

Longitudinal Management of the Metabolic and Bariatric Surgery Patient in Primary Care

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Disclosures

Eli Lilly, Speakers Bureau, Obesity

OBJECTIVES



1. Identify the metabolic and bariatric surgical procedures endorsed by the American Society of Metabolic and Bariatric Surgeons.
2. Recognize the pathophysiology of metabolic and bariatric surgery.
3. Recognize common risks associated with the different metabolic and bariatric surgeries.
4. Identify evidence based recommendations for patient monitoring after metabolic and bariatric surgery over time.



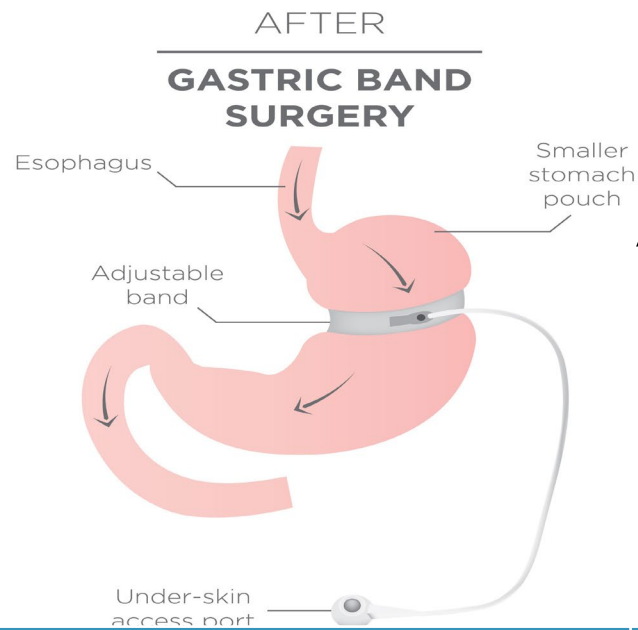
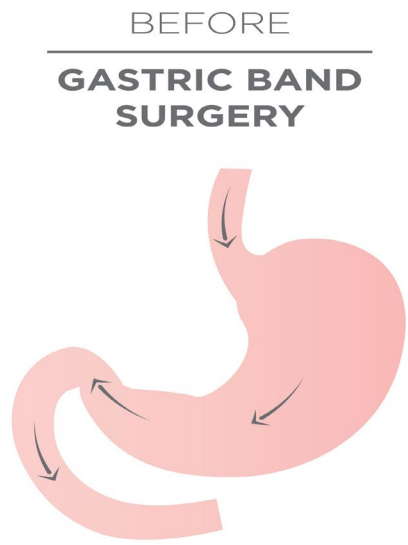
HISTORY OF METABOLIC AND BARIATRIC SURGERY

1. METABOLIC AND BARIATRIC SURGERY

- a. History
- b. Prevalence
- c. Review current guidelines

2. ASBMS ENDORSED SURGICAL PROCEDURES

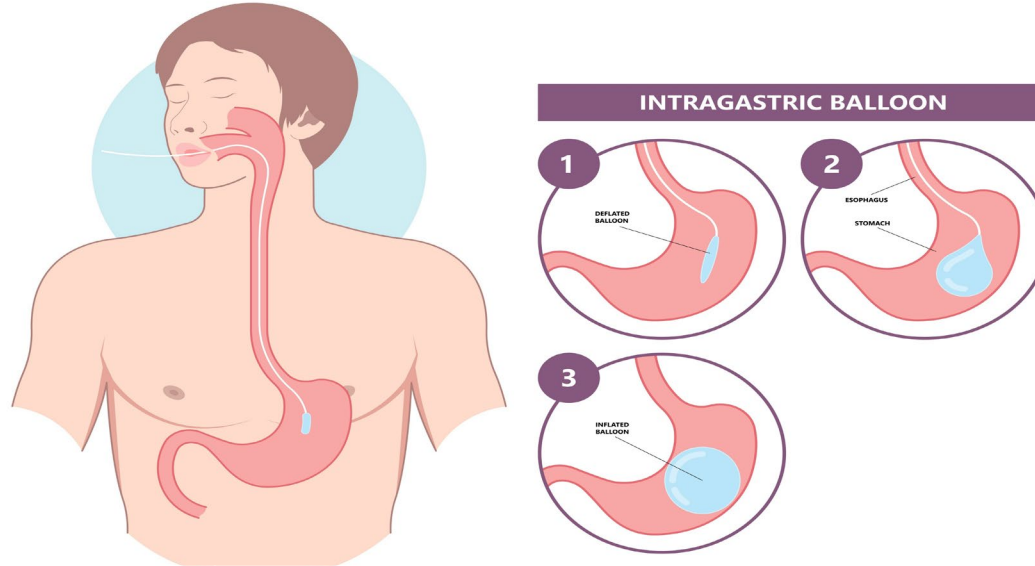
- a. Pathophysiology
- b. Expected weight reduction
- c. Non-weight related benefits
- d. Indications



Laparoscopic Adjustable Gastric Band

Device/ Procedure	Criteria	Side Effects	Contraindications	Outcomes	
Adjustable Gastric Band	<p>≥18 y.o.</p> <p>BMI ≥ 30 kg/m² w/ complications; BMI 35 w/o complications</p>	<p>Nausea, vomiting, reflux, dysphagia, delayed or unsatisfactory weight loss, band slippage, band erosion, port-site complications, device leaks, impaired lower esophageal sphincter relaxation, altered esophageal motility</p>	<p>Pregnancy, severe CHF, unstable CAD, end-stage COPD, CA, chronic pancreatitis, portal HTN, drug or ETOH dependence, severely impaired intellectual capacity, Crohn's disease, SLE</p>	<p>20-25% TBWL</p> <p>* Up to 25% of pts lose < 50% of EBW @ 5yrs</p> <p>* Up to 33% revision rate @ 9 yrs</p>	<p>-use with ILT</p> <p>-continued band adjustments</p> <p>- outpatient</p> <p>- reversible</p> <p>-less metabolic benefits</p>

Intragastric Balloon

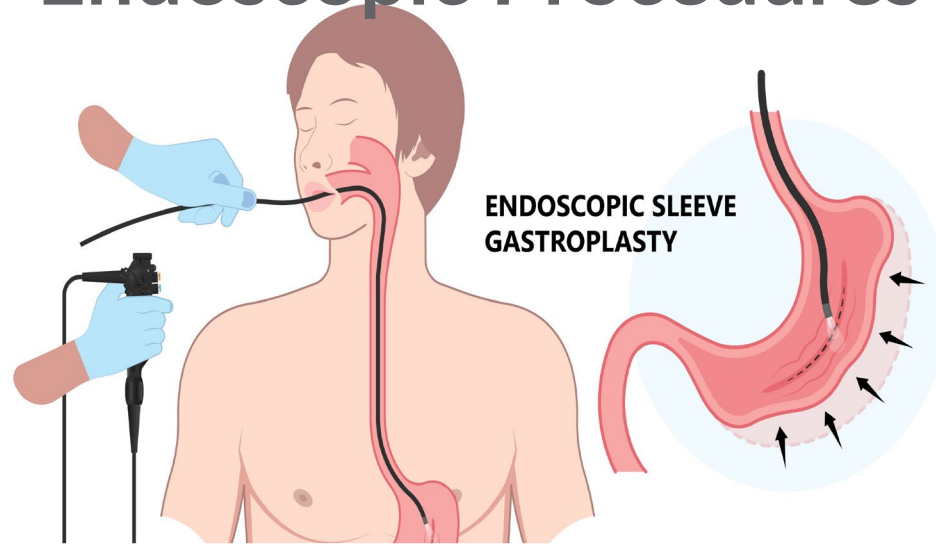


Device or Procedure	Criteria	Side Effects	Contraindications	Outcomes	
<ul style="list-style-type: none"> Intragastric Balloon swallowed or placed endoscopically and removed after 6 mos. 	<p>≥18 y.o. BMI 30 and ≤ 40 kg/m²</p> <p>≤6 mos tx duration</p>	<p>Nausea, vomiting, diarrhea, abdominal cramping, reflux, GI blockage</p>	<p>Pregnancy or breastfeeding GERD, esophagitis, hiatal hernia, IBD</p>	<p>10.2% @ 6 mos 9.1% @ 9 mos 7.6% @ 12 mos</p> <p>79.2% ≥5% TBWL 69.6% ≥7% TBWL 46.4% ≥10%</p>	<p>-use with ILT -PPI 5 d prior and during tx -Insurance coverage is a barrier</p>

Image: Purchased by Lori Wenz from Adobe Stock 1/6/24; <https://asmbs.org/resources/estimate-of-bariatric-surgery-numbers>; Apollo Endosurgery. (2015). ORBERATM Intragastric Balloon System. Retrieved January 9, 2024, from https://www.accessdata.fda.gov/cdrh_docs/pdf14/P140008c.pdf;

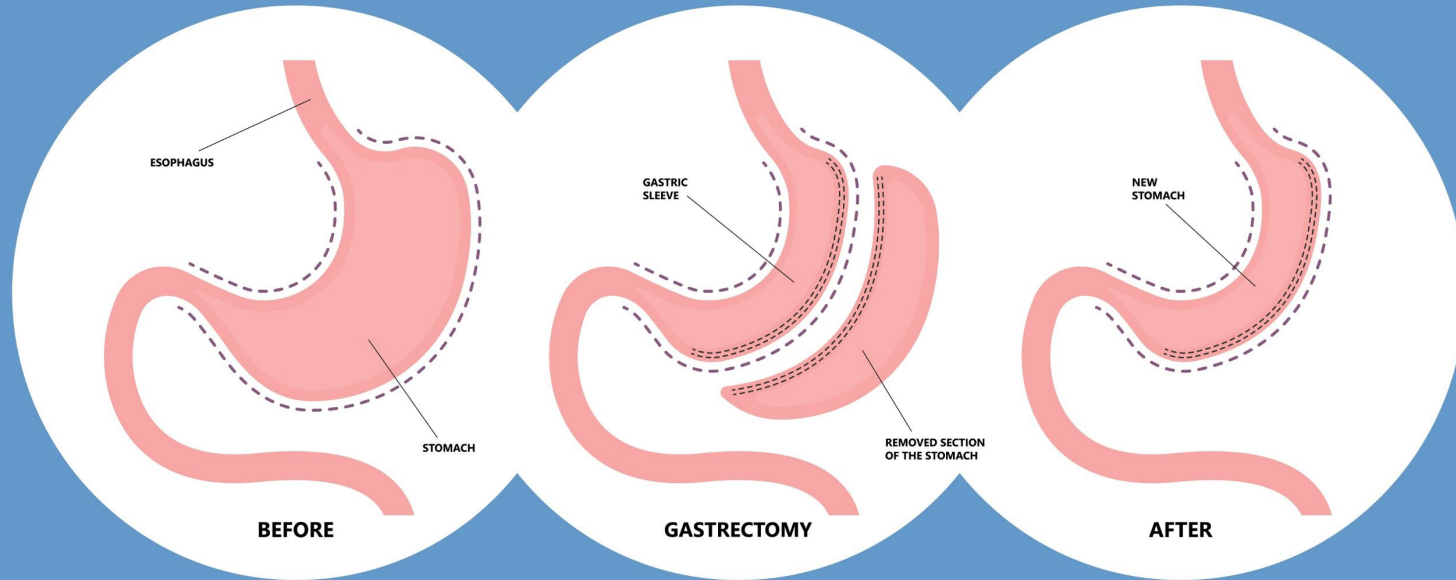
Clapp, B., Ponce, J., DeMaria, E., Ghanem, O., Hutter, M., Kothari, S., LaMasters, T., Kurian, M., & English, W. (2022). American Society for Metabolic and Bariatric Surgery 2020 estimate of metabolic and bariatric procedures performed in the United States. *Surgery for Obesity and Related Diseases*, 18(9), 1134–1140. <https://doi.org/10.1016/j.soard.2022.06.284>

FDA approved
2015/2016

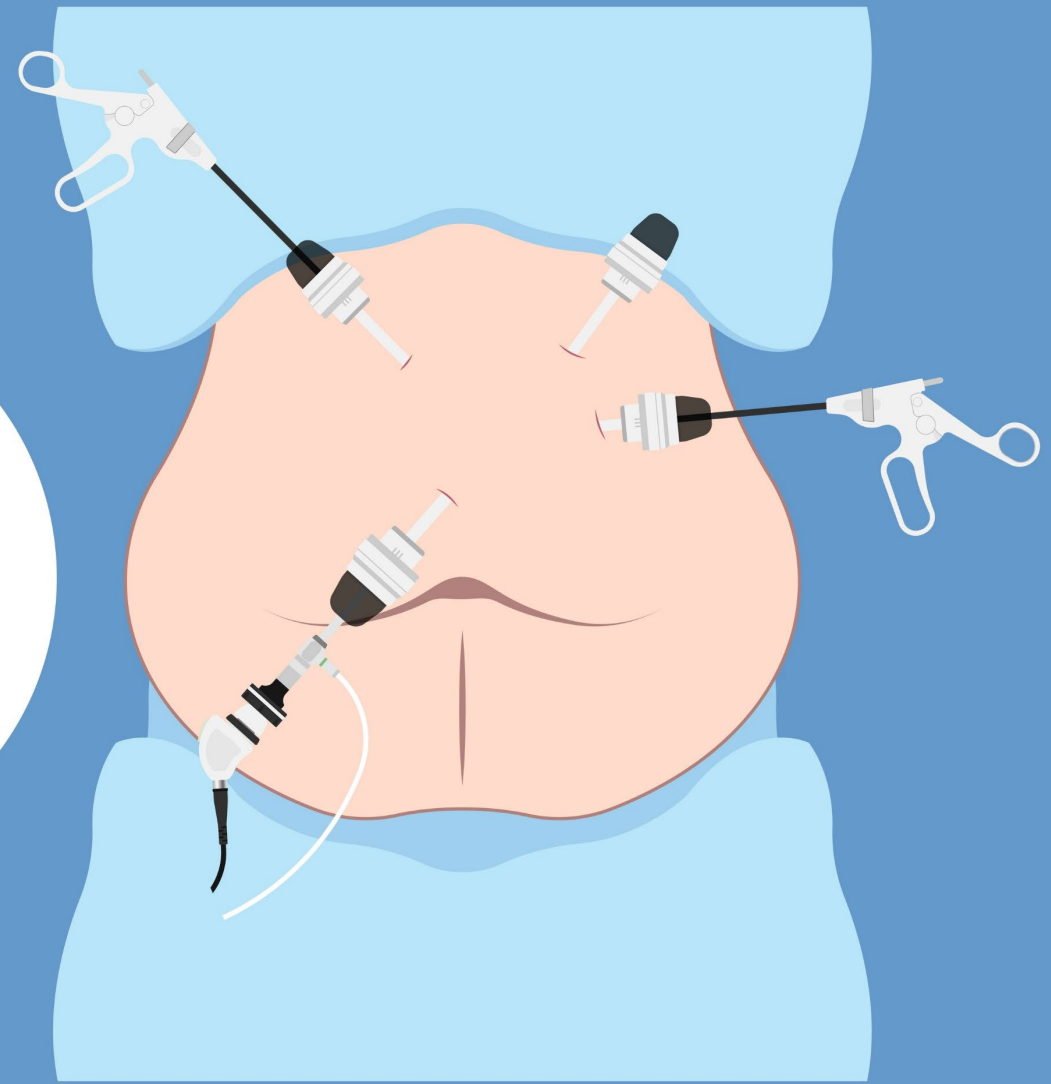


Device or Procedure	Criteria	Side Effects	Contraindications	Outcomes	
Endoscopic Sleeve	BMI 30-50	Nausea, bleeding, leak, pneumothorax, pneumoperitoneum; PE, reflux		13-20% TBWL @ 1 yr	<ul style="list-style-type: none"> -Combine w/ ILT -adjunct to LSG -less metabolic benefit than MBS -lower rates of readmission and adverse events than LSG

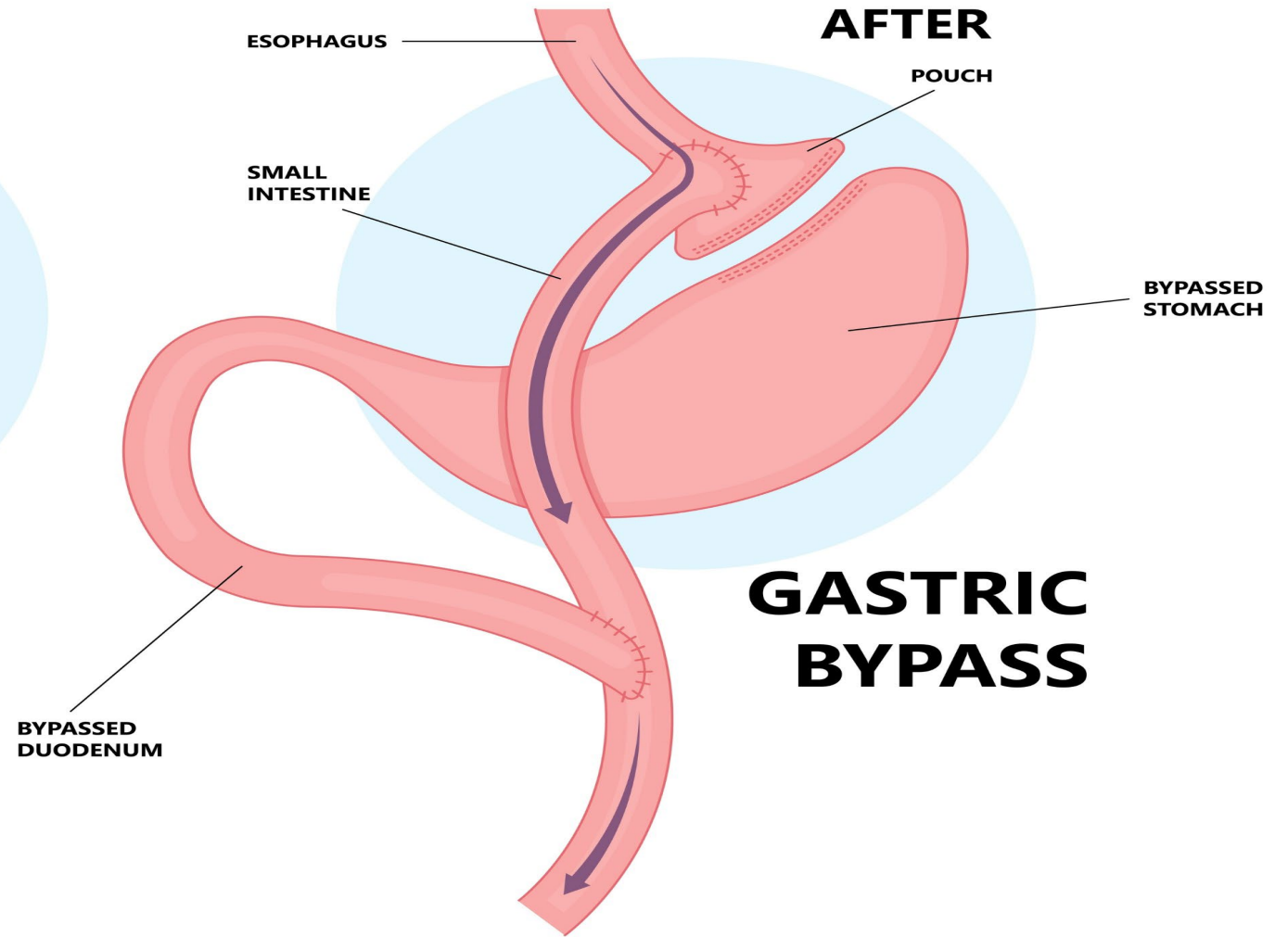
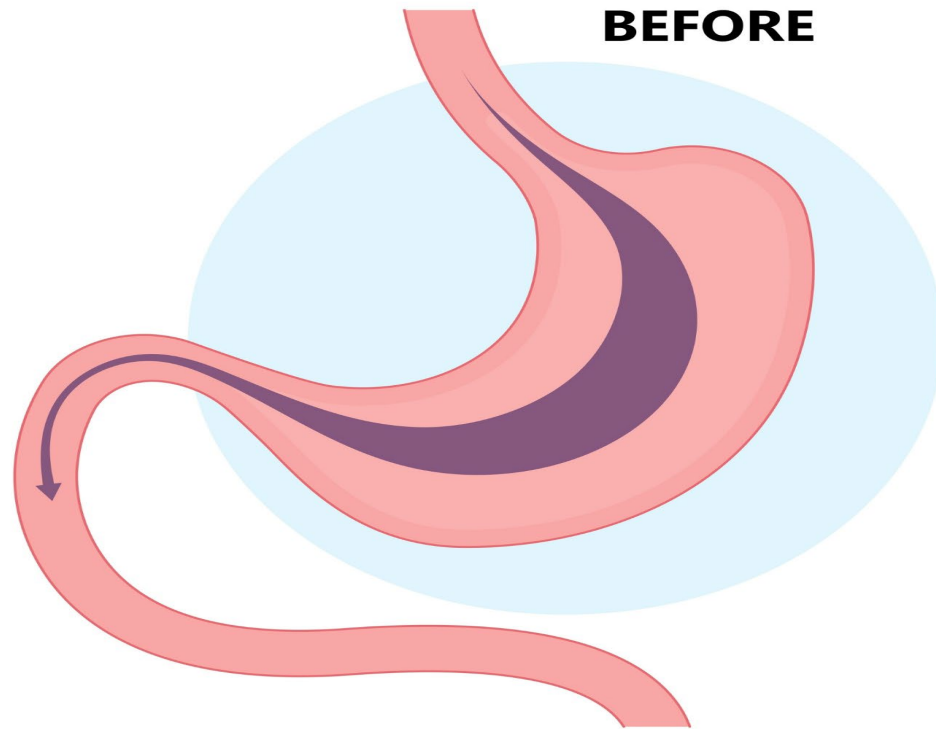
LAPAROSCOPIC SLEEVE GASTRECTOMY



20-25% TBWL

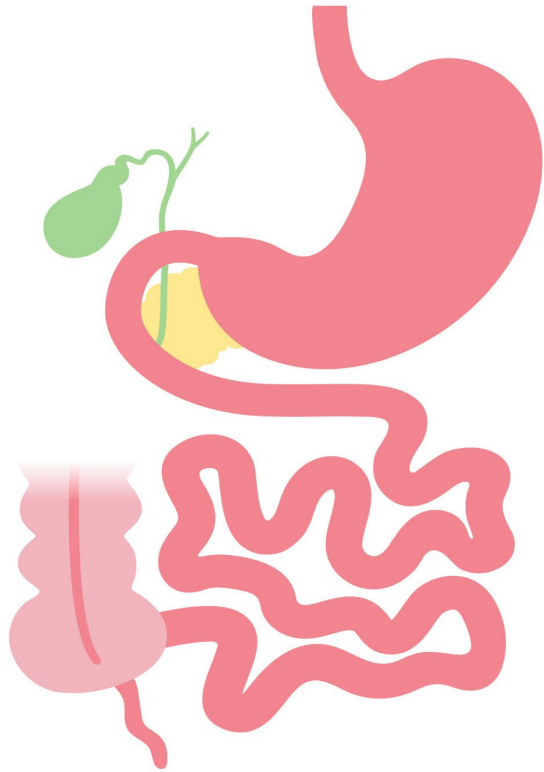


GASTRIC BYPASS SURGERY

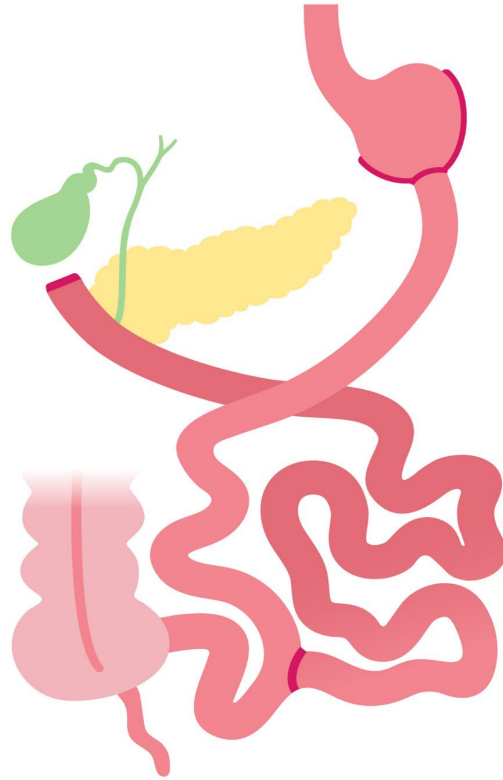


30-35% TBWL

NORMAL STOMACH



BILIOPANCREATIC DIVERSION



BILIOPANCREATIC DIVERSION
WITH DUODENAL SWITCH





WHERE TO BEGIN?

1. Overcoming the Barriers to Treatment
 - a. Patient and Clinician Barriers
 - i. Safety
 - ii. Perceived need
 - iii. Uncomfortable with discussion
 - iv. Insurance coverage
 - v. Understanding requirements
 - b. Understanding the risks
 - i. Risk calculator tools
 - c. Initiating the conversation
 - i. 5 A's
 - ii. Motivational interviewing
 - iii. Shared decision making tools

GETTING STARTED

1. Preoperative Considerations

a. Weight and weight related complications

i. Metabolic disease

ii. Cardiovascular risk

b. Psychological Evaluation

c. Nutrition Consultation

d. Cancer screening

e. Quality of life measures





MOVING FORWARD

Post-operative Management

a. 0-90 days

i. Complications

ii. Nutrition

iii. Medications and supplements

iv. Labs

b. 6- 12 months

i. Complications

ii. Nutrition

iii. Medications and supplements

iv. Labs

c. After the first year

i. Complications

ii. Nutrition

iii. Medications and supplements

iv. Labs

THANK YOU

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ABOUT US

Your ability to communicate effectively will leave a lasting impact on your audience

Effectively communicating involves not only delivering a message but also resonating with the experiences, values, and emotions of those listening



NAVIGATING Q&A SESSIONS

1. Know your material in advance
2. Anticipate common questions
3. Rehearse your responses

Maintaining composure during the Q&A session is essential for projecting confidence and authority. Consider the following tips for staying composed:

- Stay calm
- Actively listen
- Pause and reflect
- Maintain eye contact

DYNAMIC DELIVERY

Learn to infuse energy into your delivery to leave a lasting impression

One of the goals of effective communication is to motivate your audience

METRIC	MEASUREMENT	TARGET	ACTUAL
Audience attendance	# of attendees	150	120
Engagement duration	Minutes	60	75
Q&A interaction	# of questions	10	15
Positive feedback	Percentage (%)	90	95
Rate of information retention	Percentage (%)	80	85