



NUTRITIONAL RECOMMENDATIONS FOR ADULT BARIATRIC SURGERY PATIENTS: CLINICAL PRACTICE

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Advances in nutrition (Bethesda, Md.). 2017;8(2):382-394

Bariatric surgery is considered the most effective treatment for morbid obesity. The intervention involves modification of the gastrointestinal anatomy and motility and, in combination with other factors, contributes to prolonged weight loss. This narrative literature review summarises the current evidence for the role of nutrition before and after bariatric surgery. It covers preparation for surgery and how nutrition can reduce complications, alongside the importance of nutrition in the post-operative phase, where it can be vital to the success of the intervention. As bariatric surgery alters digestive functions, macro- and micronutrient malabsorption and deficiencies are common in such candidates. Issues around protein malabsorption and altered carbohydrate and fibre digestion are discussed, in addition to vitamins and minerals. To negate the inherent risks of deficiencies, the authors advocate for life-long supplementation and routine testing for vitamin and mineral status. Gastrointestinal symptoms are equally common after bariatric surgery, and nutritional management being suggested as an effective intervention in many cases. Symptoms covered include dumping syndrome, diarrhoea, flatulence, small intestinal bacteria overgrowth (SIBO), steatorrhea, dysphagia, vomiting and food intolerances. The review also briefly summarises current knowledge of bariatric surgery and its nutritional impact concerning preconception, conception, pregnancy and lactation. Beyond nutritional care, the writers acknowledge the pertinence of additional counselling on eating behaviours, lifestyle choices and the importance of engagement and adherence as key to the success of bariatric surgery and long-term weight loss. The nutritional considerations in this review provide useful guidance for the support of individuals preparing or recovering from bariatric surgery.

PATIENT-REPORTED OUTCOME MEASURES 2 YEARS AFTER STANDARD AND DISTAL GASTRIC BYPASS - A DOUBLE-BLIND RANDOMIZED CONTROLLED TRIAL

Svanevik, M, Ristad, H, Karlsen, TI, Kristinsson, JA, Småstuen, MC, Kolotkin, RL, Søvik, TT, Sandbu, R, Mala, T, Hjelmesæth, J
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Bariatric surgery may induce weight loss, improvement of weight-associated comorbidities, and improved health and well-being.

The aim of the study is to compare the effects of standard and distal Rou-en-Y gastric bypass on obesity-specific health related quality of life, weight-related symptoms, eating behaviour, anxiety and depression.

The study is a double-blind, parallel-group randomised controlled trial. The participants' age ranged from 18 to 60 years of age with a BMI of 50 to 60 kg/m².

Results indicated improvements in most patient-reported outcome measures after both surgeries, but no significant difference between groups after surgery in relation to obesity-specific health related quality of life, weight-related symptoms, anxiety and depression, or eating behaviour.

Authors conclude that both surgeries lead to sustained weight loss and improved health related quality of life 2 years after surgery in patients with a BMI 50-60kg/m²



BARIATRIC AND METABOLIC SURGERY DURING AND AFTER THE COVID-19 PANDEMIC: DSS RECOMMENDATIONS FOR MANAGEMENT OF SURGICAL CANDIDATES AND POSTOPERATIVE PATIENTS AND PRIORITISATION OF ACCESS TO SURGERY

Rubino, F, Cohen, RV, Mingrone, G, le Roux, CW, Mechanick, JI, Arterburn, DE, Vidal, J, Alberti, G, Amiel, SA, Batterham, RL, et al
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Bariatric surgery has been proven for weight loss in people with severe obesity. However, during the covid-19 pandemic, surgery has been postponed for many individuals. Under normal conditions, patients who are awaiting bariatric surgery are prioritised based on weight, however this does not necessarily reflect severity of their condition.

This review paper aimed to develop new criteria in order to help prioritise individuals who are awaiting bariatric surgery. The authors began by reviewing the reasons for delaying bariatric surgery and the need for beds, the risks of covid-19 transmission during the procedure and the severe covid-19 complications that individuals with obesity can experience were discussed. A recommendation was made that all patients having bariatric surgery be tested for Covid-19. Solutions were proposed for those awaiting surgery such as diets, exercise, optimal blood sugar control and the potential use of weight loss medications. Prioritisation of surgery should focus on clinical need; it should be accessible and minimise harm from delays.

Individuals with obesity and type 2 diabetes should be prioritised based on those who have an increased risk of death, determined by whether the individual; has poor blood sugar control despite maximal use of medications to control it, uses insulin, has previous heart disease, has liver disease or if they have other risk factors. It was concluded that weight alone is inadequate to prioritise candidates for bariatric surgery. Disease severity should be at the centre of decisions, especially when access to surgery is reduced, as is during the Covid -19 pandemic. This paper could be used by healthcare professionals to understand how to prioritise their obese and type 2 diabetic patients who are awaiting bariatric surgery.

