

Selecting the most appropriate procedure with respect to nutritional risk from a dietetic perspective

Katie Lambert, Dietitian, Mercy Ascot Hospital, Auckland, New Zealand



CONFLICT OF INTEREST DISCLOSURE

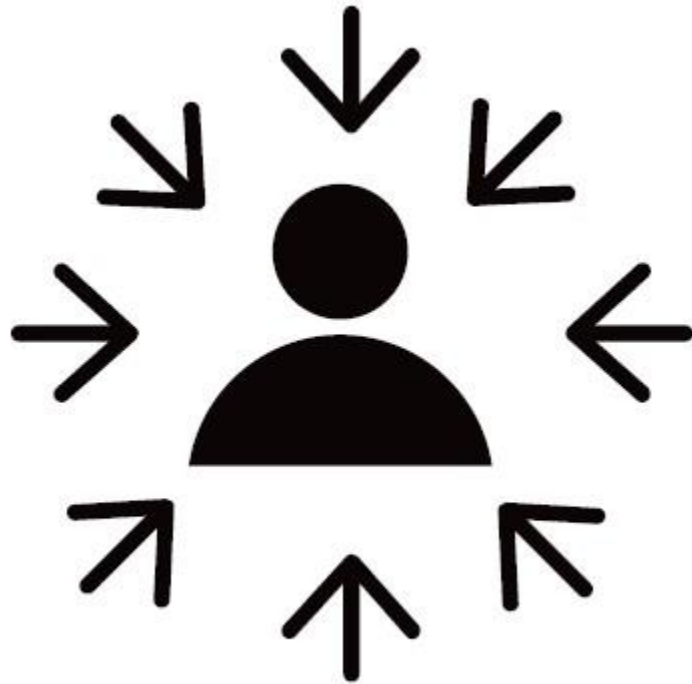
In accordance with «EACCME criteria for the Accreditation of Live Educational Events», please disclose whether you have or not any conflict of interest with the companies:

I have no potential conflict of interest to report

OPINION



Selecting the most appropriate procedure with respect to nutritional risk from a dietetic perspective.



Who.....?

Surgeon?

Psychologist?

GP?

Patient?

The MDT?

Dietitian?

Nurse?

Endocrinologist?

Family?

Everybody?

Selecting the most appropriate procedure with respect to nutritional risk from a dietetic perspective.

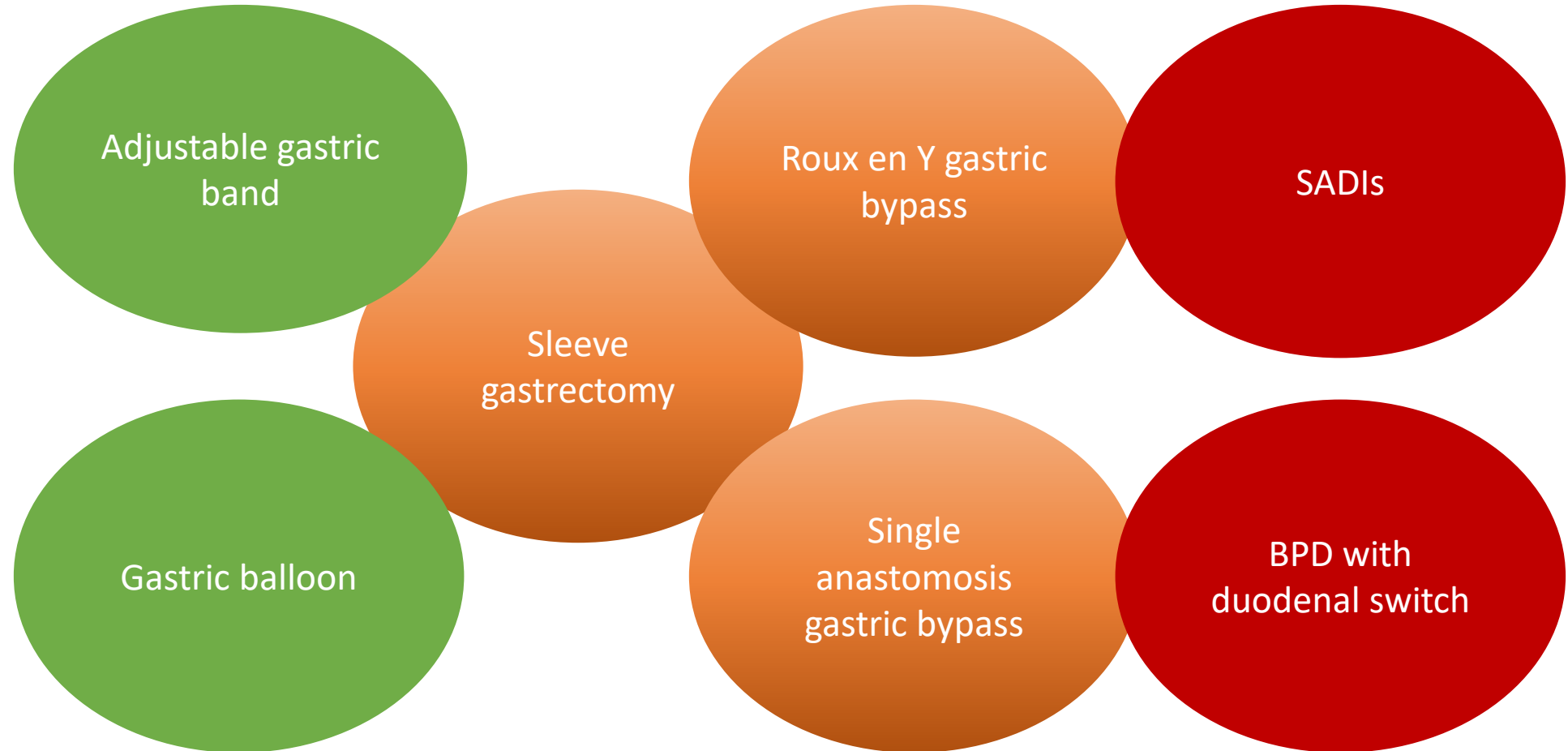
Surgeon says...

Dietitian says...

Patient says...



Selecting the most appropriate **procedure** with respect to nutritional risk from a dietetic perspective.



Selecting the most appropriate procedure with respect to **nutritional risk** from a dietetic perspective.

Vit D
Thiamine
Iron

B12
Folate
Zinc
Copper
Calcium
Magnesium

Vit A
Vit E
Vit K

Ref: British Obesity and Metabolic Surgery Society guidelines on perioperative and postoperative biochemical monitoring and micronutrient replacement for patients undergoing bariatric surgery —2020 update.

Selecting the most appropriate procedure with respect to **nutritional risk** from a dietetic perspective.

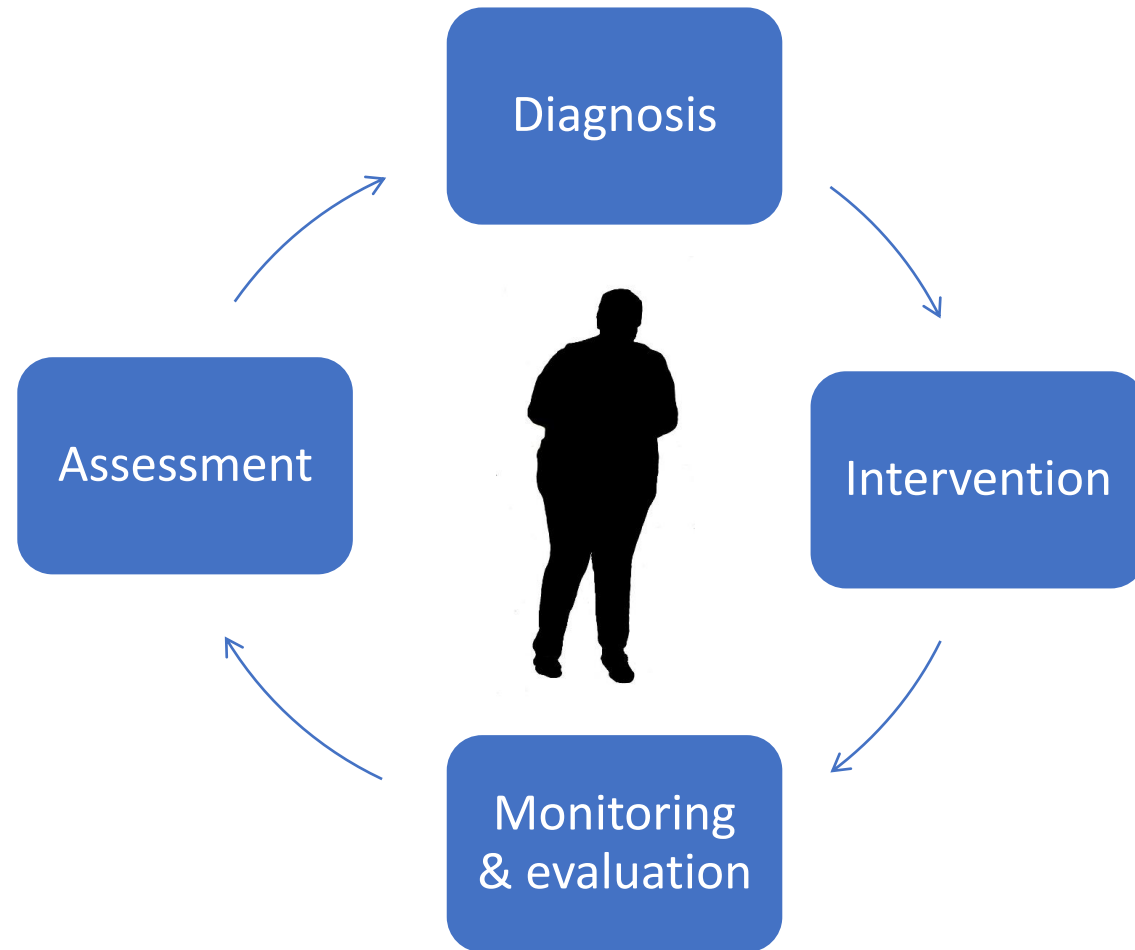


Selecting the most appropriate procedure with respect to **nutritional risk** from a dietetic perspective.



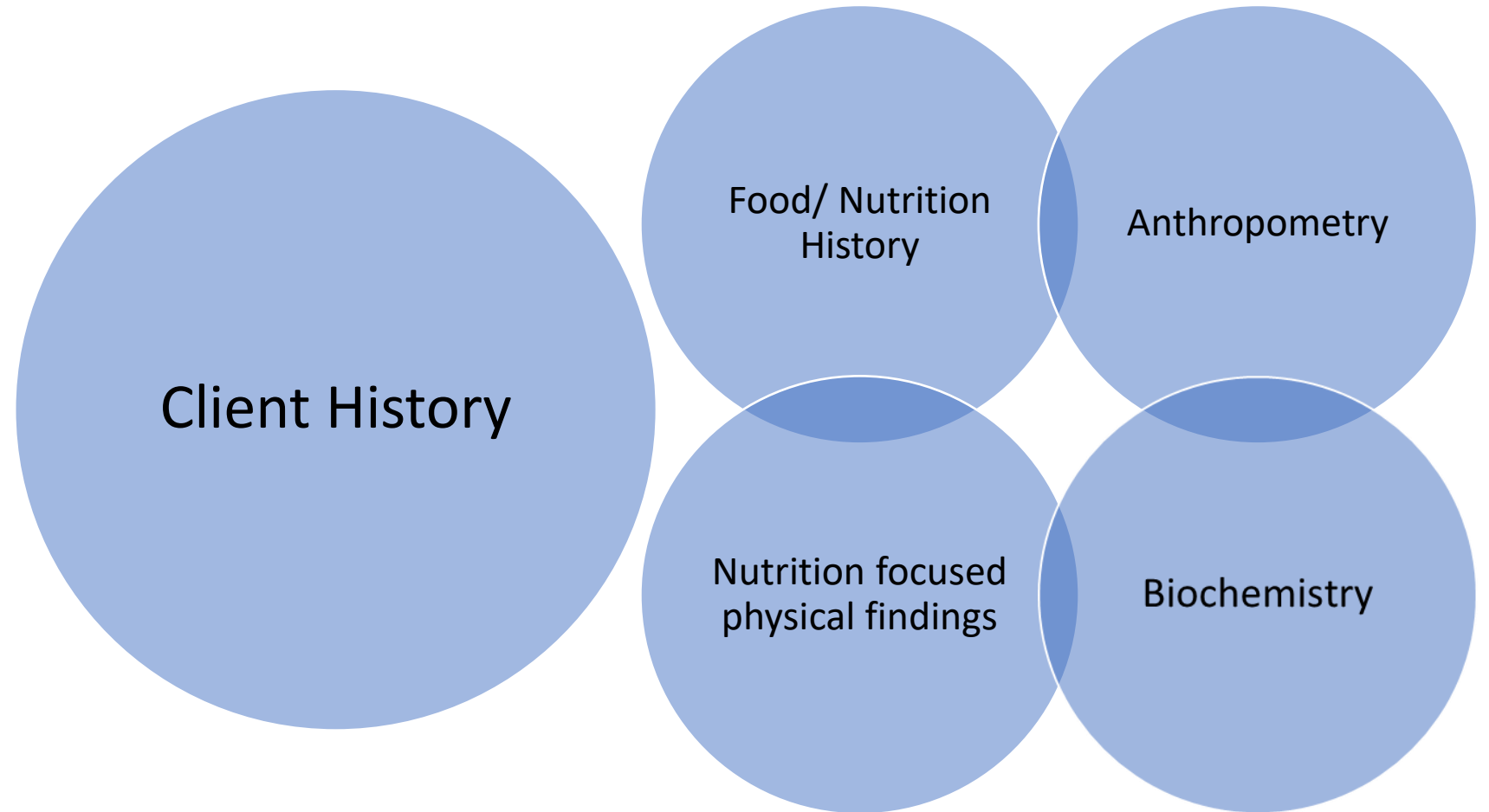
Selecting the most appropriate procedure with respect to nutritional risk from a **dietetic perspective**.

Nutrition Care Process



Selecting the most appropriate procedure with respect to nutritional risk from a **dietetic perspective**.

Nutrition Assessment



Case Study

39 yr. old female


Ht: 1.79 m


Wt: 180kg

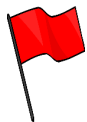
BMI: 56.1

PMHx: Hysterectomy, SOB

FHx: Diabetes

Been through public programme
- unable to meet weight loss
target. 


Admits not good at taking
medications. 


Surgeon commented - low
health/ nutrition knowledge. 

**SINGLE ANASTOMOSIS GASTRIC
BYPASS**

SHx – husband

Support - friend x 1,
mum & daughter

Not working - adhoc
babysitting 

Previous bingeing, no
purge 

Vit D - 18
B12 - 303
Other NAD


B - skips

L - bakery

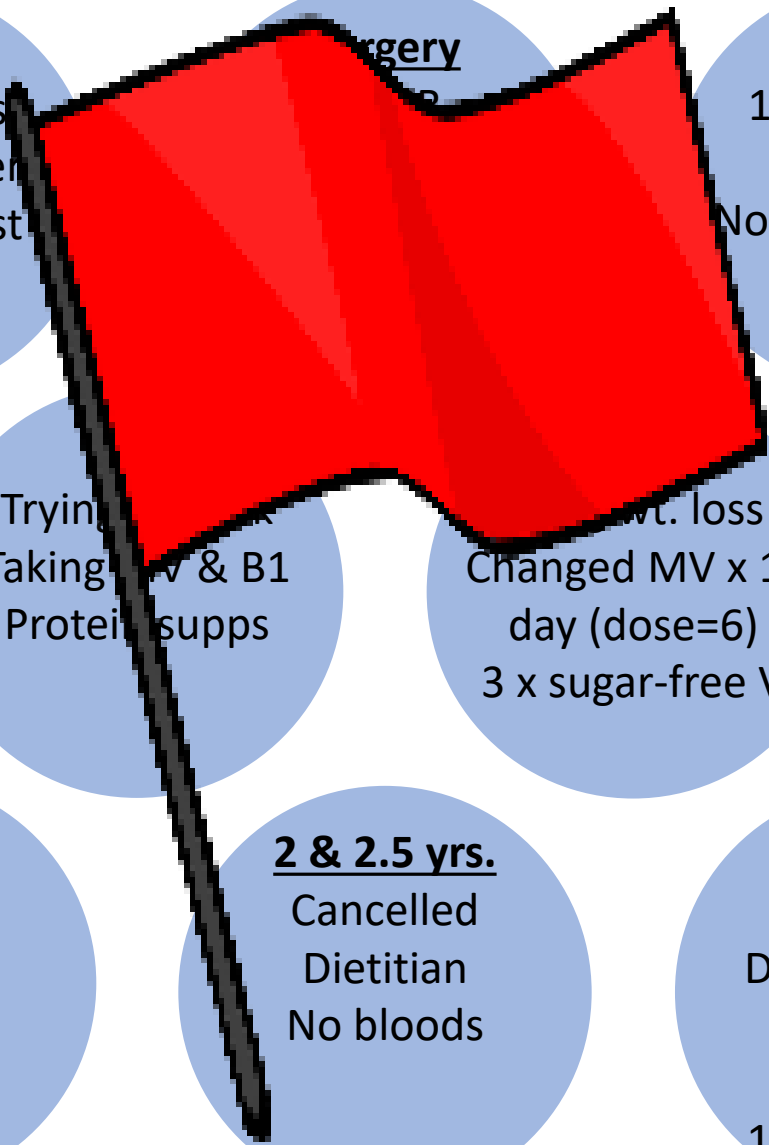
AT- lollies/ KFC 

Predinner - snacks

D - takeaways (can't cook)

Fluid - sugar free coke at
night. Does not drink any
water 

Alcohol - 16 Mudshakes
every 2 weeks 



Pre Op 2
Tried to stop fizzy
Vit D not corrected

Pre Op 3
6 wk. Optifast
Delayed surgery
6 wk. Optifast

Surgery
P

4/52
15 kg wt. loss
No MV
No protein shake
Takeaways

3/12
35 kg wt. loss
BO - loose
No MV 6/52
THIAMINE DEHYDRATED

4/12
45 kg wt. loss
Feeling better
Taking MV & B1
Beneprotein
Low Vit D

Trying
Taking MV & B1
Protein supps

wt. loss
Changed MV x 1/
day (dose=6)
3 x sugar-free V

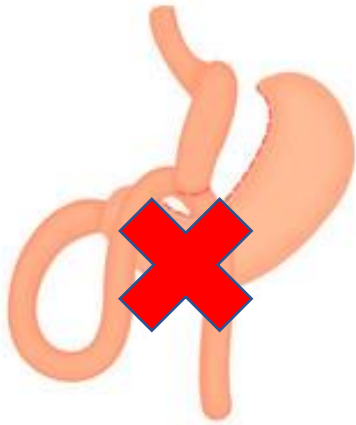
15/12
60 kg wt. loss
3 meals/day
2.0L fizzy/day
Occas MV

18/12
Disch. from surgeon
No MV
No bloods

2 & 2.5 yrs.
Cancelled Dietitian
No bloods

3.0 years
No MV
Def. iron, B12,
Vit D
Fatigue
11 kg wt. gain

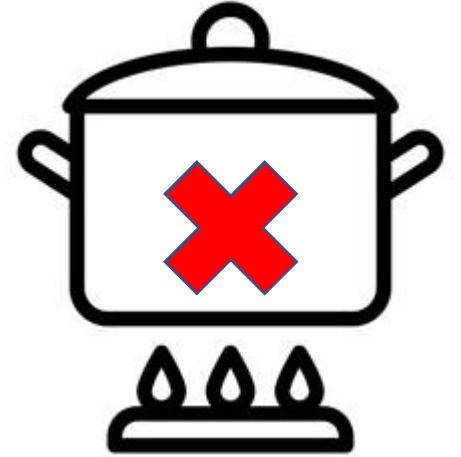
Case Study - Hindsight is 20:20



MINI-GASTRIC
BYPASS



MEDICINE



Selecting the most appropriate procedure with respect to nutritional risk from a dietetic perspective

**Multi-disciplinary
patient-centred
approach**

