Bariatric Rewrite

MARCH 2026
NEWSLETTER

Spring is coming!

And so is your next chapter.

So, February flew by. Maybe you navigated Valentine's Day without drama. Maybe you didn't. Either way, you're still here, still showing up, and that counts for something.

This month's newsletter digs into a topic nobody really wants to talk about but everyone needs to hear: weight regain. We're also sharing new research that confirms what we've known all along about bariatric surgery and socioeconomic barriers, a hearty recipe perfect for meal prep, and updates from the Rewrite community.

As always, we're building this with you. If something resonates or doesn't quite land, let us know. We're listening.

We're glad you're here. Let's keep going.

– The Rewrite Team

Weight Regain Isn't Failure — It's Feedback

The Thing Nobody Wants to Talk About

Let's just say it: weight regain happens. Not to everyone, not all the time, but it happens often enough that pretending it doesn't is doing nobody any favours. Most bariatric patients lose significant weight in the first one to two years post-surgery. Then, for many, some of it comes back.

That's not failure. That's life. That's biology. That's what happens when you're navigating a food system designed to keep you overeating, a body that's fighting to protect stored energy, and emotional patterns that didn't magically disappear the day you had surgery.

Here's what matters: how you respond when it happens.

Why Regain Happens

There are a lot of reasons weight can creep back after bariatric surgery. Some are physical. Some are behavioural. Most are a combination of both.

Your body adapts. Metabolism slows down. Hunger hormones shift. The stomach pouch can stretch over time if you're consistently overeating or grazing.

Ultra-processed foods slide down easier than whole foods, so it's possible to consume more calories without feeling full.

Old habits resurface — eating when stressed, bored, or emotional. Life gets chaotic, and the routines that supported your progress fall apart.

Recent research published in February 2026 followed bariatric patients for up to five years and found that while most lost significant weight in the first one to two years, many regained part of it over time.

The study looked at genetic and epigenetic markers to understand who responds quickly at first, but those markers didn't fully explain long-term patterns. Translation? Biology plays a role, but so does everything else — your environment, your support system, your mental health, your access to whole foods, and whether you're still doing the daily work.

What Regain Actually Means

Regain doesn't mean surgery failed. It means something shifted. Maybe your food choices drifted back toward ultra-processed options. Maybe you stopped logging meals or checking in with your accountability system. Maybe life threw something at you — a job loss, a relationship breakdown, a death in the family — and food became the comfort again.

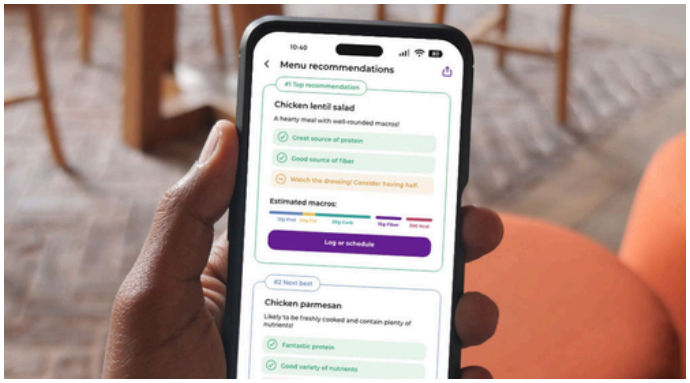
Weight regain is feedback. It's your body and your habits telling you that something needs attention. It's not a character flaw. It's not proof that you're broken or that you'll never get it right. It's information.

The question isn't **JUST** *why did this happen to me?* The question is also *what do I do now?*

How to Respond Without Spiralling

1. Acknowledge it without shame
Regain is not a moral failure. It's a signal. Notice it. Don't ignore it, but also don't let it send you into a shame spiral. Shame keeps you stuck. Curiosity moves you forward.

2. Get honest about what changed
Are you eating more ultra-processed foods? Are you grazing instead of eating structured meals? Have you stopped moving your body? Did your support system fall away? Write it down. Not to beat yourself up, but to see the pattern clearly.



3. Go back to basics
Log your food (we'll soon have an app for that!). Not to restrict, but to see what's actually going in. Check your protein intake. Make sure you're drinking enough water. Get back to structured meals with a clear beginning and end. Movement doesn't have to be intense — just consistent.

4. Reconnect with support
Whether that's a coach, a community, a therapist, or a trusted friend — don't do this alone. Isolation makes everything harder. Support makes everything possible.

5. Address the root, not just the symptom
If regain happened because you're using food to cope with stress, anxiety, or trauma, then the work isn't just about the food. It's about the feelings underneath. That might mean therapy, it might mean better stress management, it might mean setting boundaries in relationships that drain you. The food is just the surface.

This Isn't the End of Your Story

Weight regain doesn't erase the progress you've made. It doesn't mean you're back at square one. You're not the same person you were before surgery. You've learned things. You've built skills. You've survived challenges. You know what works, even if you're not doing it right now.

The work doesn't stop after the first year. It doesn't stop after you hit your goal weight. This is lifelong. And that's not a punishment — it's just reality. But here's the good news: you don't have to be perfect. You just have to keep going.

If you're experiencing regain right now, you're not alone. You're not broken. And you're not out of options. We're here to help you figure out what comes next.

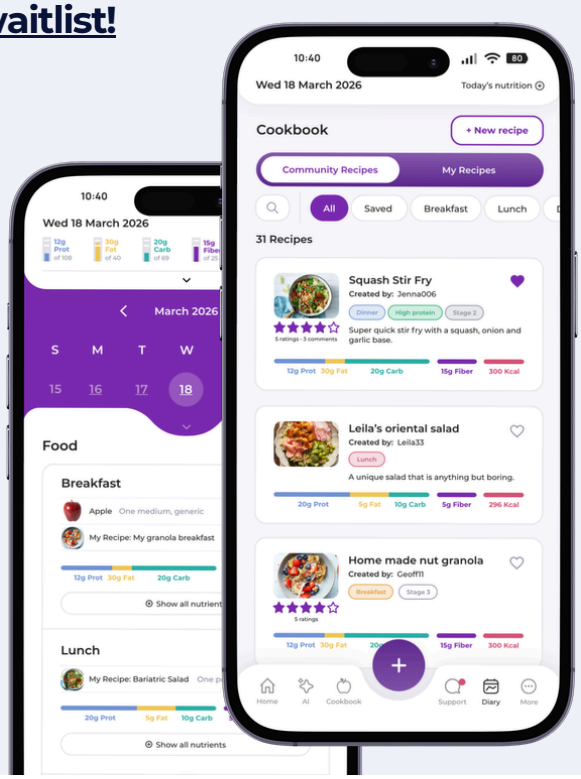
If you want to talk about any of our programs, including The Rewrite Lifestyle Intensive and The Regain Fix - get in touch!

Latest news

Join the Rewrite App waitlist!

Most tracking apps were built for people counting calories and chasing quick fixes. If you've had weight loss surgery, you're using a GLP-1, or you're navigating food addiction — that's not you, and those apps don't work for your life.

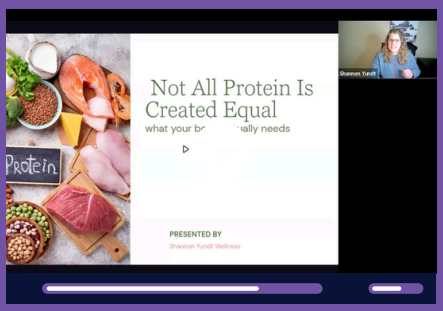
The brand new Rewrite app is coming soon, and has been built specifically for bariatric patients and GLP-1 users who need tools that actually reflect how their body works post-surgery.



Track your food, mood, water, and progress. Access whole-food recipes. Get AI-powered insights. And stay connected to a community that understands. Because generic doesn't cut it anymore.

Sign up to the waitlist for when we launch (within weeks!). The first 1000 signups get an incredible Founders Discount. Don't miss out!

Catch up



Guest: Shannon Yundt, Functional Nutrition and Lifestyle Practitioner

Shannon led a brilliant workshop on the importance of protein in the diet. She explained the role of protein in muscle maintenance, healing, hormone regulation, and overall health, giving us strategies for incorporating it into our diet. Shannon also addressed common challenges such as digestion issues and blood sugar instability. If you are a Rewrite client, the replay is now available in your Rewrite account!

Rewrite Recommends...

RECOMMENDED

Lentils, by Erika

The Fiber + Protein Double Threat

If lentils aren't in your pantry, we need to talk. They're cheap, fast, filling, and wildly underrated in post-op nutrition.

Why lentils are a superstar

- 18g protein + 15g fiber per cooked cup
- Stabilize blood sugar instead of spiking it
- Feed your gut bacteria (hello digestion support)
- Naturally iron-rich — crucial post-op
- Way easier to cook than most beans

Food hacks

- Add to soups and stews, thicken + boost protein
- Make a spiced lentil bowl with olive oil + lemon
- Mix into ground turkey or beef
- Cook down red lentils into curry
- Toss cooked green lentils into salads

Bonus tip

Lentils keep you full for hours without that heavy, feeling - when cooked properly and portioned right.

The Science Bit

The latest scientific studies & findings

Surgery Works Regardless of Income — But Support Still Matters

February 2026 brought us a landmark study that should change how we talk about bariatric surgery and who has access to it. Researchers at Joslin Diabetes Center published findings from ARMMS-T2D (Alliance of Randomized Trials of Medicine versus Metabolic Surgery in Type 2 Diabetes) — the largest and longest study comparing bariatric surgery to medical therapy for type 2 diabetes. With up to 12 years of follow-up on 262 participants, the results are clear: bariatric surgery delivers better glycemic control and weight loss than medical and lifestyle interventions, regardless of a patient's socioeconomic background.

Here's why this matters. Social determinants of health — poverty, food insecurity, unstable housing, limited access to healthcare — drive up to 60% of health outcomes for people with type 2 diabetes.

For years, there's been an assumption that surgery might not work as well for people facing these challenges.

This study proves that assumption wrong.

Bariatric surgery improved outcomes across all socioeconomic groups. However, patients with higher social vulnerability still had worse glycemic control and less weight loss than their more advantaged peers. This doesn't mean surgery doesn't work for them — it means the barriers they face (food insecurity, limited health literacy, reduced access to medications and physical activity) still impact their outcomes, even after surgery.

The takeaway? Surgery is effective regardless of income or social circumstances, but post-operative support needs to account for real-world challenges. If someone is living in a food desert, struggling to afford medications, or dealing with unstable housing, the work doesn't stop at the operating table. Long-term success requires ongoing support that addresses the environment people are living in, not just the biology of their bodies.

This research reinforces what we've been saying all along: bariatric surgery is a powerful tool, but it's not a magic fix. The system around you matters. Your access to whole foods matters. Your mental health support matters. Your financial stability matters. Surgery changes your stomach. The rest of the work is about changing your life.

Inside the Rewrite Team: **Nicole**

Coach specialising in emotional eating, with a background in therapy

Hey, I'm Nicole. My journey started at 317 pounds, and it wasn't until I faced a few harsh realities that I realized something had to change. As someone who works in hospice, I saw people leaving this world every day, and after a hard loss in my family, I tried to get life insurance. When I was denied due to my "build," it hit me hard just how unhealthy I was and how at risk I had become with all the co-morbidities I was facing. The thought of leaving my kids because of the choices I was making scared me to my core.

That's when I realized—I had a food addiction.

Shenelle's ASMBS Trip

I've just got back from Orlando.

I was invited to sit in a room full of surgeons, clinicians, and policy leaders to represent something that is usually missing from conversations about obesity care.

The patient.

Not the surgeon.
Not the insurance companies.
Not the pharmaceutical reps.

The people actually living inside the body.

And I walked out of those meetings with one overwhelming realization: The system isn't broken in the way most people think.

It's broken by design.

For years I've watched people blame the wrong people when they can't access treatment.

They blame their surgeon.
They blame their primary care doctor.
They blame their insurance company.

But after sitting in those rooms and listening to the real conversations behind the scenes, something became painfully clear.

Most of those people are operating inside rules they didn't create.

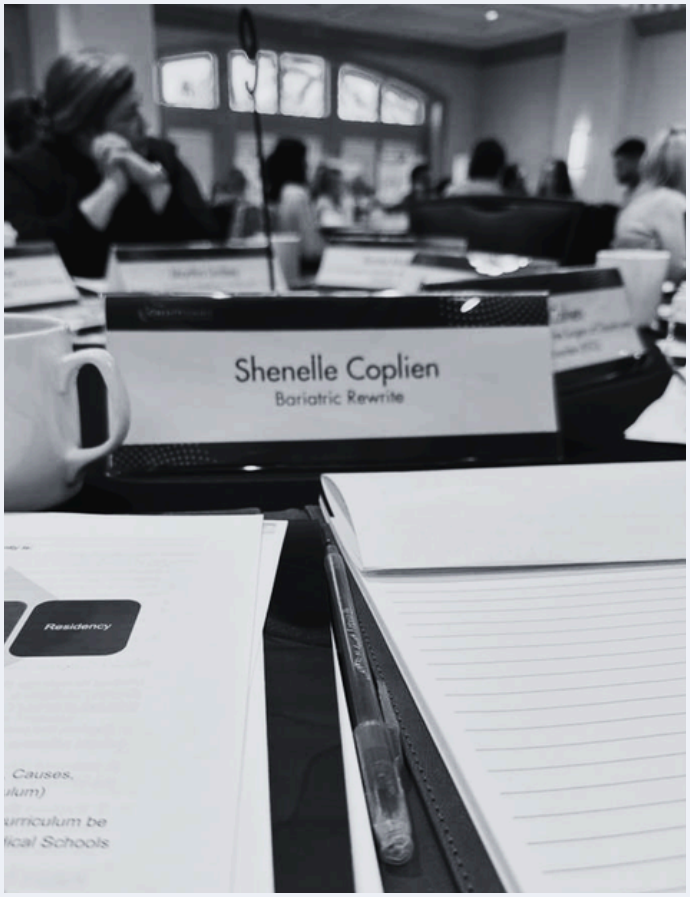
The real gatekeepers are policy.

Laws.
Coverage rules.
Government guidelines.
Employer benefit structures.

Those policies decide who gets care and who doesn't.

And right now, those policies are failing millions of people.

Take Medicare.



Under current rules, bariatric surgery is generally only covered for patients with a BMI of 35 or higher and an obesity-related disease like diabetes or sleep apnea.

Meaning someone with severe metabolic disease at a BMI of 33 can be denied treatment until their condition literally gets worse.

Many private insurance plans still require months of supervised dieting programs before approving surgery.

Programs that research has shown rarely produce long-term weight loss for people with severe obesity.

Meanwhile, Medicare has historically been prohibited by federal law from covering most weight-loss medications, because policies written decades ago treated obesity like a lifestyle problem instead of a chronic disease.

None of those rules came from your surgeon.

None came from your primary care doctor.

They were written into policy.

And policy is written by people who respond to pressure from voters.

Here's the wild part:

> **More than 40% of adults worldwide are living overweight or with obesity. Yet politically? The advocacy pressure around obesity care is almost nonexistent.**

People suffer quietly. They blame themselves.

They think the system is working the way it's supposed to.

But the truth is that only about 1–2% of people who medically qualify for bariatric surgery ever receive it.

Not because the treatment doesn't work. But because the system makes accessing it incredibly difficult.

And systems don't change unless people push back. Healthcare history proves that.

Cancer patients forced faster drug approvals. HIV activists changed access to life-saving treatments.

Mental health advocates forced insurance companies to treat psychiatric care like real healthcare.

Every one of those changes happened because patients refused to stay quiet. Obesity care deserves the same fight.

So here's something I want you to think about the next time you're standing in front of a voting booth.

What do the people you're voting for believe about obesity as a disease?

Do they support access to treatment?

Do they support coverage for metabolic surgery and obesity medications?

Do they understand that this isn't a willpower problem?

> **Because healthcare policy doesn't change in operating rooms. It changes in legislative offices.**

I went to Orlando to make sure a patient voice was in that room. But real change won't happen because one person spoke.

It happens when millions of patients finally decide to speak up too.

- Shenelle

Movement
With Coach Danaye

You don't need a fancy gym or expensive equipment to build strength. You need resistance, repetition, and consistency. A pair of 5-pound dumbbells can absolutely change your body if you use them with intention.

Muscle is built through **tension**, and tension is created by slowing movements down, controlling the lowering phase, pausing at the hardest point, and eliminating momentum. When you focus on engagement instead of ego, five pounds stops feeling "light" and starts doing **real work.**

Especially for those rebuilding after surgery, coming out of burnout, or simply learning to move again, **your body does not need extremes**. It needs consistent signals that say, "We are building." Small weights used regularly improve insulin sensitivity, preserve lean muscle during fat loss, strengthen joints and connective tissue, support metabolism, increase bone density, and protect you as you age.

Strength isn't about looking impressive. It's about staying capable, independent, and resilient. The people who transform aren't the ones with the best setups. They're the ones who stop waiting for perfect conditions, show up with what they have, and keep going. Five pounds done consistently will outperform intensity done occasionally.

Quick & easy Salsa Chicken

Erika's Kitchen

High-protein, minimal effort, and freezer-friendly - perfect for meal prep. This one-pot wonder delivers big flavor without the fuss.

Prep time: 5 mins **Cook time:** 10 mins (Instant Pot) / 4-6 hours (Slow Cooker)

Ingredients:

US:

- 1 lb boneless skinless chicken breasts
- 1 cup fresh tomato salsa (no sugar added)
- 1 tsp ground cumin
- 1 tsp smoked paprika
- ½ tsp garlic powder
- Salt to taste

UK:

- 450 g boneless skinless chicken breasts
- 240 ml fresh tomato salsa
- 1 tsp ground cumin
- 1 tsp smoked paprika
- ½ tsp garlic powder
- Salt to taste

Need help cooking for your bariatric journey?
Get The Recipe Fix today!

Instructions:

Instant Pot Method:

1. Place chicken breasts in the Instant Pot and sprinkle with cumin, smoked paprika, garlic powder, and salt.
2. Pour salsa over the top, covering the chicken.
3. Seal lid, set valve to "Sealing," and pressure cook high for 10 mins.
4. Allow natural pressure release for 5 minutes, then quick release.
5. Shred with two forks directly in the pot, mixing with the juices.

Slow Cooker Method:

1. Place chicken breasts in the slow cooker and sprinkle with cumin, smoked paprika, garlic powder, and salt.
2. Pour salsa over the top, covering the chicken.
3. Cover and cook on high for 4 hours or low for 6 hours, until chicken is tender (internal temp 165°F/74°C).
4. Shred chicken with two forks directly in the slow cooker, mixing with the salsa and juices.
5. Serve immediately or portion into containers.

Serving Sizes (Post-Op):

- Early: 2–3 oz
- 3+ months: 3–4 oz
- 6+ months: 4–6 oz

Macros (Per 6 oz)

- ~230 calories
- 36 g protein
- 4 g carbs
- 5 g fat

Rewrite Tools & Programs

The Rewrite Lifestyle
Our flagship intensive program for anyone preparing for or recovering from bariatric surgery, or using GLP-1 meds.

The Regain Fix
Self-paced guide plus AI bariatric recipe generator tool.

The Recipe Fix
Our hugely popular AI bariatric recipe generator tool.

Rewrite Alumni programs
For continued support & accountability.

Need help?

Struggling with food addiction, regain, or your bariatric diet?

Book a free 15-minute Zoom consultation with our team. We'll talk through where you're at, what's been holding you back, and help you work out your next best step.