Follow-up after bariatric surgery

azdelta

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Dear patient,

Your wellbeing and the successful outcome of bariatric surgery, both in the short and long term, depend on good follow-up. Your motivation, cooperation and a relationship of trust play an important role in this.
It's a fresh start! You may already be looking forward to the thought of a fitter body. You may feel a little unsure at first, but we are happy to provide you with advice and assistance.

In the brochure "**Nutrition advice for bariatric surgery**" and "**Protein intake after bariatric surgery**", you will find more information on meal composition and healthy eating habits. These are available from our Dietetic Department (contact details: see the back cover).

In this brochure, we will discuss in more detail the course of events after a procedure and the general follow-up of our patients. We list the most common areas of concern in chronological order. We based this on the KCE report on bariatric surgery that was published in 2019 (Federaal Kenniscentrum voor de Gezondheidszorg; Belgian Health Care Knowledge Centre).

Standard follow-up is recommended in a **multidisciplinary** manner: with your GP, surgeon, dietician, possibly psychologist and exercise sessions.

If you would like more information, we are happy to help you.

We wish you the best of luck!

The AZ Delta obesity team

1 Before surgery

10 days before surgery, you should follow a modified diet: the liver should be optimally decongested through a high-protein diet. All the information on the duration and type of diet will be given to you by the dieticians. If you choose a ready-made ketogenic and high-protein diet (as cfr the doctor's order form), you are entitled to reimbursement from several hospital insurance policies. Contact your surgeon for more information about this (certificate page 27).



After the consultation with the surgeon, the secretary will refer you to the Care Contact for the room reservation. The Care Contact also looks at what steps and what investigations are still needed before the procedure. You will be asked to complete some questions digitally at home via the AZ Delta healthcare portal (my.azdelta.be). You will then also consent to the procedure via that route. Digital guidance can be obtained at the Digipunt. If additional investigations are needed, the Care Contact service will make an appointment with the admission preparation service 1 or 2 weeks before the procedure. During the admission preparation service visit, additional questions will be asked regarding the anaesthesia.

You will be called on the working day before the procedure to confirm your admission time.

You may not eat anything from midnight. A maximum of 1 glass of clear liquid (still water, clear apple juice, coffee or tea without milk) is allowed up to 2 hours before the operation.

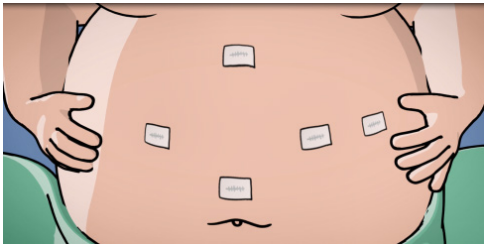
Take your morning medication according to consultation with your GP or specialist.

2 The day of the operation

You will be admitted to the hospital at the appointed time. You may sign in at the main entrance at the kiosk with your ID card. If necessary, bring your hospitalisation insurance card (depending on the health insurer). If you are a patient with OSAS (sleep apnoea syndrome), bring your CPAP device to the hospital.

You will be assigned your room on the ward. Store valuables in the locker (or leave them at home). The dietician will visit you and explain nutrition after bariatric surgery with diet progression. You will also be provided with a surgical gown. Any body hair (between the nipples and the navel) is removed. Use the toilet before leaving for the operating theatre.

In the preparation room, you will receive an IV, and you will also be given antibiotics. We will then take you to the operating theatre. The anaesthetist will welcome you there and ask you some questions. Be sure to mention if you have any allergies and also if you were nauseated during previous anaesthetics. The duration of the procedure is about 45-60 minutes. You will wake up in the recovery room. If necessary, we will switch on your CPAP device to regulate your oxygen requirements.



Once you are well awake, you may go to the room. You may start drinking some **water** fairly soon, and we ask that you also get out of bed for a while during the course of the day, for

example, to use the toilet (with the help of a nurse).

This promotes blood oxygenation, blood flow in the lower limbs and prevents muscle stiffness. Please let us know if the pain relief is insufficient.

FAQ: What is the risk of death from bariatric surgery?

The short-term operative risks of bariatric surgery are similar to other commonly performed planned operations such as gallbladder and uterine removal, and they are lower than for knee or hip replacement surgery or colon surgery.
These findings are derived from randomised controlled trials and observational research.

In the longer term, observational studies indicate that bariatric surgery will prolong a healthy life: the relative risk of premature death from obesity-induced diseases decreases by about 30 to 45 per cent.

Source: KCE report 2019

3 The day after surgery

You may have a small breakfast, a snack and a light midday meal. Don't force anything, but if eating goes smoothly, you may be able to **go home** today. Some patients need to stay in the hospital longer: check with your surgeon beforehand.

Your surgeon will visit you in your room and give you some additional advice before you leave the hospital. You will have a check-up appointment with the surgeon and the dietician.

4 Coming home

You go to your pharmacy with your ID card to collect **medication** . We usually prescribe painkillers (Paracetamol Odis or granular form, max 4x a day 1 g), gastroprotectants (Omeprazole or Pantoprazole 40 mg daily for 3 months or for smokers, for life) and antithrombotic syringes (Fraxiparine for 10 days). You can administer these syringes yourself (lower abdomen or thigh) or have a home nurse visit (prescription, page 23). You can make this choice yourself.

The sutures are either dissolvable (subcutaneous) or need to be removed about 10 days after the procedure. Your doctor will inform you about this. After bypass surgery, the plasters generally stay on until the 10th day after surgery. If the plasters come off on their own earlier, there is no need to put a new plaster on if the wound is dry. Showering is allowed, provided you use special shower patches for 10 days after surgery. A bath (and swimming) should wait until you have permission to go swimming (on average, 2-3 weeks after surgery).

Try to get **some exercise**. Light housework is allowed. Lifting and carrying heavy objects may be done according to how much pain you have. It is normal for the abdominal muscles to be sore after the procedure. The wound on the left is usually perceived as the most painful.

The **GP** plays an important role in adjusting or phasing out certain medications.
On the discharge letter (my.azdelta.be), the hospital pharmacists will provide advice regarding some medicines. Contact your GP to discuss this, e.g. reduce/stop diabetes medication, reduce blood pressure-lowering medication, avoid anti-inflammatories (NSAIDs), avoid oral contraception (″the pill″) in women, etc.

Drinking water can be difficult after gastric surgery. Still, drink enough (1.5 litres a day) to prevent kidney stones, cystitis, dehydration and constipation.
Small tips can help: cool the water with ice cubes, drink from a sports cap or with a straw, add a flavour (lime, mint) or opt for Hépar or Vichy water, soup, tea, etc.

Follow the dietician's dietary instructions carefully: you will find them in the brochure "**Nutrition advice in bariatric surgery**". You can also contact them via email or by phone.

Constipation is not common, but annoying. The following tips can help you with this:

- Exercise stimulates your intestines to get moving, too. This triggers intestinal activity.
- Don't skip meal times, such as your breakfast. This also gets the bowels moving and start working. Eat high-fibre foods, vegetables and soft fruits.
- If you feel an urge to use the toilet, go immediately and take your time. By holding it in and not listening to your body, you can worsen constipation. Try not to push.
- In consultation with your doctor, a laxative may be considered for persistent symptoms, e.g. Movicol, Laxido, etc.

It is important to contact us if you have such problems after surgery as fever, frequent vomiting, dehydration, lung problems, blood in the stool, wound infection, etc., or visit your GP for proper follow-up.

FAQ: What are possible complications during or shortly after surgery?

Short-term complications happen within 30 days of surgery and are directly or indirectly related to the recent surgery. The most common major early complications are infection, bleeding, leakage/perforation, obstruction/stenosis, venous thromboembolism and myocardial infarction.
The risk of such complications is influenced by the patient's general condition, e.g. the number and severity of other conditions.
Currently, about 2.5 to 5 per cent of patients require readmission within 30 days.

Source: KCE report 2019

5 Follow-up times

3 to 6 weeks after surgery

At this stage, most patients have recovered well. Daily exercise should be on the programme, with adequate attention to a healthy diet and lifestyle.





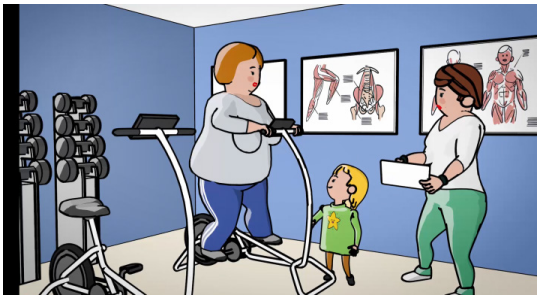
Most patients have lost an average of 10 per cent of their body weight 6 weeks after surgery.

At this stage, you will have a check-up appointment with the surgeon and the dietician to follow up on your progression in terms of healing, nutritional and fluid intake. Eating gets better and better; volumes will gradually increase. The dietician will calculate your required protein intake, which is important to avoid or minimise muscle breakdown during the slimming phase. The brochure "**Protein intake after bariatric surgery**" provides more information on this.

To prevent muscle mass loss, to promote fat burning and to prevent excess skin, we also ask you to start **sports activities** from 4 to 6 weeks after surgery.

For example: activities for 45 minutes - 3 times a week - heart rate 120-130 bpm, are excellent to promote fat burning. Active walking, at least 10,000 steps a day, is also a good lifestyle guideline.

The long-term success of the surgery is related to physical activity and rehabilitation after the surgery. Physiotherapy and exercise sessions are therefore strongly recommended. At AZ Delta, we offer **Fit'R**: an exercise programme after bariatric surgery tailored to the patient. It involves group work on cardio, strength and agility. The physiotherapist will tell you all about this during your admission.



Work resumption is related to the type of job (sedentary work versus heavy physical work). You normally get 3 weeks of work leave, but this can vary between 2 and 6 weeks.

Meanwhile, we ask you to start taking preventive vitamins for life: a daily multivitamin (morning) and a calcium citrate supplement (afternoon or evening).
Do not experiment with these on your own, but seek advice if you do not tolerate them well. Alternatives are certainly available. The composition of these specialised products has been examined in studies and adapted for patients after bariatric surgery.

FAQ: Why do I need to take vitamins (and follow up via blood sampling) after surgery?

Vitamin and micronutrient deficiencies

One of the most common problems after bariatric surgery is micronutrient deficiency (especially of iron (Fe), vitamin B12 and folic acid, and more rarely of copper, selenium and/or vitamin K). Some patients already have these deficiencies from before surgery, due to predisposition, due to menstruation, or due to one-sided eating habits. After the procedure, this problem occurs on average more often after gastric bypass surgery than after gastric sleeve surgery, because in gastric bypass surgery, part of the small intestine is bypassed. A high-dose multivitamin can avoid this unwanted effect.

Effects on bone structure

One of the possible and best-known long-term consequences of severe vitamin D deficiency is effects on bone (risk of osteopenia, osteoporosis). Many Belgians struggle with this. The risk of vitamin D hypovitaminosis and insufficient calcium (Ca) absorption is higher after gastric bypass surgery, but both problems are also common after gastric sleeve surgery (especially hypovitaminosis D). Menopausal (and postmenopausal) women are particularly at risk: in this case, a DEXA scan is advised annually (for the first 2 years, thereafter once every 2 to 5 years). Intake of calcium citrate can therefore have a protective effect on the quality of bones and teeth and can prevent the production of kidney stones.

Source: KCE report 2019

3 months after surgery

Your body changes a lot, and those around you begin to notice that you are losing weight. This is nice! Weight loss after 3 months averages 15 to 20 per cent from the highest weight. It doesn't have to be any faster, as this could mean losing too much muscle mass.

An appointment with the surgeon and the dietician is scheduled during this period to analyse the weight curve and your wellbeing.

After bariatric surgery, most patients eventually feel more energetic, but others have complaints of fatigue, especially compared to the initial period of rapid and significant weight loss after surgery, a period characterised by a "catabolic" state. That is why patients should follow the dietary instructions and engage in sufficient exercise to limit excessive loss of muscle mass and muscle strength. Taking the recommended vitamin and micronutrient supplements is also important, as is avoiding fast sugars (risk of hypoglycaemia), as this can obviously also cause fatigue.

You can phase out the gastroprotectants from 3 months after surgery, when you are no longer in pain and eating well. You may taper off from 40 mg to 20 mg and then try to stop. Some patients need a gastroprotectant for 6 months or more: seek advice from your doctor in this case.
Do you occasionally take Nurofen, Brufen, etc.? This is quite harmful to the stomach (so preferably avoid them). If you do take them, you should also take a stomach protector. If you smoke, take blood thinners or take other medications that are harmful to the stomach, you will need to take a 20 mg (or higher, if necessary) stomach protector for life. This is to prevent the formation of stomach ulcers. Permanently stopping smoking is, of course, our preference.

Between 3 and 6 months after surgery, some women experience (temporary) hair loss. Optionally, a keratin booster/

zinc supplement can be taken, e.g. Alline. Seek advice from your doctor or pharmacist.
If you suffer from diabetes, thyroid disease or other underlying conditions, your GP (or endocrinologist) can provide targeted follow-up for this.

6 months after the operation

Many patients now really shine: weight loss is 20 to 25 per cent, they feel fitter, the diet keeps improving, ailments due to obesity disappear, etc.

Visit your GP to adjust your medication if necessary, and for a comprehensive **blood analysis** one week before your check-up appointment with the surgeon treating you:

- routine blood sampling
- serum iron, TIBC, ferritin
- folic acid
- vitamin B12 (cobalamin)
- total Ca++, PTH, vitamin D
- liver function tests
- fasting triglycerides, cholesterol
- fasting glucose
- total proteins, albumin
- zinc
- optional: thyroid tests and HbA1c
- optional: vitamin A, vitamin B1 (thiamine), selenium and copper

An appointment with the surgeon and the dietician is recommended during this period to analyse the weight curve and your wellbeing, as well as to discuss the results of the blood tests. It is best that the weight loss should not exceed 35 per cent at this time: in that case, you will visit us anyway.

Have you ever experienced ″dumping″? It is a kind of warning, with impassiveness and palpitations, that you can trigger when eating the ″wrong″ food.
You can avoid this by limiting fast sugars (so cut down on sugar). Choose slow-acting sugars: fruit or wholemeal crackers. Eating slowly, chewing well, not drinking with meals, consuming enough salts/proteins, etc., are all tips that can prevent these problems.

Some patients struggle with problematic eating behaviour or even eating disorders from a young age. Examples include ″grazing″ (continuous eating in between meals), consuming high-calorie foods, and binge eating. Following up with a specialised dietician (and possibly a psychologist) is certainly useful if you need help avoiding the same pitfalls as before, such as preferring ″mini portions″ instead of ″grazing″, or avoiding ″stress eating″ but learning to manage your negative emotions, etc. On the other hand, nutrition should also not become an obsession, e.g. avoiding food, being too concerned with dietary recommendations. We therefore focus primarily on **normalising nutrition**: the meal as a positive experience, in a social context.

FAQ: What is dumping?

Early dumping
Dumping is characterised by symptoms such as abdominal pain, diarrhoea, feeling bloated, nausea and symptoms such as hot flushes, palpitations, sweating, dizziness (and sometimes fainting). It is caused by rapid gastric emptying and exposure of the small intestine to nutrients, especially to "fast sugars" in this case. Early dumping occurs within the first hour after a meal and often within 15 minutes. On average, 10 to 15 per cent of patients report symptoms of early dumping, mostly after gastric bypass surgery, but also regularly after gastric sleeve surgery.

Late dumping
This occurs between one and three hours after meals, when foods high in rapidly absorbed carbohydrates are consumed. Symptoms are those of hypoglycaemia (or sugar deficiency): sweating, palpitations, hunger, weakness, confusion, trembling, and possibly fainting. It is more commonly reported after gastric bypass than after gastric sleeve surgery, but it is less common than early dumping.

Source: KCE report 2019

Furthermore, gallstones (often asymptomatic) do occur more frequently in obese patients. Moreover, during the initial period after bariatric surgery, when rapid and significant weight reduction occurs, the risk of gallstone formation temporarily increases. Around this period, an **ultrasound scan** may be useful to rule out gallstone formation. Seek advice from your GP or surgeon.

12 months after the operation

After 12 months, you reach your **final weight on average**: between 25 and 35 per cent weight reduction in relation to your highest weight.

The more you exercise during the first 6 to 12 months, the smoother this weight loss will be achieved, the more limited the excess skin (e.g. arms), and the more sustainable over time this weight loss will be (less risk of weight gain due to a good BMR, basic metabolic rate).

Visit your GP to adjust your medication if necessary, and have a comprehensive **blood analysis** a week before your appointment with your surgeon. An appointment with the dietician is also recommended.

6 General follow-up and advice

Your **wellbeing** should be well monitored even after bariatric surgery, as mental disorders and problems are more common in obese people than in the general population. Obese people often suffer from low self-esteem or have low self-confidence. The psychologist will give you all the contact details before the procedure, so if you feel that "the ground is sinking from under your feet", be sure to contact us or another trusted person in your area.

FAQ: Slimming down and happiness?

Observational studies show that many patients experience an improvement in quality of life during the first to second year after a "successful" surgery ("honeymoon period"). Their weight loss often improves their wellbeing and decreases any depressive feelings. However, this beneficial mental effect may decrease afterwards, especially in patients who were already struggling with mental problems beforehand.
A previous or pre-existing mental disorder before surgery may have a negative impact. In turn, disappointing weight loss (and/or unrealistic expectations) can exacerbate or reignite mental problems.
Attention to mental health thus remains very important.

Source: KCE report 2019

Some patients have very elastic skin and report no **excess skin**one year after surgery, but a few still report the development of excessive skin folds with a possible impact on body image, or softening, irritation and skin infection. Skin-correcting surgery may then be necessary or desirable. Seek advice from your doctor to find out if you are eligible for financial support.

In the meantime, you have occasionally consumed **alcohol** . This is allowed on special occasions, but use it wisely: alcohol is high in calories ("fattening") and addictive.

FAQ: Alcohol addiction and gastric bypass

Research shows that there is a higher risk of alcohol abuse, especially from the second year after gastric bypass surgery, and not (or much less) after gastric sleeve surgery.
The risk seems to be higher in patients with a history of addiction before the procedure, in men, younger patients, smokers, regular alcohol use, substance use, limited social network, etc.
In addition, sensitivity to alcohol also increases after gastric bypass surgery. More so in women than in men: alcohol is absorbed faster and broken down more slowly by the body. The symptoms of alcohol intoxication may also change after gastric bypass surgery. This has implications for driving, alcohol testing, operating machinery or performing more complex tasks.
That is why it is recommended that candidates for bariatric surgery be screened in advance for substance abuse or a history of substance abuse and that they be informed about any increased risk. This will be questioned in detail by the psychologist and discussed with you. Be honest about this: we will not judge, but we want to make people healthier in the long term, not sicker. Sometimes this is the reason for choosing a gastric sleeve instead of a gastric bypass.

Source: KCE report 2019

Are you **hoping to become pregnant**?
Young obese women are, on average, less fertile than women in general. Weight loss (after bariatric surgery) improves their metabolic and hormonal profile. So fertility increases.
A healthier weight is also positive in other areas: it lowers the risk of gestational diabetes, an overweight baby, high blood pressure, pre-eclampsia and other problems during pregnancy or delivery.

Pregnancy should be delayed until 12-18-(24) months after bariatric surgery, until weight loss has stabilised, to avoid

inducing deficiencies in the baby. The "pill" is not the preferred contraceptive during this period: we recommend non-oral forms, e.g. an IUD, a NuvaRing, or a condom. Discuss the options with your GP or gynaecologist. It is important for pregnant and breastfeeding women to take nutritional supplements properly (e.g. Barinutrics Prenatal). Regular blood analysis is necessary.

If there is any discomfort when eating, be sure to speak to your doctor about it.

FAQ: What is an intestinal hernia, or an internal herniation?

As the anatomy of the abdominal cavity changes, the small intestine may become trapped in an internal opening created by the RYGB surgery. This can cause acute intestinal obstruction , requiring urgent medical treatment (usually surgical).
It is estimated that approximately 9 to 14 per cent of patients will experience this.

Source: KCE report 2019

BUT: For several years now, there has been an international consensus to close this opening in the peritoneum during standard gastric bypass surgery, thus greatly reducing the risk of an intestinal hernia occurring. However, the risk is never zero, as slimming can loosen this opening again. In any case, our goal is to minimise long-term complications as much as possible.

7 Annual follow-up

Your body is fully stabilised, but sometimes the fear of weight gain still lurks around the corner. Continue to eat a healthy and varied diet and try to get enough exercise.

A check-up appointment with the **surgeon is scheduled every year** to check vitamins and blood values, weight changes (stabilisation or slight fluctuations), your wellbeing, etc.
Visit your GP one week before the check-up appointment with the surgeon for a comprehensive **blood analysis** (and possibly to adjust your medications):

- routine blood sampling
- serum iron, TIBC, ferritin
- folic acid
- vitamin B12 (cobalamin)
- total Ca++, PTH, vitamin D
- liver function tests
- fasting triglycerides, cholesterol
- fasting glucose
- total proteins, albumin
- zinc
- optional: thyroid tests and HbA1c
- optional: vitamin A, vitamin B1 (thiamine), selenium and copper

8 More information?

Read more at www.ObesitascentrumWestvlaanderen.be

Recommendations for home care

Name and first name of the patient:

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.....
.....
.....
.....

Reason: status postoperative gastric bypass/sleeve gastrectomy

Please administer the following care:
- Aseptic wound care if needed.
- Fraxiparin (cfr prescription) subcutaneous for 10 days.

A rate of: 1dd
For: 10 days

Date: ..... / ..... / 20.....

Signature and stamp prescriber:

azdelta
Uw ziekenhuis.

Read all about it at www.ObesitasCentrumWestvlaanderen.be

Recommendation for physiotherapy

Name and first name of the patient:

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.....

Reason:
- Postoperative status:
  gastric bypass (N241846) / sleeve gastrectomy (N241780)
- Maintain lean body mass - Prevention of muscle loss
- Lifestyle adaptation

Please administer the following care: from 4-6 weeks postoperatively
- Core stability training, back training
- Strength training, cardio training
- MovementOnReferral coaching

A rate of: 2x/week
Duration: 18 sessions

Date: ..... / ..... / 20.....

Signature and stamp prescriber:

azdelta
Uw ziekenhuis.

Read all about it at www.ObesitasCentrumWestvlaanderen.be

Request for reimbursement of dietary costs before the procedure

For the attention of the hospitalisation insurer.

Name and first name of the patient:

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.....

As part of optimal pre- and aftercare for planned bariatric surgery, a very low-calorie ketogenic diet enriched with vitamins, minerals and high-quality proteins is recommended at our hospital. This diet is recommended for at least 1 to 2 weeks.

Indeed, scientific studies have shown that a 2-week diet leads to at least a 5% weight loss and a decrease in liver volume of between 5% and 20% (Caprio et al., 2019).

This results in greater weight loss after surgery (Kadeli et al. 2012), shorter duration of surgery and shorter hospitalisation time (Still et al. 2020, Giordano et al. 2014), less risk of complications (Weimann et al. 2017) and less loss of muscle mass afterwards, better wound healing and lower mortality (Sun et al. 2020).

Moreover, international guidelines indicate that the patient should consume at least 60-90 g of protein per day after surgery, preferably 1 to 1.2 g of protein/kg of ideal body weight. More than 85% of patients ingest less than 60 g of protein per day after surgery (Gesquiere et al. 2014). Therefore, it is recommended to take protein supplements after surgery.

These protein supplements taken before and after surgery thus serve to improve care around bariatric surgery and reduce costs in the long term. We therefore kindly request that you consider reimbursement for such products within your hospitalisation insurance (see the patient invoice, to be added as an attachment).

Date: ..... / ..... / 20.....

Signature and stamp prescriber:

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Notes

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