

Diet-Related Behaviour Modification Following Bariatric Surgery

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Abstract

Bariatric surgery has become a popular procedure for weight loss. Inappropriately identified as a “quick fix” for a complex health condition it is in many cases thought of as effortless from the patient side. Nevertheless, behaviour modification is required following any type of bariatric procedure. Changes in lifestyle and eating habits are necessary for weight maintenance and to avoid complications related to nutrient deficits. A well-rounded health team is necessary to support the patient and surgeon, including nutrition and mental health specialists. In the case of certain populations where bariatric procedures are becoming routine, increased awareness of what the process conveys as well as the lifestyle adjustments that are necessary pre and post operation are paramount.

Keywords: Bariatric surgery; Weight reduction; Dietary habits; Nutrition therapy; GCC

Background

Bariatric surgery has become a popular procedure for weight loss around the world and specifically in the Middle East. These procedures, which encompass several different techniques with laparoscopic adjustable gastric band and laparoscopic Roux-en-Y gastric bypass being two of the most common, are aimed at improving the quality of life, reducing existing comorbid conditions and in the long term, reducing healthcare costs (Richardson., *et al.* 2009).

Most of excess weight loss will take place on the 1 to 2 years following the surgery (Salmon., *et al.* 1992). This will occur thanks to combination of less calories being consumed, a diminished appetite, malabsorption of calories and increased energy expenditure from physical activity (Dowd, 2005). Nevertheless significant lifestyle changes are required. An experienced bariatric dietitian can assist patients in establishing adequate eating plans pre and post bariatric surgery; unfortunately the role of the dietitian in the bariatric team is often overlooked.

Findings

The main factors contributing to successful weight loss following bariatric surgery and the patient’s ability to make lifestyle changes and their ability to maintain those changes for life. Nutrition management is the most important aspect of post-bariatric surgery management to safely maximize weight loss and prevent weight regain. In addition, physical activity, emotional support and routine monitoring to promptly identify any complications are required as identified on Figure 1.

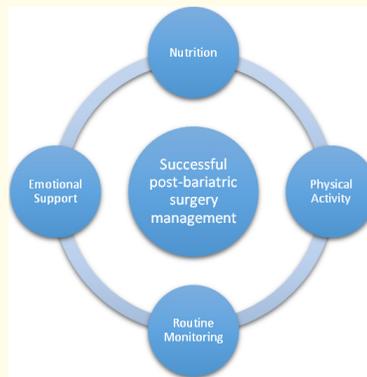


Figure 1: Components of successful post-bariatric surgery management.

Currently there are nine behaviour modification strategies for behaviour modification suggested to ensure success after bariatric surgery:

1. Meal frequency: patients are encouraged to eat breakfast and to eat 4 to 5 small meals throughout the day.
2. Food volume and meal placing: patients are encouraged to take small bites, eat slowly, and avoid drinking during the immediate 30 minutes following the consumption of solid foods.
3. Adequate fluid intake: it is encouraged that patients drink sugar-free beverages as well as liquid meals, such as soups, often through out the day. A minimum volume on 1.5 litres daily has been suggested as an adequate amount.
4. Consumption of fruits and vegetables: it is recommended that fruits and vegetables be consumed for their contribution of fibre to the diet. This will aid in the avoidance of both constipation and diarrhoea.
5. Adequate protein intake: protein amounts of 60 to 80g have been suggested for nutrition adequacy and to support wound healing post-surgery.
6. Avoidance of sweets: excessive sugar consumption post bariatric surgery may increase the risk of dumping syndrome in some patients.
7. Supplementation: For patients who have undergone a bariatric process a multivitamin is recommended for life as required based on diagnostic blood work.
8. Regular monitoring and support: to ensure success post-surgery it is recommended that all patients carry out regular screening of bio-samples. In addition, social support from the individual's network is recommended.
9. Compliance with exercise program: a change in lifestyle will require adequate physical activity and habitual exercise. This should be started after clearance from the medical team and carried out under qualified supervision.

Discussion

Inappropriately identified as a “quick fix” for a complex health condition it is in many cases thought of as effortless from the patient side. Nevertheless, behaviour modification is required following any type of bariatric procedure. Changes in lifestyle and eating habits are necessary for weight maintenance and to avoid complications related to nutrient deficits. A well-rounded bariatric team is necessary to support the patient and surgeon, including nutrition and mental health specialists.

A team approach is necessary for long-term management of patients after bariatric surgery. It has been recommended that during the period of weight loss patients be closely observed, followed by yearly follow-ups. In the immediate post-operative period, the main goals of monitoring are to assess proper nutrition status, identify any maladaptive eating disorders, detect any potential complications, monitor the status of existing comorbidities, encourage habitual physical activity, discuss weight loss progress and check laboratory values.

Many patients have a hard time with the extreme and instant lifestyle changes necessary following bariatric surgery, and for most this becomes an emotional time of turmoil. For that reason the bariatric team must strive to create a trusting environment where the patient will feel at ease to return for consultation at the earliest signs of weight regain. If weight regain is caught at its early stages it is easier for patients to get back on track. The most common factors for weight regain include decreased exercise and a return to pre-surgery eating habits.

In addition to weight regain, inadequate weight loss must also be addressed early. This is done by assessing eating practices, psychological status, and exploration for fistulas on the gastric pouch. Most commonly however, the cause for inadequate weight loss is an inadequate caloric intake usually due to lack of guidance by a bariatric dietitian.

Conclusion

In the case of certain populations where bariatric procedures are becoming routine, increased awareness of what the process conveys as well as the lifestyle adjustments that are necessary pre and post operation are paramount. Such is the case of the Middle East. Patients and bariatric surgeons must keep in mind that bariatric surgery is a tool and not a once-off solution. Weight loss with or without surgery requires work. For best results a full bariatric team must be engaged.

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