Module 2 Lesson 10

Transcript

I wanted to touch on weight loss procedures. Yes, we're going to get into the topic of surgery because even if this isn't the area you directly work in, if you see clients who are obese, this may be a road they ultimately decide to go down or possibly they have gone down in the past, so you need to be familiar with all of this. I'm going to review with you when bariatric surgeries are appropriate for a client, the different procedures available to clients and my general recommendations on this topic. Weight-loss interventions have come so far since we first learned about them. You get a few lectures on bariatric surgeries in a few weeks, on the bariatric floor, when you get through your registered dietician training if you're a registered dietician. It's fascinating really, it's really fascinating stuff, actually. Just as a foundation, bariatric surgeries are generally approved for people with a BMI of 40 or higher without complications or a BMI of 35 or higher with conditions like diabetes.

I'm not going to lie. I haven't had a great successful, happy clients who've had bariatric surgery. In the early stages of my career, I used to work with these clients a lot. Susan was memorable. She came to me with malnutrition and extreme food aversions after her bariatric surgery. Every night for dinner, she ate exactly one ground beef taco and had been doing that for two years. Her diet was so limited to what she considered safe because she was prone to feeling nauseous and had terrible reflux. She was on a whole pile of vitamins and supplements and would be forever, really. I've heard too many stories like Susan. She'd initially lost a good amount of weight. Then 35 or so pounds came back on, so while she was in better shape than pre-surgery, she was still obese by all the standards. I'll outline the procedures and leave it for you to decide how you feel about them.

While, I've worked with the good amount of clients post-surgery, I've not recommended weight-loss procedures. That was never my thing, but I want you to know about all these procedures, of course. The Roux-en-Y gastric bypass, usually just called bypass surgery, is the gold standard of bariatric surgeries. This is the one you've probably heard about. In this procedure, basically, they create a small pouch in the stomach, several of the rest of the stomach from the small intestine and reattach the small intestine to the newly-made pouch. A smaller stomach means smaller space, forcing the person to eat smaller volumes of food. The gastric bypass people typically lose 60 to 80% of their excess weight and maintain about 50% of that loss. There are often favorable hormonal changes which help to lose the weight and keep it off. With the gastric bypass, vitamin and mineral deficiencies are super common.

You have to be on supplements for the rest of your life and you really have to follow a strict, strict diet. Sleeve gastrectomy is another procedure that is pretty similar to the bypass, where the stomach is made smaller but there's no reconnecting the small intestine. The stomach gets irreversibly sewn into a banana shape. You may have also learned about that. This procedure is usually laparoscopic and less invasive with similar outcomes as the bypass, but with slightly higher complication rates. The sleeve may actually become obsolete soon because there's a new procedure called endoscopic sleeve gastroplasty, ESG, which requires no incision or hospitalizations. Doctors thread a scope down the throat and into the stomach and then use a suturing device attached to the scope to close it off to the banana-sized pouch. There are few complications and no scars, which of course, people like. The adjustable gastric band is a belt that is put around the stomach.

It is a quick procedure and the band is adjustable and removable. The idea is that this band makes the stomach smaller and decreases the amount that a person eats, reducing excess weight by 40 to 50%. The biggest drawbacks are that the band can slip, complications can form and some people are uncomfortable with the idea of a foreign body in their body. Weight loss is slower with the band also. Then there is also the biliopancreatic diversion with duodenal switch, abbreviated as BPD/DS. Here, the stomach as well as the small intestine are made shorter and smaller. Here, the weight loss can be even bigger with 60 to 70% excess weight loss and the maintenance with the supplements and the vitamins is about the same, but the complication rate is even higher. People like this procedure because you can eat larger meals and a lot of the weight loss is attributed to hormonal changes and less surface area.

Okay. Finally, we're going to hear more about Orbera, which is not widely used in the US, but I do expect it will trend soon, so it's good for you to know about. Orbera is a silicone balloon that's inserted through the nose or the esophagus, that gets inflated to shrink the stomach. The balloon teaches people to eat smaller meals and needs to be removed, so it's more of a temporary tool to help in weight loss, that can be affected with behavior change. It's good for people who need to lose 20 to 30% of excess weight, generally. I'm sure you'll come across some of these procedures as you interact with your clients. Again, that's why it's also, even if you're not working with people that have had this surgery, it's really just still good to be aware of. Success rates are really variable and like I've already mentioned, complications are pretty common, so expect to do some homework here when you have a client that has come to you after having a procedure like this or is looking into doing a procedure like this.

Okay, to recap the key points from today, weight-loss procedures include Roux-en-Y gastric bypass, aka, the bypass surgery, sleeve gastrectomy and endoscopic sleeve gastroplasty, adjustable

gastric band, biliopancreatic diversion with duodenal switch, aka, BPD/DS and Orbera. If you're working with clients who've had these procedures, do your homework to understand exactly what that client has been through, what that client needs to do, and ask to see dietary recommendations from their doctor's office to understand what they've already been told and of course, to work with the doctor. Unfortunately, however, many patients don't always receive these so they might not even exist, which makes your job even more important. Your most important role here is to support this person in, finding dietary and lifestyle habits that are going to stick longterm, so that they can maintain their weight-loss for life. They have just gone through surgery. We want them to maintain their weight-loss, for the long haul. I'll see you in the next lesson.