A Diary of Gastric Bypass Surgery

when the benefits outweigh the costs

Darlene K. Drummond

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This story is dedicated to the memory of
Francenia McLean Chandler,
my mother,
who in life taught me the value of a good education,
and in death . . . compassion.

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Preface

The following is a narrative, a personal account of my experience with weight-loss surgery based on the journal I kept from 2002 through 2006. Even though this story does not take the form of traditional scholarship in reporting generalizable conclusions from so-called empirical evidence, it is scholarship.

My purpose in presenting you with this autoethnography (see Ellis & Bochner, 2000, for more about this form of scholarship) is not to make staunch claims about weight-loss surgery, health, or communication; it is simply to invite you to relive and share with me one specific point in time in my lived experience. The story, presented to you in the tradition of phenomenology (see Crotty, 1998), is a careful and very raw description of my everyday lived experiences, including my perceptions, beliefs, memories, decisions, feelings, judgments, evaluations, and physical activities as they actually occurred.

Admittedly, my approach is even different from that of traditional autoethnography—purposely. I do not interrupt the telling of my story by weaving into it scholarly or intellectual interpretations and analyses grounded in social scientific reports. However, at the end of each chapter I suggest a few readings and theoretical frameworks that would be appropriate for discussing the events that occurred. These suggestions are limited, allowing the reader,

whether scholar or layperson, to make his or her own decisions on how to frame particular events. In my attempt to bridge personal narrative with scholarly inquiry, my primary goal is to make the *story,* not my analyses, as accessible to as many readers as possible. Therefore, the knowledge and insight *you* as an individual might provide in understanding what I have experienced is privileged and expected. For me, knowledge is personal, always temporal and contextual.

As Bochner (1994, p. 33) states, and I agree, "The power of autobiographical stories often rests on the degree to which they perform the dual function of being sufficiently unique to evoke comparisons and sufficiently universal to elicit identification." My experience is unique in that it represents a very specific standpoint (Collins, 1991), that of an African American woman coping with chronic illness who has weight-loss surgery. But under no circumstances am I suggesting my experience is representative of all African American women who have had the surgery (see Bell, Orbe, Drummond, & Camara, 2000). Ultimately, I am a human being like you with a multiplicity of identities that are constantly evolving; and I defy anyone, regardless of race, gender, or social class to fail to see themselves in these pages.

My story presents human experience as multilayered, highly impacted by issues of race, gender, and social class, but, most important, it focuses on the conversations we have with one another. This book is for the academic or health professional who is looking for a novel way to teach or talk about health experiences. But it is also for the ordinary person living with, or who knows someone living with, a chronic illness like diabetes, high blood pressure, or obesity.

I have used the real names of my family members, friends, and co-workers in recognition of their past and continuing support. However, the names of all health professionals who are not related to me have been changed.

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Inheritance

January 11, 2002

Standing beside her hospital bed, I slowly reached for the small warm hands that have gently brushed my face in love for years and tapped my back in support at each of my individual triumphs—high school graduation, college graduation, my dissertation defense, and the job that brought me home again to North Carolina. I smiled to myself as I remembered the numerous times these fingers playfully pointed at me in a side-to-side motion accompanied by uplifted eyebrows and a slight frown indicating disappointment at the stupid things that frequently came out of my mouth.

My mother has beautiful strong hands—slender fingers with long natural nails, manicured and polished—a ring containing her children's birthstones on her left hand, and a thin silver watch on her wrist.

But today is different. Today the hands I hold are frail with short nails and chipped polish. The watch and ring are missing. Things have changed. My mother lay dead in a hospital bed. The complications of diabetes, high blood pressure, undiagnosed liver problems, and kidney failure had murdered her and robbed me of the love of my life. As I placed her hands on her chest, sadness and anger welled up inside me, and I left the room in silence, as her guardians, my sister, brother and sister-in-law remained.

In our grief, each of us struggled to move on with our lives. Throughout the following months, I was haunted by long-lost memories of disease and illness run amok in my family and the lessons I failed to understand. My mother was not the first in our family to suffer from the complications of diabetes and high blood pressure. Diabetes and hypertension had become the norm. The two were so much ingrained within the fabric of our lives that they became invisible to our conscious minds. But my grief drove one fact clearly to the forefront of my mind—nearly every adult member of my family over 35 has diabetes or hypertension or both, including my sister, brother, father, aunts, and uncles.

I had to know. Did I have diabetes? Did I have hypertension? Were my persistent infections, dry skin, gum disease, blurring vision, and weight gain significant? Would my next 20 years be filled with kidney dialysis, heart disease, stroke, and gangrene? Would my experience be different from every other adult in my family? I had to know.

Diagnoses

SEPTEMBER 13, 2002. I went to the Mallard Creek Family Practice to see May Land, my family doctor, for my annual physical. I told her I had been under enormous stress in trying to deal with the death of my mother due to complications of diabetes, hypertension, and kidney failure. As the executrix of her estate, I felt pressured to handle everything perfectly to prevent dissension in my family. I was depressed but felt there might be something else wrong with me. With water retention in my legs, excessive thirst, and constant fatigue, I just did not feel well. On some level I knew I was diabetic. What I sought was confirmation.

"Can you give me a test to determine whether or not I am diabetic?" I asked.

"Let's just do a routine physical with pap smear," Dr. Land said. "You haven't had a pap smear in over two years. Let's get that done today. Okay?"

Annoyed, I repeated that I was interested in finding out if I had diabetes. I confided I had not had a sexual relationship in years and seriously doubted my problems stemmed from my vaginal area. Dr. Land stated I would have to have a three-hour glucose test. "The test is very expensive," she said. "We couldn't do it today because you are required to fast before taking it. You would need to abstain from eating or drinking anything for 24 hours before the test."

"I can do that. Can we schedule it for this week? We can do the physical today except for the pap smear. I will do that later because I need to know as soon as possible if I have diabetes."

Sighing, Dr. Land agreed, proceeded with the physical, reiterated the importance of a pap smear and told me to arrange for the glucose test at the checkout window.

The next day I arrived at the doctor's office before 8:00 a.m. A nurse took and recorded my blood pressure and tested my blood sugar. My blood pressure was moderately high at 130/76 and blood sugar 135. The nurse stated that if normal my blood sugar should not be higher than 110. She instructed me to sit in the waiting area until it was time to record the second series of numbers. As I sat quietly, I watched other patients and used the time to grade papers and prepare lecture notes.

After an hour, my blood sugar was tested again. It had risen to 257. I knew from the frown on the nurse's face that this was bad news. Alone and once again in the waiting room, I prayed for my glucose level to drop. After another hour passed, the nurse tested my blood glucose again and it had dropped slightly to 240. I was happy to hear this until the nurse said it should be 140 or below. Dejected, I agonized that I indeed was what I dreaded more than anything—diabetic.