

Nutritional Considerations Post Bariatric Surgery

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DAA Involvement



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Submission from the Dietitians Association of Australia
House of Representatives Standing Committee on Health and Ageing
Inquiry into Obesity in Australia

The Dietitians Association of Australia (DAA) commends the Standing Committee for their inquiry into obesity in Australia and welcomes the opportunity to make a submission. DAA is Australia's largest professional nutrition organisation, representing over 3500 members. DAA is the leader in nutrition and has made addressing overweight and obesity a priority for the association.

What have DAA been doing?

- Establishment of the NSW Obesity Interest group 2000
- Overweight and Obesity Nutritional Guidelines 2005
- Establishment of the National Interest Group 2006
 - Current number of members 1118
- Obesity strategy developed Sept 2006- reviewed 2008.
- Workshops on Nutritional Management for obese and bariatric patients at National Conferences since 2006
- Australia Healthy Weight Week launched 2008 – continuing each January
- House of Reps Inquiry into obesity. Written submission and public hearing appearance by DAA June 2008
- Continuing education Days on Bariatric patients QLD 2008 and 2010
- National Road Shows on Management of the Bariatric Patient (Vic, NSW, SA, WA) 2009
- Review of national Overweight and Obesity Nutritional Guidelines 2010/2011
- New Nutritional Guidelines for Bariatric patients 2010/2011

Nutritional considerations and complications

Dependent on several factors:

- Type of surgery
- Compliance with diet
- Compliance with supplementation
- Engagement and follow-up with treatment team



Laparoscopic Adjustable Gastric Band (LAGB)

Purely restrictive procedure

- Need to choose foods wisely incorporating adequate protein, iron, zinc, calcium and folate
- Even with the best diet – unable to meet all micronutrient requirements everyday
- Require a good general multivitamin / mineral per day



LAGB

Possible nutritional deficiencies include:

- Iron deficiency – most common
- Vitamin D (generally present pre-operatively)
- Protein, calcium, B12, zinc, thiamine and folate - possible but rare

Cause – usually inadequate intake and inadequate diet

What we monitor routinely

Compliance with diet

- Pre operative education
- Post operative education and follow-up
- monitoring for signs of maladaptive eating
- monitoring for indications of over tight band
- Monitoring for strictures (sleeve / RY bypass)



Compliance with supplementation

Needs to be assessed at every visit. No matter how good they feel they do need supplements
❖What and how often!



Recommendations!!

Band / sleeves

- Varies between practices
- No perfect supplement until recently
- Palatability
- Nutri-chews / Elevit / Centrum / Swiss Womens...

By-pass

- We use 1 x Elevit, 1 x Nutrition care sublingual B12, 2 x Citrical + D

Follow-up

None of this can be monitored without commitment to follow up. This needs to commence pre-operative!



Take home message

Monitor rigorously:

- Pre-operatively
- Post-operative
- Multi disciplinary teams
- Do everything in your power to encourage follow up and engagement.