

دانشگاه علوم پزشکی و خدمات بهداشتی درمانی ارومیه

مرکز تحقیقات سلامت مواد غذایی و آشامیدنی

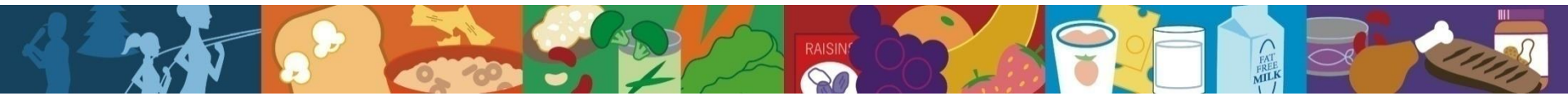
مدیریت تغذیه در انواع جراحی های چاقی

دکتر هادی عبدالله زاد

دکتری تخصصی (Ph.D) علوم تغذیه

استاد گروه علوم تغذیه

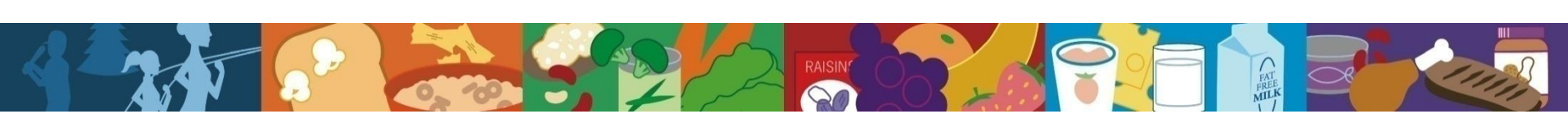




FOOD-DRUG-HERB INTERACTIONS

Common Drugs and Nutrition Implications

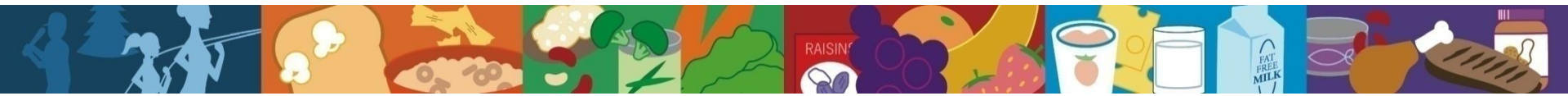




FOOD-DRUG-HERB INTERACTIONS

- Before surgery, the patient must stop the use of aspirin, ibuprofen (Advil, Motrin), vitamin E, warfarin (Coumadin), and any other drugs that affect blood clotting.
- Drugs may be used for managing the side effects of surgery.






NUTRITION EDUCATION, COUNSELING, CARE MANAGEMENT






Preoperative Evaluation

- Evaluate:
 - all weight-loss attempts and their outcomes
 - usual eating patterns and nutritional intake
 - frequency of eating away from home
 - cooking and shopping patterns
 - reasons and motives for bariatric surgery
 - knowledge about protein, vitamins, and minerals
 - awareness of signs of dehydration; and
 - food allergies and intolerances.
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Postoperative Education

- Protein is the priority. It must be eaten first and at each meal, with at least 60 g being consumed per day. Protein supplements may be needed.
 - Patients should stop eating at the first sign of fullness.
 - Meal intake should be 'A to '1/2 cup (4 to 8 tbsp).
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Postoperative Education

- It is essential that the patient eat and sip slowly, take small bites, chew food until liquefied, and limit snacking.
 - Discuss methods for blenderizing foods and adjusting recipes. Thinned baby food, low-fat and sugar-free milk shakes, thinned hot cereals, blenderized soups, vegetable juices, and sugar-free instant breakfast drinks are useful.
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Postoperative Education

- Discuss appropriate quantities and qualities of foods that will be consumed; overeating may stretch the stoma or cause dumping syndrome.
 - Increase awareness of mindful eating and satiety.
 - Close monitoring is essential to prevent rapid weight loss and subclinical and clinical nutritional deficiencies.
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Postoperative Education

- Emphasize the importance of nutritional supplementation, including calcium, vitamin D, iron, and vitamin B12 in addition to a daily multivitamin and mineral tablet.
 - The patient should avoid fasting, as it may cause hypoglycemia.
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Postoperative Education

- Promote adequate sleep, exercise, and lifestyle measures that support a sense of well-being. Encourage exercise to help with weight loss and self-esteem.
 - Discuss how to manage dumping syndrome by avoiding simple sugars.
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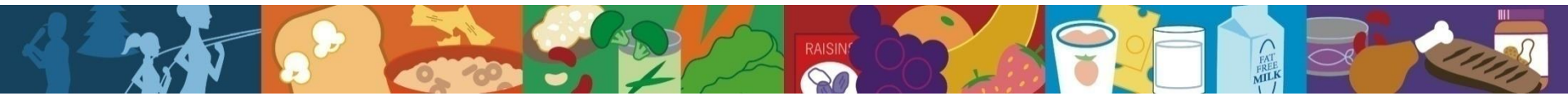
Postoperative Education

- Most patients lose a significant amount of weight and maintain their weight losses long term, thereby having an improved quality of life. Unfortunately, between 5% and 30% of patients lose little weight or are unable to maintain their weight losses postoperatively.
 - Monitor the patient for substance abuse.
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Postoperative Education

- Preconception and prenatal supplementation are critical for patients who have undergone bariatric surgery and want to have children. Deficiencies of iron, vitamin A, vitamin B12, vitamin K, and folate are associated with severe anemia, congenital abnormalities, low birth weight, and failure to thrive.
 - Encourage participation in a support group
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NUTRITION CARE PROCESS MINI CASE STUDY Inadequate Vitamin Intake






Assessment Data

- 35-year-old female with history of gastric bypass 6 months ago. She has been having difficulty with intake of protein foods; states she has difficulty chewing and swallowing them. She has not been taking prescribed vitamin-mineral supplement. BMI >50 before surgery; 6-month post-operation, BMI 48. Low serum B12 level. Recent complaints of tingling and numbness in extremities.
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Nutrition Diagnoses (PES)

- inadequate vitamin B12 intake related to inadequate intake and not taking vitamin-mineral supplement as evidenced by food and nutrition-related history, low serum B12 level, and symptoms of neurological changes (tingling in hands and feet)
Interventions
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Interventions

- Counseling: Promote use of acceptable sources of B12 while on the highly restricted bypass protocol. Discuss methods of cooking and preparing protein foods that will make them tolerable.
- Coordination of care: Collaborate with medical team and family members to emphasize improving the diet and lab work every 3

months.





Monitoring and Evaluation

- Monitoring: Use of vitamin-mineral supplements (pill count).
 - Evaluation: After 1 month: Has been using the prescribed vitamin supplements. Noted improvement in neurological symptoms; normalized vitamin B12 lab values.
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