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Management of Life Events After Bariatric Surgery

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Adjusting to Life Events

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- **Changes after bariatric surgery**
  - **Rapid weight loss in 1st year slowing down but continuing to 2nd year**
  - **Can eat small amount**
  - **At risk of regurgitation**
  - **Risk of nutritional deficiency**
  - **Prone to dumping syndrome**
- **Life events needing special management**
  - **Pregnancy**
  - **Illness / Surgery**
  - **Travelling**
  - **Poor results**

Before Pregnancy

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- **General counselling** - bariatric surgery should not be considered as a treatment for infertility. Nevertheless, patients who may have had subfertility, with or without PCOS, before bariatric surgery are **more likely to conceive** postoperatively.
  - **Pregnancy should be discouraged during periods of rapid weight loss** (12–18 months postoperatively) to avoid harm to mother and baby.
  - **Contraceptive counselling** for adolescents because pregnancy rates after bariatric surgery are double the rate in the general adolescent population.
  - **Non-oral administration of hormonal contraception** should be considered in these patients, because there is an increased risk of oral contraception failure after bariatric surgery with a significant malabsorption component.

Factors to Consider in Pregnancy & Lactation

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- **Age**
  - Adolescence and late middle-age
- **Nutritional status**
  - Vitamin A, Vit D, Vit B12, Folate, Vit B1, Iron, Calcium, Zinc, Magnesium
    - Anaemia
    - Intrauterine growth restriction and
    - Foetal neural tube defects
  - Effect of nausea and vomiting on nutrition
- **Type of surgery**
  - Restrictive vs. malabsorptive
- **Monitor for**
  - Gestational diabetes
  - Hypertension
  - Hernia – external and internal
    - small bowel ischemia
  - Hyperhomocysteinaemia (deficiencies in folic acid, vit B12, and other micronutrients)
    - placental vascular disease
    - recurrent early pregnancy loss and
    - foetal neural tube defects

Restrictive Surgery – Band / Sleeve

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- **Early consultation with a bariatric surgeon** is recommended.
- **Band adjustment** may be necessary in pregnancy to permit increased calorie intake.
- Broad **evaluation for micronutrient deficiencies** at the beginning of pregnancy.
  - Iron
  - Calcium
  - Vitamin D
  - Vitamin B12 and Folate
- **Consultation with a dietician** after conception may help the patient adhere to dietary regimens and cope with the physiologic changes of pregnancy.
- Register with **obstetrician with specialist interest** in bariatric patients.
- Bariatric surgery should not be considered an indication for caesarean delivery.

Malabsorptive Surgery – Bypass / Switch

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- **Early consultation with a bariatric surgeon** is recommended.
- Broad **evaluation for micronutrient deficiencies** at the beginning of pregnancy.
  - Vitamin D, Vitamin B12, Folate, Vitamin A and Vitamin B1
  - Iron, Calcium, Zinc, Magnesium
- In using medications in which a therapeutic drug level is critical, **testing drug levels** may be necessary to ensure a therapeutic effect.
- There should be a **high index of suspicion for gastrointestinal surgical complications** when pregnant women who have had these procedures present with significant abdominal symptoms.
- Alternative **testing for gestational diabetes** should be considered for those patients with a malabsorptive type surgery.
- **Consultation with a dietician** after conception may help the patient adhere to dietary regimens and cope with the physiologic changes of pregnancy.
- Bariatric surgery should not be considered an indication for caesarean delivery.

Illness / Surgery

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- Return to work
  - Depends on type of work and surgical approach.
  - Usually 2-6 weeks (laparoscopic) and 4-8 weeks (open surgery).
- Diarrhoea and vomiting
  - Adequate fluids
  - Micronutrients
- Medication
  - Restrictive – may require different formulation usually liquid / crushed.
  - Malabsorptive – may require different dose to ensure therapeutic effect
- Surgery
  - Antibiotic prophylaxis in patients with gastric band.
  - Position of tube and port during incision
  - Post-operative nutrition

Travel

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- Avoid long distance travel in the first 4-6 weeks.
- Inform insurance company.
- A printed summary of operation performed with contact details of bariatric unit.
- Patients who travel by air in excess of 6-8 hours should take necessary precautions to avoid DVT and PE.
  - TED stockings.
  - Drink plenty of non-alcoholic fluids.
  - Exercise leg muscles.
  - Anti-coagulants if previous history of DVT.
- Consider factors
  - Weight of luggage
  - Distance to walk or stairs to climb
  - Constipation

Poor Results

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- <20-40% excess body weight loss after 2 years.
- Cause
  - Lack of proper support
  - Wrong diet or poor eating habit
  - Sedentary life-style
  - Maladjusted band – over tight or loose
  - Oesophageal, pouch or sleeve dilation
- Consultation
  - with a bariatric surgeon.
  - with a specialist dietician to help the patient adhere to dietary regimens.
  - Specialist psychiatric review may be helpful in presence of depression or eating disorder.
- Further investigation and revisional surgery after MDT review.