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Case Report,

Multidisciplinary Follow Up In Bariatric Surgery – The Key for Effective and Long-Time Postoperative Result

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Among different therapeutic strategies that are considered for obesity, like diet and change of lifestyle, bariatric surgery is considered as a last resort option, especially for patients suffering from morbid obesity. The surgery is intended especially for patients with comorbidities and quality of life impaired by excess weight and who meet the eligibility criteria defined by the guidelines. Bariatric surgery was developed in the early 1950s to treat obesity. Since then, a number of operative techniques with different mechanisms have emerged, but the interventions that pass the time test are gastric bypass (BPG) and sleeve gastrectomy (SG). Around the world, the number of patients who benefit from this type of intervention is increasing significantly from year to year (1).

Is important a correct preoperative assessment of the patients concerning the psychological consultation and evaluation of the patient's motivation for surgery and weight loss and his capability to follow the postoperative instructions from the team. The compliance of the patient to the postoperative plan must be well defined before the surgery and the patients well selected. This aspect is even more important in case of bariatric surgery in adolescents with severe obesity. (4) For this reason a good preoperative assessment is important for the result. The compliance to treatment is validating in order to minimize the risk of nutritional deficiencies and associated potential complications. Obesity emphasized the importance of a minimum of 2 years follow-up in the bariatric surgical service and recommended that following discharge from the surgical service, there should be annual monitoring as part of a shared care model of chronic disease management. (5)

With persistence, motivation and modifications of lifestyle, positive results are obtained by the patients. However, when it comes to lose more than half the weight to get a normal body mass index (BMI), bariatric surgery can be a quick alternative. A great loss of weight is obtained during the first months after the intervention and patients benefit from a postoperative follow-up with a nutritionist or dietitian, in order to learn to eat a balanced diet and to change their lifestyle. The surgeon is also an important part of the team. The multidisciplinary follow up can provide support to the patients in order to obtain effective long-term results. The role of the general practitioner has also to be emphasized: clinical visits and follow-ups should be monitored and coordinated with the bariatric team, including the surgeon, the obesity specialist, the nutritionist and mental health professionals. (2)

Because nutritional problems can develop at any time and patients who has had bariatric surgery must be aware since the preoperative period of common symptoms that might indicate nutritional deficiencies. The team will identifies possible micronutrient deficiencies, gives instructions concerning the adaptation of drugs and illustrates possible adverse outcomes, such as excessive weight loss, insufficient weight loss and weight regain after bariatric surgery. (3) Close collaboration between the multidisciplinary team and the patient is important if the gastrointestinal symptoms, as pain, diarrhoea and dumping occur; the team will provide treatment options.

In addition to individual dietary and psychological support, it should consider the support offered by family and social difficulties post-surgery. This may include actively engaging family and friends in preoperative preparation and postoperative interventions. (6)

The multidisciplinary work team is indispensable for the long term result of the bariatric surgery and each patient should have a personalised strategy. The general practitioner and family must be considered as a complementary support.

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