

# How is the nutrition evaluation for RWG after MBS different than patients with severe obesity

Mary O'Kane, MSc, FBDA

Honorary Consultant Dietitian, Leeds Teaching Hospitals NHS Trust, UK  
Past President, IFSO Integrated Health

**I have no potential conflict of interest to report**

# Patients' experiences of weight regain after bariatric surgery

## METHODS

- Qualitative interview study
- 16 patients, 4 men and 12 women with weight regain after gastric bypass.
- Thematic analysis

"I think it has been very shameful. Because it's like "I've undergone this, I've undergone this really, and really extreme action and I'm still not succeeding. It's crappy, to be honest."

"...that barrier disappeared. The very effect of surgery gradually disappeared and much faster than expected."

## RESULTS

Loss of control and focus

Reducing the burden of weight management

Challenges in everyday life

Social support

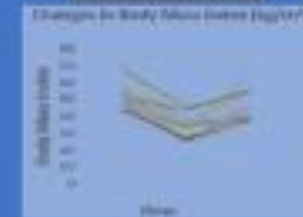
Changes in appetite

Self-care

Physical and mental health

Lasting benefits from surgery

Emotional distress



## CONCLUSIONS

### Experience of weight regain

- Unexpected and difficult
- Induced shame and hopelessness
- Contributing factors:



Tolvanen et al. Obes Surg. 2022;32:1498-1507

Liisa Tolvanen, Anne Christenson, Pamela J. Surkan, Ylva Trolle Lagerros

**OBESITY SURGERY**  
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### **Challenges in everyday life**

We have had a lot of trouble with my stepson, a lot of conflicts. He has not been well, we have not felt well. It has affected the whole family. And I can say, that's made my weight increase.

**Appetite changes**...that barrier disappeared. The very effect of surgery gradually disappeared and much faster than expected.

### **Emotional distress**

I did not believe I could regain the weight. I actually did not believe that...

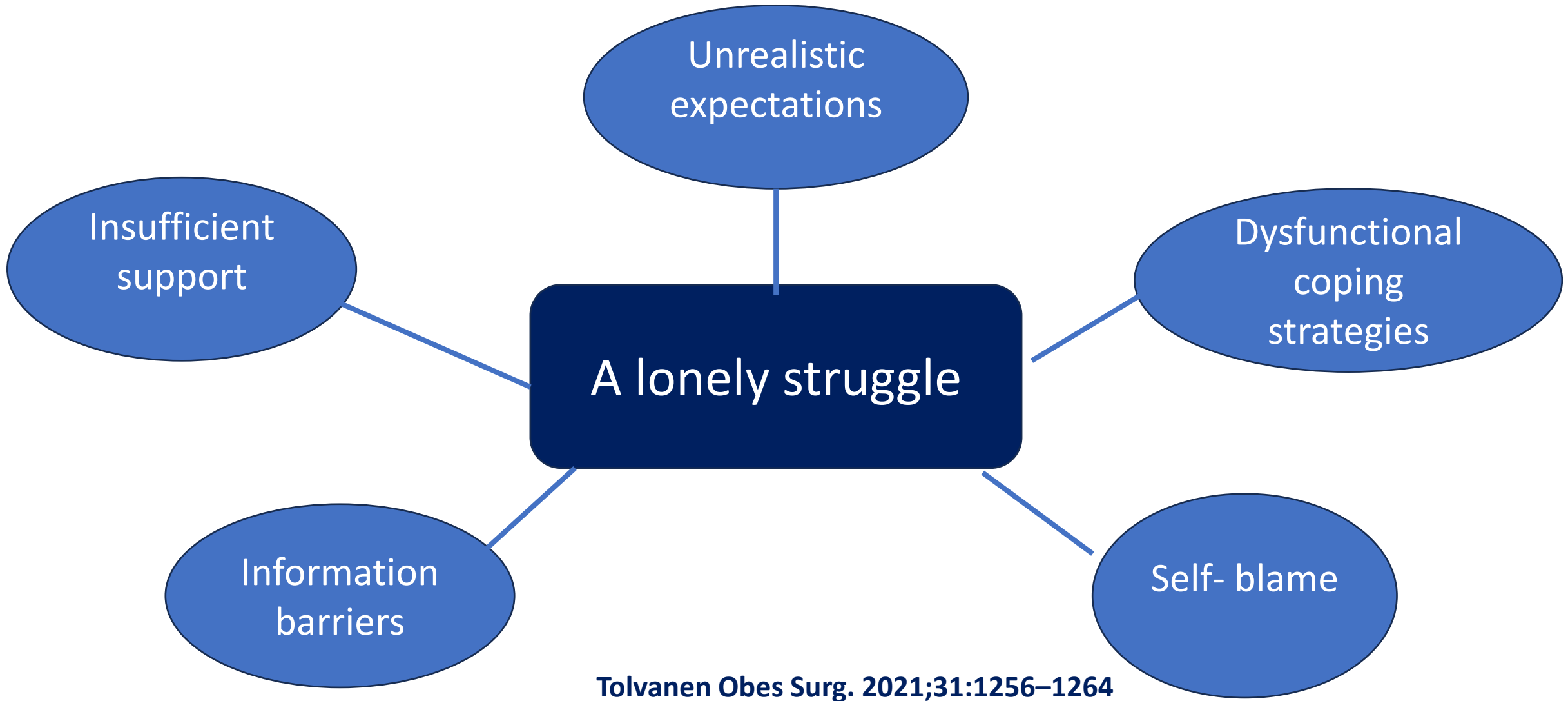
I think it has been very shameful. Because it's like "I've undergone this, I've undergone this really, and really extreme action and I'm still not succeeding. It's crappy, to be honest."

### **Physical and mental health**

A couple of years ago, I never wanted to call myself an alcoholic, but I drank an awful lot of alcohol to numb myself. It was mostly numbing me. I felt so bad, so I just wanted to sleep so I drank alcohol. But now I have not been drinking for several years.

I think it [weight regain] started with, it started with me getting cortisone and then I gained 10 kg very fast. ... I have ended up in a vicious cycle, that I gain 2 to 3 kg each year.

**Tolvanen et al. *Obes Surg.* 2022;32:1498-1507**



# Diet and eating patterns post MBS

Post MBS, people may eat less but not differently.

- Dietary energy density & relative macronutrient intake remained constant
- Decline in energy intake - eating smaller portions of same foods

Maladaptive eating

- “Slider” foods
- Lack of planning & cooking skills, poor dentition, cost

Eating behaviours

- Binge, loss of control, emotional eating
- Bingeing to grazing -60%; preoperative grazing continuing -94%

Nielsen et al. *Obesity* 2018;26(12):1879-1887; Livingstone et al. *J Nutr.* 2022;152(11):2319-2332

# Typical day – where does food fit in?

- Insight into diet and eating patterns
- Non-judgemental



# Other behavioural considerations

Adherence to  
bariatric  
regimen

Physical  
activity

Sleep

Alcohol and  
other  
substances

Self-harm

Depression,  
anxiety

Social support



# Addressing patient's expectations

What impact with the procedure have on:






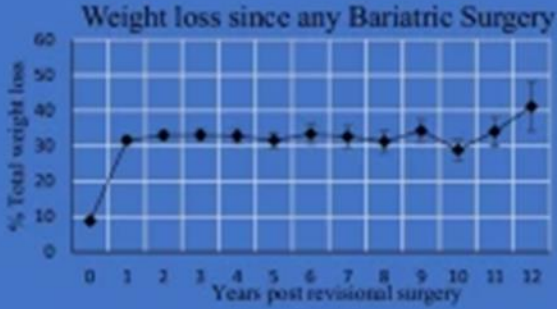




- Satiety?
- Eating behaviours?
- Nutrition?
- Weight?
- Vitamin and mineral supplementation?
- Finances?

What support does the patient need to move forward?



ECPO Image Bank

# Long-term outcomes of revisional malabsorptive bariatric surgery: Do the benefits outweigh the risk?

METHODS	RESULTS	CONCLUSIONS
 <p>All patients with revisional BPD +/- DS identified 2002-2018</p>	 <p>102 Patients with revisional BPD +/- DS                      -Follow-up range 1-17 years                      -Median follow-up 7 years (IQR 5,10.25)</p>	 <p>Robust weight loss of 41.1% TWL at 12 years post BPD +/- DS</p>
 <p>Preoperative + postoperative data collated from several databases</p>	 <p>Weight loss since any Bariatric Surgery</p>  <p>77.1% Follow-up at 10 years</p>	 <p>High nutritional deficiency rates + follow-up attrition a worrying combination</p>
 <p>Follow-up status clarified with phone call to patients, LMO, NOK</p>	 <p>Nutritional Deficiency in 80.4%                      -TPN required in 7.8%</p> 	



Authors: Kaleb Lourensz MBBS MSurg FRACS, Irsa Himantoko, Kalai Shaw Bsc, Cheryl Laurie BHSC, Louise Becroft Bsc MNutrDiet, Edward Forrest MBBS, Peter Nottle MBBS FRACS, Daniel Fineberg MBBS FRACP, Paul Burton MBBS PhD FRACS, Wendy Brown MBBS PhD FRACS FACS



Obes Surg. 2022;32:1822-1830.

# Suboptimal initial clinical response and recurrent weight gain

- Comprehensive dietetic and behavioural health assessment
- Identify areas in which the patient may need further support
  - Provide specialist dietetic and behavioural health support
- What are the patient's expectations?
- What treatment options are available?
  - Which are the most appropriate?
  - How do they work? Will they impact on satiety and appetite? Will they improve eating behaviours? Will they affect food preferences? Will they affect nutritional or psychological status – positively or negatively? What support will be provided?
  - Provide objective information to enable informed decision

# What do we need to do better?

- Ensure all patients have access to specialist dietetic and psychological follow-up
  - Initial postoperative years
  - Timely identification of individuals who need more support
  - Support with weight maintenance
- Care – longer term
  - Specialised
  - Accessible
  - Personalised

**Aarts et al Obes Surg. 2017;27:730–736**

