

Weight loss surgery reduces cancer risk to that of general population, study says

By Brian P. Dunleavy, JAMA Surg. Published online March 11, 2020.

A study of French adults shows obese adults who meet the criteria for bariatric surgery but don't have the procedure are 34 percent more likely to be diagnosed with colorectal cancer.

Weight-loss surgery may significantly reduce the risk for colon cancer among people who are obese, a study published Wednesday in JAMA Surgery has found.

In an analysis of health data for more than one million people, researchers in France report found that people who met the criteria for obesity -- based on body mass index greater than 30 -- but don't undergo bariatric surgery were 34 percent more likely to be diagnosed with colorectal cancers than the general public.

Obese adults who opt for the procedure have the same risk for these types of cancers as the general population, they authors added.

"The reason why we conducted this study is that obesity is known to increase cancer incidence -- and notably colorectal cancer incidence," co-author Laurent Bailly, a public health specialist at the Nice University Hospital in France, told UPI. "Bariatric surgery is an effective treatment of obesity. However, the association of this surgery with the colorectal cancer remains controversial."

BMI is a commonly used measure for obesity that factors in a person's height as well as their weight in kilograms. As UPI reported recently, more than 40 percent of US adults meet the criteria for obesity based on BMI.

Bariatric surgical procedures are designed to induce weight loss by restricting the amount of food the stomach can hold. In their review of patient records for just over 1 million French adults, Bailly and his colleagues found 13,052 cases of colorectal cancers -- a rate of 1.2 percent -- and 63,649 colorectal benign polyps were diagnosed.

The rate of colorectal cancer diagnoses among those who were obese and underwent bariatric surgery was 0.6 percent, compared to 1.3 percent in those who did not have the procedure.



Predictive modeling developed by the research team indicated that there would be 9,417 cases of colorectal cancers among those who were obese and did not have bariatric surgery when, in fact, there were 12,629 -- 34 percent more than the authors' projections. Conversely, among those who were obese and had surgery, the models predicted 428 cases, with their 423 cases found among surgical patients.

In all, the authors found there were fewer new diagnoses of colorectal cancer following the weight-loss procedure called gastric bypass -- 123 out of 22,343 patients, or 0.5 percent -- and sleeve gastrectomy - - 185 out of 35,328 patients, or 0.5 percent -- than after adjustable gastric banding -- 115 out of 16,460 patients, or 0.7 percent.

"Following bariatric surgery, individuals with obesity share the same risk of colorectal cancer as the general population," Bailly said. "Whereas, for patients who did not undergo bariatric surgery, the risk of developing a colorectal cancer is above that of the general population."

For groups at higher risk for these cancers, such as adults between 50 and 75 years of age, he added, "All of them should be offered a screening test regularly."

Weight Loss Surgery and Thirst

By Lynn Bolduc, RD Adapted from Your Weight Matters Magazine by Dr. Walter Medline

Feeling thirsty and feeling that you cannot quench your thirst is common early on after surgery. Though usually not dangerous, there may be some things you can do to improve matters. Keeping your team informed is important. If you are thirsty, usually this is your body's way of telling you to drink more. It is important to track how many ounces of fluids you are getting, especially in the first weeks after your surgery. This can be as simple as pencil/paper or if you prefer high tech, there are apps that can assist you with this.



Planning ahead

This helps especially if you have work, appointments, or travel to plan around. Keeping liquids close at hand is important. If you wait several hours to get your fluids, you will easily fall behind. We tell our patients to aim for 64 ounces daily and while you are on the phase 2 liquid diet that may not be so hard. But it can get challenging when your diet gets advanced and solid foods replace your liquids. Now the challenge is on to get the liquids between meals. If you are urinating only a few times per day, this may be a sign that you need more liquids. The color of your urine, ideally, should be pale yellow or clear.



Experiment with liquids

It is not uncommon to find that you no longer like to eat what you did before surgery. We are just learning more about taste bud changes after surgery. The first year it is not uncommon to have foods taste metallic or just “wrong.” Beware of those drinks that trigger your desire to overeat or eat foods you should not be eating, such as a donut with your coffee. Beware of additives to your

morning coffee. Even the fat-free creamer has calories that can really add up at the end of the day.

Medications may be partly to blame

Some medications may cause you to have less saliva production or increase your urine output (e.g. Anti-seizure meds, bladder spasm meds, irritable bowel meds or certain antidepressants). Some meds may even act on “sensor circuits” of your brain causing a thirsty feeling even when your liquid intake is sufficient. Anemia medications can often cause dry mouth as can a poorly fitting cpap mask or pressure settings on your cpap that need adjustment. Another cause of thirst could be diabetes that comes back after surgery. Smoking and alcohol, which we STRONGLY discourage after surgery, can also cause dry mouth.

Over time you will find beverages that work for you and be able to take larger sips. Always avoid large gulps and always avoid drinking with meals. Drinking liquids during meals is one of the most common causes of weight regain after surgery, because it allows your stomach to empty too soon and your empty stomach will tell your brain to put more food in. We always discourage carbonation and straws, which can impact your sense of restriction.

Though mild dehydration is not dangerous in the short term, if it progresses to severe dehydration you are at risk of electrolyte disruptions (potassium and sodium). In extreme cases this could cause problems with your heart rate or blackouts.

Please alert your team if you are struggling to stay hydrated. Ask your dietitian about ideas to help you increase your fluid consumption.

Dr. Toder is the bomb! And she’s an ABOM.

Congratulations to **Michelle Toder, MD, ABOM, FACS**, medical director, Surgical Weight Loss and lead physician, Non-Surgical Weight Loss, for adding Board Certification in Obesity Medicine to her credentials. Dr. Toder has been training surgeons on robotic surgery techniques and performing bariatric and general surgery for more than 20 years. Already an expert in weight loss, this new designation highlights Dr. Toder’s dedication to life-long learning and a comprehensive approach to weight management. Thank you, Dr. Toder, for your dedication to your patients and community!



Pounds Gained in Mid-Life Could Later Weigh Heavily on Lungs

Health News March 11, 2020 Vishwadha Chander

Excess weight gained during the adult years may speed up lung aging, a large, multi-country study suggests, but losing weight might have the opposite effect.

For two decades, researchers followed more than 3,000 adults recruited at ages 20 to 44. For most, packing on pounds over time was associated with an acceleration in the natural lung capacity decline that comes with age.

But when younger adults were obese at the outset and lost weight over time, they ended up with similar lung capacity to people who started out normal-weight and remained that way, the researchers report in *Thorax*.

“This is the first study to analyze effects weight change has on lung function over a 20-year period, and in a varied population sample,” study coauthor Gabriela Prado Peralta, a researcher at the Barcelona Institute of Global Health, told Reuters Health by email.

Lung function is a strong marker of overall health and predicts mortality in the general population, Peralta and colleagues write. Understanding just how much weight change might improve or worsen lung capacity is important as more people around the world are becoming overweight or obese.

Two mechanisms likely explain how weight gain causes a decline in lung function, Peralta said. First, more chest and abdomen fat mass will limit room for the lung to expand during inhalation. Second, fat tissue is a source of inflammatory substances that can damage lung tissue and reduce airway diameter.

Peralta and colleagues analyzed data from the European Community Respiratory Health Survey, a large population-based study that has been tracking the health of over 10,000 adults in 11 European countries and Australia for decades.

The current analysis included 3,673 participants who were followed from 1991-1993 until 2010-2014 when they were 39-67 years old.

Participants’ body weight and lung function were recorded at three points over those years, and researchers gathered information on factors that could also influence lung function, such as smoking history and asthma diagnoses.



When the study began, 12% of the participants were underweight, 57% were normal-weight, 24% were overweight and 6% were obese.

In the follow-up years, 4% of the sample lost weight, 34% maintained their weight, 53% experienced moderate weight gain and 9% had gained significant amounts of weight.

“Among participants who were in the normal weight, overweight, or obese categories in young adulthood, moderate to high weight gain was associated with faster lung function decline over the study period,” Peralta said.

In contrast, people who were obese in young adulthood had poorer lung function than their normal-weight peers, but losing weight appeared to reverse the negative effects of obesity on lung function, she noted.

The findings add to a holistic way of looking at the damage done by weight gain, said Dr. Susan Renda, an assistant professor at the Johns Hopkins School of Nursing in Baltimore who wasn’t involved in the study.

“When we ask how obesity could impact lives, the average person would say it causes heart disease, diabetes, or arthritis, not that their lungs aren’t going to be as strong,” she said in a phone interview.

A farewell from Lynn Bolduc



To all the surgical weight loss patients that I have worked with over the years, I wanted to let you know I am going to be leaving the program manager position on July 8, 2020 to pursue a career in dialysis nutrition.

In 2014, I donated a kidney to a stranger, now a friend, and this path has inspired me to do more to help people in kidney failure. Happily, I will be moving to a clinic on Union Street just down the hall from the one I have worked in for more than 20 years.

It is a very difficult decision to leave the field of weight loss surgery where I have worked since 1997, first as a dietitian and since 2001 as the program manager. I have Dr. Donald Clough and Dr. Michelle Toder to thank for encouraging me to take this position, which has truly nourished me. I have come to think of patients as family, and I want to thank you for letting me be a part of your journey. Please contact our Surgical Weight Loss office with any questions about your care by calling 207.973.6383. I wish you the best.

Surgical Weight Loss Support Groups

Did you know...

- Regular attendance at support group doubles the likelihood of successful weight loss after surgery
- Those who regularly attend support group have 3.7x greater success with weight loss surgery

Please call before attending summer groups to assure they will occur due to COVID-19

Bangor: Northern Light Eastern Maine Medical Center (for all patients, before and after surgery)

When	Where	Time	Leaders	Upcoming Groups
First Friday	Brandow Conference Room	4:30 – 6:30 pm	Northern Light Surgical Weight Loss Dietitians	NO June Meeting No July meeting August 7, 2020 September 4, 2020

Online: (Guest speakers/surgeons: TBA)

Third Tuesday	Online	5-6 pm	Northern Light Surgical Weight Loss Dietitians	July 21, 2020 August 18, 2020 September 15, 2020
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Bangor: Northern Light Health Center, Union St. - Staying On Track Support Group (for patients who have had weight loss surgery):

When	Where	Time	Leaders	Upcoming Groups
Second Wednesday	Northern Light Endocrinology and Diabetes Care Classroom, 905 Union Street, Suite 11	5-6 pm	Dr. Nina Boulard, Clinical Psychologist	July 8, 2020--Zoom August 12, 2020 September 9, 2020

*Due to the small room size and sensitivity of topics discussed, we ask that you come alone to this group. This group is now open to **ANYONE** who has had weight loss surgery. The group size is typically small.

Presque Isle: Northern Light A. R. Gould (Previously known as TAMC)

First Wednesday	McCain A Conference Room	5-6 pm	Northern Light A.R. Gould Registered Dietitians	No June or July meeting August 5, 2020 September 2, 2020
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Updates

Struggling with weight regain after your surgery?

We have a new program to help. It is called **Retrain Your Pouch**.

This 14-week program offers nutrition, psychology, body composition testing, metabolism testing, and a visit with our bariatric nurse practitioner to evaluate results along the way.

The program consists of five visits over the 14-week period: week 1, 3, 6, 12 and 14. To be eligible you must be at least 18 months postop.

No referral is needed for those who had their surgery at Northern Light Eastern Maine Medical Center. If you had surgery at another institution, we will need a referral. Please contact the Surgical Weight Loss main office at 973-6383 to sign up or to get your questions answered.



Resources

Newsletter: SKINNY

Hard copies of the newsletter are distributed at the support groups and dietitian visits. The SKINNY is published 3 times per year. If you want to receive this newsletter electronically, please e-mail Lbolduc@northernlight.org or Asaquet@northernlight.org and they will add you to our distribution list. Once on our mailing list, you will receive monthly electronic e-mail reminders about support groups.

Information Session Online

The Northern Light Surgical Weight Loss informational session is available online. The 50-minute video is broken up into chapters, so it does not have to be watched all at once. If you or someone that you know is interested, please visit: northernlighthealth.org/swlclass.

It is also a great refresher for those who have already had weight loss surgery

Physical Therapy Videos

Check out our Physical Therapy videos. The 50-minute PT session is divided into short chapters and is available for those starting the program, as well as those who would like to refresh their knowledge on a well-balanced exercise plan. northernlighthealth.org/ptclass

Support Group

We now offer an Online Group on the third Tuesday monthly, 5-6p for those who wish to participate. If you are interested in participating in our online support group, please email one of our dietitians at vmcurtis@northernlight.org or tfitzpatrick@northernlight.org. The link to register is <https://19.encompasspro.com>

Finding Comfort without the Calories

Sarah Muntel, RD Obesity Action Coalition, Winter 2020 issue

It's been a crazy day... You had a long day at work, you were stuck in traffic for an hour and when you arrive home, you find your kids arguing with each other. It's time for dinner... what do you do? On stressful days, busy days—and sad days—we all look for comfort. Many look for this comfort in foods. Why do foods like chocolate chip cookies, chicken pot pie and pizza seem to do the trick?

What comfort foods do for us:

Comfort foods are foods that are typically higher in calories and filled with fat and sugar. Foods like cakes, cookies, mashed potatoes, biscuits or pie can all be comfort foods. These foods make us feel good after eating for a variety of reasons:

- **Foods high in sugar and fat stimulate the reward system in the brain and make you feel good.** After a few bites, many people's mood can improve. You remember this and it becomes easier to continue to want to eat these foods.
- **They taste good.** Who doesn't want a piece of chocolate cake? It is delicious. For many, these high fat and high sugar foods are hard to turn down.
- **They are familiar to us and bring back memories.** Does tuna noodle casserole may take you back to your childhood dinners? How about warm sugar cookies? Do you think of your grandma? These foods can trigger happy memories and make this food seem even better.
- **Foods help fill an emotional void.** If you are having a bad day, what do you reach for? It's not lettuce. Typically, it's a cookie or chips. Many times, these comfort foods fill needs like sadness, boredom, anger and stress.

Are comfort foods all bad?

These comfort foods are usually high in calories and sugar. It is hard to label a food "good" or "bad." Of course, there are ways to fit these comfort foods into your plan in moderation. An occasional sweet treat or high-carb side items can fit into any plan. However, many people find eating one can lead to two or three or several, especially during a stressful situation.

When these foods are added to your day, plan on balancing them with healthier choices. For example, if you want to have a piece of gooey chocolate cake, balance it with a dinner of salad, chicken and whole grain rice. Many people find it best to avoid these trigger foods all together, but everyone is different. It is a great idea to find the best plan for you when choosing these foods.

Finding comfort in other ways:

There are other ways to provide comfort besides food. Just as food can give you comfort; other activities can provide you the same feeling. See what might work for you, for example:

- Jigsaw Puzzles can be a challenge to complete and you will feel accomplished when you do.
- Many people say comfort foods make them feel calm and comfortable. Instead, snuggle on the couch watching a movie to get the same feeling.

- Challenge yourself to a puzzle book to stimulate your mind.

Add activity to boost your mood. Challenge yourself to some fitness fun. Moving can improve your mood, just like chocolate does, so it can be a great substitute! Look for something fun and different:

- Try new classes at the gym like yoga, spinning or strength.
- Take a walk outside or check out a new outdoor activity like ice biking or swimming.

Find a substitute:

You don't have to give up your favorites altogether. There are many ways to make your choices a little healthier.

You can find a substitute for some of your high-calorie favorites by adding some lower-calorie comfort food options. How about a hot tea or coffee with sugar-free creamer? They could do the trick if you are looking for something warm. Veggies and a tangy dip can give you the crunch you are looking for and sugar-free jellos and puddings can provide a sweet treat.

Take your favorite recipe and make a few adjustments. You can save calories and make the option healthier.

- Use low-calorie dairy like low-fat cheese and milk
- Use applesauce in place of oil in baked products
- Instead of noodles, try zoodles
- Use a little less... cut the sugar back by 1/3 in recipes
- Bake instead of frying

Now it's Up to You...

Find the all comfort you need this season. Take some time to develop a plan that works for you. This plan can look different for every person. Make a list of some additional ways to comfort yourself and start making some changes. Do some research for some new food swaps that will work for you. Above all, don't get discouraged. It takes time to unlearn old habits. Just take it one step at a time for great success!

The Truth About Fat

The Truth About Fat is a documentary funded by the media organization WGBH Boston, air date April 8, 2020.

It discusses the mysteries of fat and its role in hormone production, hunger and pregnancy.

This program was produced by WGBH, which is solely responsible for its content. Some funders of NOVA also fund basic science research. Experts featured in this film may have received support from funders of this program. Original funding for this program was provided by Draper, the David H. Koch Fund for Science, and the Corporation for Public Broadcasting.

www.pbs.org/wgbh/nova/video/the-truth-about-fat/

Recipes

Chicken and Sweet Potato Grill Packets

From Eatingwell.com

Ingredients:

- 1 lb boneless, skinless chicken breast cut into 1 in cubes
- 5 cups peeled and cubed sweet potatoes (about 2 medium)
- 5 cups diced red bell peppers (about 2 small)
- 1 large onion, sliced
- 1 clove garlic, minced
- 1 teaspoon salt
- 1 teaspoon chili powder
- ½ teaspoon cumin
- ½ teaspoon dried oregano
- 1 small lime cut into 6 wedges



Directions:

1. Preheat grill to medium-high. Cut six 12-inch lengths of heavy-duty foil. Coat each piece with cooking spray.
2. Combine chicken, sweet potatoes, peppers, onion, garlic, salt, chili powder, cumin and oregano in large bowl; stir to coat thoroughly. Evenly divide the chicken mixture among the foil sheets (place on the side coated with cooking spray). Gather together the long ends of each foil piece, then fold up its open ends to form a packet.
3. Cook until the vegetables are tender and lightly charred, turning halfway through, about 20 minutes total. Serve right away (be careful of steam when opening the packets), with lime wedges.

Serving size: 1 1/3 cups

Nutrition Info:

241 calories, 2.6 grams of fat, 33.8 grams of carbohydrates and 21 grams of protein

“Mock” Garlic Mashed Potatoes

From FoodNetwork.com

Ingredients:

- 1 medium head cauliflower
- 1 tablespoon cream cheese, softened
- 1/4 cup Parmesan, grated
- 1/2 teaspoon garlic, minced
- 1/8 teaspoon straight chicken base or bullion (may substitute 1/2 tsp salt)
- 1/8 teaspoon freshly ground black pepper
- 1/2 teaspoon chopped fresh or dry chives, for garnish
- 3 tablespoons unsalted butter



Directions:

1. Set a stockpot of water to boil over high heat.
2. Clean and cut cauliflower into small pieces. Cook in boiling water for about 6 minutes, or until well done. Drain well; do not let cool.
3. Pat cooked cauliflower very dry between several layers of paper towels.
4. In a bowl with an immersion blender (or in a food processor), puree the hot cauliflower with the cream cheese, Parmesan, garlic, chicken base and pepper until almost smooth.
5. Garnish with chives and serve hot with pats of butter.

Nutrition Info:

149 calories, 11.5 grams of fat, 8 grams of carbohydrates and 5 grams of protein
Average Calories of Mashed Potatoes: 200-250 per serving.

Brandy's Story



I wasn't always overweight. I was underweight as a child. I'm 5'8 and weighed 118 lbs when I graduated from high school. I had to gain weight to join the Army. They wouldn't take me until I was at least 132 lbs. I was an active child and teen. I cheered for football and basketball and I was in marching band and concert band. I was thin, but I had poor eating habits. I could eat anything and lots of it and not gain weight. Food was my friend. It was my comfort. It was my celebration. It was always there for me.

I weighed about 150 lbs when I got pregnant at age 23 with my first child. I gained a whopping 70 lbs throughout my pregnancy. While pregnant, I made a lot of unhealthy food choices, but I also had a large baby. My son weighed 9 lbs 3 oz and I lost 35 lbs in the hospital from all the fluid I had retained. I was able to lose all the weight I gained in 7 months. I was a CNA and utilized Weight Watchers. Life was good, but I was still eating junk, just less of it. When I got pregnant with my daughter at age 26, I weighed about 165 lbs. That quickly ballooned up to 240 lbs. I expected to lose a substantial amount after giving birth like I had the first time, but that wasn't the case the second time around.

Being a mother of a toddler and a newborn as well as working full-time as a phlebotomist left me little time for myself. I continued to eat junk and meals of convenience. I didn't take the time to exercise. I thought having an active job would help me lose weight; it didn't. My lowest weight after having my daughter was 185 lbs. I transitioned into the role of an at-home medical transcriptionist and began gaining weight. I rationalized this to myself. I was still pretty. My value and self-worth shouldn't be attached to my weight. I was a mom. I shouldn't be so vain. Many of my friends were overweight. I wasn't "that big." My husband loved me regardless of my weight. I also competed in my first beauty pageant at 253 lbs at 38 years old not only at a local level, but at the state level at the urging of my daughter.

The Maine Academic Scholarship pageant supports positive pageantry and it isn't about your size, weight or age; it's about the poise and confidence you radiate from within. Even with this outward confidence the excess weight began to take its toll emotionally. I began to feel trapped in my own body. I tried changing my eating habits, but somehow always reverted to what was convenient and a comfort. The worse I felt about myself the more I relied on food. It was a vicious cycle.





In 2017 we lost my mother-in-law to a heart attack and I knew that I had to take a serious look at my health. I also took on the role of varsity cheerleading coach at the local high school that year. I had a difficult time demonstrating anything due to my excess weight, which had crept up to 253 lbs. I began playing in a coed softball league with my husband that year as catcher and I found that I was unable to squat to catch the ball. My body was inhibiting my ability to do what I wanted, and I was afraid that I was going to die young because I couldn't control my eating. At this point, I decided to talk to my PCP

about surgical weight loss. I felt like a hypocrite because I had questioned it in the past. Like many, I thought it was the "easy way out", but I was at my wit's end. I knew people who saw long-term success and I knew people who gained all the weight back and then some. I began the process 19 months ago.

After my initial visit to the nutritionist I realized that this was going to be A LOT of work and certainly wasn't the easy way. From that moment forth, I began eating smaller portions, being mindful of what I was putting into my body and moving more. According to my BMI (39) I didn't need to lose any weight prior to surgery. I managed to lose 30 lbs on my own pre-op.



At 11 months post op, I have reached my goal weight of 143 lbs (BMI of 21) and am currently maintaining a total loss of 110 lbs. Prior to COVID-19, I was doing CrossFit at least three times a week. I'm also still competing in pageants and currently hold the titles of Ms. Aroostook County 2020 as well as the Elite Queen of Hearts and will go

on to compete at the state level in September.

Food is no longer my friend. It is also not the enemy. Food is fuel. I make conscious decisions about what I put into my body and I move it as much as possible. I take my vitamins religiously. I feel amazing! I don't feel trapped anymore. My body easily does what I tell it to. I'm trying to teach my kids that food isn't their friend and that it's okay to have treats once in a while, but it's important to put healthy food into their bodies and to stay active because poor eating habits stick with you and catch up to you sooner or later. I'm proud of my accomplishments and I'm so thankful for my surgical weight loss tool!



Ask the Surgeon

Answers from Dr. Michelle Toder, Medical Director, Northern Light Surgical Weight Loss and Dr. Matthew Sharbaugh, weight loss surgeon

When can I return to work?

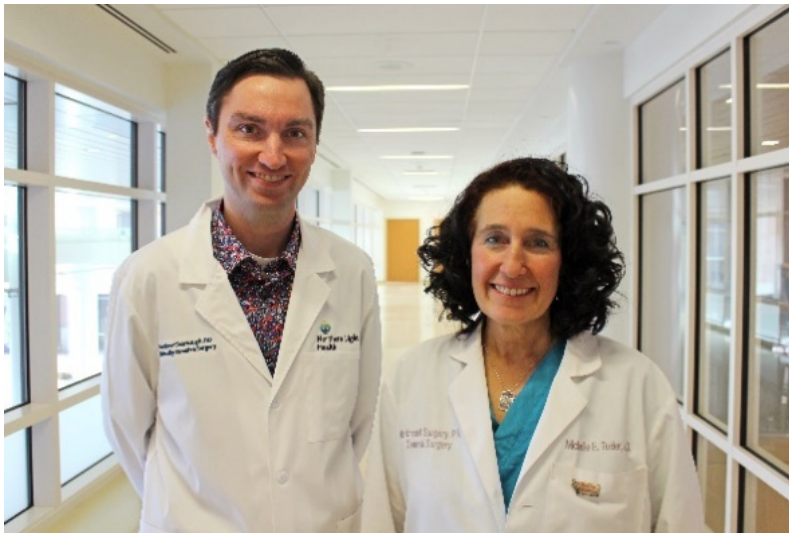
Usually patients are feeling up to return("on average") two weeks after surgery for desk jobs and up to 4-6 weeks for physically demanding jobs. There is a lifting restriction of 10 pounds for 4 weeks. If your job requires heavy lifting we recommend returning at light duty.

Can you tell me about the liquid diet?

The liquid diet is a two-week diet consisting of the liquids patients will be required to follow post operatively. The diet helps to reduce the size of the liver and allows a easier surgery and it help introduce patients to the dietary intake they will have after surgery.

When can I resume exercise?

We recommend light exercise immediately after surgery. By being active and by moving sooner, you reduce the risk of blood clots and pneumonia. We recommend light walking and slowly increasing your exercise up to your goals that you can discuss with your surgeon at your early postop follow up visits.



Will my medical problems get better after surgery?

Yes, weight loss surgery is well known to reduce medical comorbidities. This means improved conditions like high blood pressure, sleep apnea and diabetes. Many patients see an improvement in these conditions and most are able to reduce or eliminate the medications needed to treat them.

We Need Patient Stories!

One of our favorite parts of putting together this newsletter is being able to publish our patients' stories of success. If you are interested in sharing your story for a future edition of the skinny, please contact us!

Lynn – lbolduc@northernlight.org, Valerie – vncurtis@northernlight.org,
Tama – tfitzpatrick@northernlight.org, Andrea – asaquet@northernlight.org

Suggested Body Composition Scale Options

If you have considered getting your own body composition scale to monitor your weight loss changes, there are two that we like best.

Tanita BC-730F FitScan Full Body Composition Monitor

www.3rresources.com/bc730f-black

- Retail Price \$49.99
- Weight Limit: 330 lbs
- Provides 9 Body Composition Measurements: Overall weight, Body Fat %, Muscle Mass, Body Water, Bone Mass, Visceral Fat, Physique Rating, Basal Metabolic Rate, and Metabolic Age
- Holds data for up to 5 different users
- Uses Tanita's FDA cleared Bioelectrical Impedance Analysis technology
- Compact and lightweight
- Available in 4 colors: Black, Green, Pink, White
- Operates for more than 2 years on 4 AA batteries (included)

RENPHO Bluetooth Rechargeable Smart Scale – Model # ES -28ML

renpho.com/products/renpho-es-28ml-smart-bluetooth-body-fat-scale

- Retail Price: \$29.99-30.99
- Weight Limit: 396 lbs
- Provides 13 Measurements: Overall weight, Muscle Mass, Body Fat %, Skeletal Muscle, Water %, Fat-Free Body Weight, Bone Mass, BMI, Protein, Basal Metabolism, Visceral Fat, and Subcutaneous Fat, Body Age
- Rechargeable battery (included) lasts 3-4 months with regular use. Use any USB source to charge the scale.
- Sync data to Smartphone via the RENPHO App – Compatible with Samsung Health, Fitbit App, Google Fit, and Apple Health
- Supports multiple users