expense to her parents of well over \$50,000. They had her car driven down for her, paid for friends to fly to visit, and went down themselves to participate in family therapy. "People would come and go, but I was still there," she says. "I even had a Christmas tree." (She doesn't want to name the clinic for fear of hurting the staff's feelings, since, ultimately, her treatment there wasn't successful.) She spent her days exercising, attending group and individual therapy, and taking part in workshops on subjects like nutrition and anger management. In the controlled environment, where every bite of food was planned a week in advance and every calorie counted, Veronica shed more than 100 pounds. But once she went home, she gained back all the weight in two months. Anita recalls sitting at the kitchen table at the time watching Veronica chat with her brother on the patio. She could see from Veronica's manner that she was self-conscious about regaining the weight. "My heart was just breaking because I knew she was embarrassed in front of her own brother," Anita says. "I just wanted to put my head down and sob, just sob for her." Part of the problem was that she was

returning to the same environment, with the same lack of purpose (besides losing weight), the same fast-food restaurants beckoning outside, and the same family and friends. Peter compares Veronica's problem to alcoholism, "but a person with an eating disorder needs food to survive." Veronica's homecoming was something like an alcoholic's leaving rehab only to hang out in his favorite bar with his drinking buddies all day. "I should have gone back to work right away, but I felt like I wanted to focus on losing the rest of the weight," she says. "That was my biggest mistake." In retrospect, she also doesn't think the clinic's strict three-meals-a-day program was right for her, since she's a grazer with, she says, an "oral fixation." Indeed, such rigid diets can trigger binges in compulsive overeaters, says Ruth Quillian-Wolever, a psychologist at the Diet & Fitness Center at the Duke Center for Living in Durham (not, by the way, the program Veronica went to).

But once the weight came back on, Veronica began to realize that tinkering with her diet and exercise routine was not the answer, anyway. She needed to change everything from the inside out. She sat her parents down in her living room one afternoon and told them they had to look into stomach surgery for her or she was afraid she would die from her obesity, or throw herself off her terrace. Anita and Joe were reluctant, but by now Veronica's desperation had become contagious. "You are helpless, as an outsider, you are helpless against the disease that she had," Peter says. "It was a crazy, crazy, vicious circle; if you'd sit there and think about her condition too long it would ruin your day, you know? You'd stay up at night thinking about what a prisoner she felt in her own body." Her parents agreed to accompany Veronica to an informational session with a surgeon.

The introductory meetings at the office of Rafael Capella, MD, the Ramsey, New Jersey, surgeon Veronica chose, are like religious revivals. Twenty to thirty people, including potential patients and their relatives and friends, meet in a nondescript conference room with Botero prints on the walls outside. When Capella, a lithe, energetic man with a slight Italian accent, strides in, the room settles down immediately: Here is their savior. Capella begins with his experience, which is prodigious - he has done more than 3,000 bariatric surgeries - and uses a slide show to catalog the insults and dangers of obesity: sleep apnea, heart disease, diabetes, incontinence, uterine and breast cancer, arthritis, gallstones, infertility, poor quality of life, job discrimination. "It's a killer," he says, as a few people call out in agreement, and the whole room nods. "People don't appreciate how awful this is." *Can I get a witness?*

And then the doctor shows them salvation. He explains the surgery with a diagram and presents a chart detailing its results: If you weigh 200 to 250 pounds, you can expect to lose 88 pounds. If you're 300 to 400, the average is 137 pounds; 400 to 500, 218 pounds; and so on. As he reads out the numbers, you can watch people do the math in their heads: *300 minus 137 equals*. . . . Finally, he shows the before-and-after slides: A woman whose features were once obscured by fat who won a beauty pageant after surgery. A man who complained his stomach was too big to get close to his wife later stands inside his old pants, clutching her to him. A woman formerly glassy-eyed with depression, stains all over her shirt, now beams into the camera. Then a man and a woman who had the surgery testify. "I swear on a stack of Bibles that he is not paying me to say this," the man says. By now the room is excited; people are murmuring. An extremely obese woman ducks her head and breaks into a shy smile. Capella finishes with the nitty-gritty: price, insurance, laparoscopic versus traditional surgery, complications, recovery time, side effects, vitamin supplements. When the meeting breaks up, patients line up so fast to make appointments for evaluations, they knock over the fake calla-lily arrangement in the foyer.

The Roselles brought their internist with them to one of these meetings. After seeing the presentation and talking to Capella, he said to Veronica, "I'm not going to let you *not* get this surgery." And so in March of 1999, weighing in at her heaviest ever, 359 pounds, Veronica underwent a combination vertical-banded gastroplasty and gastric bypass - the version of the surgery Capella favors, which involves not only stapling part of the stomach shut and circumventing three feet of the intestines (to reduce caloric absorption) but also inserting a band to constrict the point at which the stomach empties into the intestines, making patients feel fuller longer.

Her family and friends thought she was crazy - even those who eventually got the surgery themselves. And as Veronica recovered, she began to think they were right. She was in tremendous pain - she'd had traditional surgery, so her whole stomach, from under her breastbone to her navel, had been cut open - and she could barely eat at all, a few baby spoons of yogurt at a time. Veronica would sit on her patio, breathing in the smell of Chinese food from King Chef across the street. She didn't know what to do with herself if she couldn't eat.

"The surgery can be very disruptive," says Joseph Capella, MD, Rafael's son, who is a plastic surgeon and works with his father, performing both bariatric surgeries and cosmetic procedures. While the changes can be positive - improved health, a better sex or love life, new career opportunities - that much change at once can seriously threaten the equilibrium of the patient and her loved ones. Couples often get divorced, he tells me, because the compact of the marriage was based on who the patient was when he or she was obese. One way to bring the family in sync is to do what the Roselles did and reduce together: Joe says he and his father often operate on one family member after another.

Gradually, as Veronica learned how to cope with her emotions and the pounds melted off, she became increasingly delighted with the results, even gleeful. "I would look at it in decades," she says. "I went into the 340s, and the 330s, and the 320s; when I hit 300 and 299, I was just, like, 'I'm a rock star.' At 250, I was like a *huge* rock star. And then when I got under 200, forget it, I just couldn't have been happier." As soon as Veronica told her childhood friend Cathy Musselman about the surgery, she told her husband she planned to follow suit, if her insurance would cover it. She decided to use a different surgeon and have the laparoscopic operation - which requires smaller incisions than Veronica's procedure but takes four to six hours longer. That version also appealed to cousins Dina and Denise, and by June of 2000, they'd both had the surgery, using Cathy's doctor. In July of the same year, Veronica's mother, Anita, went under Rafael Capella's knife. Then Cathy had the operation, as did Aunt Marie and a family friend. Finally, in 2001, the caterer, Uncle Tony, and another family friend joined the ladies.

The Roselles and their circle have been unusually successful with the operations. They haven't suffered any major complications - like infection, leaks in their staple line, or gallstones - and have lost more than the average amount of weight. Their impressive record may have something to do with the support they give one another. Since the bariatrically altered are often the majority at family gatherings, they've actually changed the environment (to go back to the alcoholism model: All the barflies have dried out). They can't eat like they did, so they've developed new pastimes, such as going for walks together or out on their boat.

The only negative side effect any of the ten have experienced is some nausea and vomiting when they've overeaten or eaten the wrong thing. Veronica has had the common "dumping syndrome" - nausea and diarrhea usually caused by eating too

much sugar or fat too quickly. But Anita's rheumatoid arthritis has virtually disappeared, and her pre-diabetic condition has also resolved, as has Marie's.

The women need to be careful when they eat rice and pasta, because it expands in their stomachs - but that's all right, because what they crave these days is salad. In fact, though they cannot physically go on binges anymore, the weird thing is that no one even wants to. "I have no desire for chocolate at all, and I used to eat ice cream at least once a day - at least," Anita says, a tinge of wonder in her voice. It could be a sort of Pavlovian response to having gotten sick when they've eaten the wrong things. It could be that the angst that fed their overeating has dissipated now that they're thin. As Denise, who is petite and wearing a pair of size-4 shorts the day I meet her, puts it: "Nothing tastes as good as thin feels." It could even be that the surgery somehow changed their brain chemistry. James O. Hill, PhD, director of the Center for Human Nutrition at the University of Colorado Health Sciences Center in Denver, says that a study comparing those who've lost weight with the operation to those who did so through diet and exercise shows that the surgery group can eat more fat and exercise less without gaining weight, suggesting the operation may accelerate patients' metabolism. Other research is under way to see if it alters dopamine receptors in the brain. Of course, the Roselle family's new disinterest in food could simply be the result of crude mechanics: Their tiny stomachs allow them to feel "Thanksgiving full" - as Denise and Veronica describe it - without bingeing.

As it becomes clearer that the risks of surgery (which has a death rate of about 1 percent) are lower than the risks of obesity (which increases the risk of death by up to 100 percent and causes 300,000 premature mortalities a year), a few doctors are advocating offering the operation to more people. The current recommendations of the National Institutes of Health are that only those with a BMI of 40 or more (at least 233 pounds for a five-foot-four woman), or with a BMI of 35 with serious comorbidities such as diabetes or heart disease, undergo the surgery (the Roselles and their friends had BMIs over 40; Veronica's was 56.2). At a recent American Medical Association meeting, George Bray, MD, professor of medicine at Louisiana State University Medical Center and one of the top experts in obesity, suggested the requirements be lowered to a BMI of 33 (193 pounds for a five-foot-four woman). This would make as many as 15 million Americans candidates for a surgery that is now done on around 50,000 people a year.

But others remain circumspect. Susan Roberts, professor of nutrition at Tufts University, points out that we don't have any data on the surgery's long-term impact (for example, its effect on pregnancies or osteoporosis rates), and that it's a drastic step requiring a highly motivated individual who will comply with follow-up care. Steven B. Heymsfield, deputy director of the obesity research center at St. Luke's-Roosevelt Hospital Center in New York, says that while he theoretically favors the surgery for patients who meet the current criteria, if every one of them ran out to get it today, there wouldn't be enough qualified surgeons to meet the demand: "You don't want to create surgery mills. That could hurt everybody because there will be more deaths, and this will discredit the surgery." Heymsfield and Roberts are both more interested in finding a nonsurgical option (after all, they are research scientists who work in the more delicate realm of metabolism and hormones, rather than the stitches-and-scalpels world of surgery). But, Bray says, medications and the like are probably at least a decade away. And if there's a cure for obesity available now that makes people not only healthier but happier, can we really justify the wait?

More than any of her family and friends, Veronica admits she still has a tendency to overeat when she's stressed or simply lets down her guard. One night we went out to dinner with a friend of hers, and Veronica ordered a healthy but large meal - a

Caesar salad, sea bass, a dirty martini with lots of olives. She was telling me a story and didn't seem to be paying attention as she ate a couple pieces of bread before the entrée even arrived. Not yet having any sense of how much she could eat, I felt a little anxious and thought I detected concern on her friend's face, too. When the fish finally came, I watched in semi-amazement as her friend wolfed down half of Veronica's meal while she finished her story, falling on her sword for her. And Veronica still had to excuse herself from the table later because she felt sick.

She has become nearly as obsessive about her body as she once was about snack foods. She has a special section in her Filofax where she records her weight each week. If it goes up by even a few pounds, she'll start a food diary to be extra-conscious of what goes in her mouth. She has had cosmetic procedures to remove excess skin that did not snap back after she lost her weight (including a brachioplasty, or arm tuck, two breast reconstructions, and a full body lift in which thirteen pounds of skin were removed from her midsection, leaving a scar wrapping around her waist like a belt). Early last summer she passed the exam to become a certified physical trainer, in hopes of helping others who are heavy. "If I can help one person, then maybe I was put through this s--t, this *grief*, for a reason," she says.

Now she works at a small health club called the Fitness Company. Just after she started the job, I had lunch at Anita's house with Veronica, Marie, Denise, Tiffany, and Cathy. Veronica told us a story about how, a few days earlier, another instructor had introduced her to a class as a new staff member. "I had on my, you know, Lycra workout pants, and even though I have scars on my arms [from the brachioplasty], I was wearing a sleeveless shirt," Veronica said. "[The instructor] goes, 'Okay, ladies, good morning, but before we start I wanna introduce you to Veronica. Veronica, where are you?'" Veronica pantomimed waving hello to the class for us. "And [the teacher] says, 'Veronica is one of our new personal trainers here at the Fitness Company, and boy, has she overcome a huge obstacle.' And she goes, 'Veronica has lost over 200 pounds, and look at her body.' Well, the women put down their weights and started clapping. And I cried," Veronica said, starting to cry all over again. "I can't explain to you how surreal it was. I just cried that all these women put down their weights to look at my body in a positive way, in admiration, in *admiration*."

By this time, the rest of the table was tearing up. Anita reached over and patted Veronica's arm. "Absolutely, you work hard, Veronica."

"And I do. I work really hard, and it was just like - I just said, 'Thank you, God,'" Veronica said, her voice becoming unusually small and quiet. "I didn't know what else to say."

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