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ENDOCRINE AND NUTRITIONAL MANAGEMENT AFTER BARIATRIC SURGERY

Bariatric surgery is an effective treatment modality for obesity. Roux-en-Y gastric by-pass (RYGB) seems to be the most successful approach in reaching therapeutical goals. The indications, contraindications, surgical techniques and the bariatric team characteristics have taken their place in recent guidelines and textbooks. The follow up which consists of the post surgical management has gained importance as the number of treated patients has started to grow. Nutrition in a patient with a gastric pouch volume of 30cc requires professional assistance. Food volume, texture, consistency and the frequency and duration of meals are major issues to deal with. After RYGB, screening and supplementation of deficiencies of iron, calcium, vitamin D, vitamin B₁₂ and folic acid are essential. Steatorrhea induced by malabsorptive procedures can lead to deficiencies of vitamins A and K. Bone mineral density should be checked annually. Medical issues during the first postoperative year include vomiting, hypokalemia, hypomagnesemia, dehydration, hair loss and gall stone formation. During the second postoperative year B₁₂ and iron deficiency, ulcers and abdominal pain may develop. Vitamin D deficiency, hypocalcemia, secondary hyperparathyroidism, osteomalacia and hypoglycemia are the longterm metabolic complications.

References:

1. Fujioka K. Diabetes Care 2005; 28(2): 481-484.
2. McMahan MM et al. Mayo Clin Proc 2006; 81(10 suppl): S34-S45
3. Bult MJF et al. Euro J of Endocrinol 2008; 158:135-145.
4. AACE Bariatric surgery guidelines. Endocr Pract 2008; 14 (Suppl.1): 1-83.
5. Smith BR et al. Endocrinol Metab Clin N Am 2008; 37(4): 943-964.
6. Heber D et al. J Clin Endocrinol Metab 2010; 95:4823-4843.

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