Bariatric Surgery Webinar 1 - Dec 8, 2015 Outstanding Questions

These are the additional questions not able to be addressed during the webinar.

Question	Answer
Anything on LPL activity following the rapid weight loss?	It appears that subcutaneous lipoprotein lipase activity decreases 1 year after surgery (RYGB). http://www.ncbi.nlm.nih.gov/pubmed/19455372
What about people using insulin pumps? Will they continue to use them if needed?	Patients with type I diabetes on insulin pumps would still require a pump after surgery (if they have insulin-dependent diabetes) but may require less insulin.
Why do some centers test for Vitamin A and others not?	All centres across Canada follow different recommendations. In Ontario, the Ontario Bariatric Network (OBN) Bariatric Surgical Task Force has included vitamin A as a recommended biochemistry test for pre-surgery measures and post-op at 6 months, 12 months and annually. However, each hospital's (Bariatric Centre of Excellence or Regional Assessment & Treatment Centre) biochemistry laboratory has budget allowances for restricted testing and the hospital may not have a budget to measure vitamin A. Our centre has been using community labs to measure vitamin A instead. I'm not familiar with all the policies at other hospitals/centres across Canada, maybe someone else reading this has more insight.
Could you please explain what is the EOSS system to assess obesity?	EOSS is the Edmonton Obesity Staging System, which is a measure that describes "how sick" a patient with obesity is rather than solely relying on BMI which only tells us "how big" someone is or "how at risk" someone is for developing chronic diseases such as obesity, diabetes, hypertension, etc. The EOSS stages follows the progression of chronic diseases from 0 (no disease) to stage 4 (end-stage diseases). It is a much better measure for clinicians AND patients as you can improve health outcomes without much weight loss plus it is more realistic for goal setting than solely using BMI. NOTE: BMI should really only be used to determine risk factors and monitor population epidemiology, NOT to be used as weight goals for patients. Refer to the links below. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3185097/pdf/183e1059.pdf http://www.drsharma.ca/edmonton-obesity-staging-system.html http://www.obesitynetwork.ca/5As
I've had a couple of post-op patients who are not taking their supplements due to financial reasons, is there any screening for this and is there any coverage to help with this?	Yes, most centres that offer bariatric surgery undergo a comprehensive screening/assessment prior to surgery which includes an assessment by a social worker that addresses financial supports. Patients that are identified as high risk for post-op financial constraints (including supplement compliance) typically need to have social supports (i.e. ODSP/Ontario Works/Trillium, etc), however every province is different. Some vitamins can be prescribed by a PCP and are covered (i.e. vitamin B12 injections, calcitriol, and iron salt derivatives), however multivitamins are essential and are not typically covered. Bariatric Advantage has a partnership with the Obesity Action Coalition (OAC) for patients unable to afford supplements. Providers can fill out this form online (http://www.bariatricadvantage.com/page/oac), however it is American and may not qualify for Canadians. I typically order samples of bariatric supplements from Unjury.com; Bariatric Advantage or Celebrate Vitamins for our clinic in cases where patients can't afford supplements. You can also check with your local centre and ask the social worker for other resources or their pre/post-op recommendations.
Are there published Canadian guidelines for weight loss	Yes and No! No Clinical Practice Guidelines specific for bariatric surgery in Canada, however here are some resources available in Canada. Canadian Diabetes Association CPG 2013 – Chapter 17 (Weight Management) http://guidelines.diabetes.ca/browse/chapter17#sec6

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surgery vs the ASBMS?	Bariatric Surgery in Canada (2014): https://secure.cihi.ca/free_products/Bariatric_Surgery_in_Canada_EN.pdf Canadian CPG on the Management and Prevention of Obesity in Adults and Children (2006): http://www.cmaj.ca/content/176/8/S1.full.pdf+html Nutrition Guideline: Bariatric Surgery for Adults (2012): http://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ed-cdm-ns-5-6-3-bariatric-surgery-for-adults.pdf Check the Canadian Obesity Network for ongoing resources: http://www.obesitynetwork.ca/clinical-guidelines
In the case study, Michelle, once her issues were corrected and she was achieving improved health, should she arguably not be encouraged to proceed without surgery? Just thinking of Health at Every Size paradigm shift.	Most programs should encourage patients to make health improvements and live a healthy life at any size however size is not the only reason patients should have surgery (arguably, size should not be a reason for surgery at all as it is a form of discrimination). This is why assessing the EOSS (Edmonton Obesity Staging System) should be used to assess their health and stage of a particular chronic disease(s). If Michelle had an EOSS stage 0 or 1, then YES she should be encouraged to proceed WITHOUT surgical intervention, however with higher EOSS stages (2-3), surgery is her best option. I believe the HAES paradigm can be used at all stages of the EOSS, however HAES has yet to publish evidence (RCT's) looking at the its effect on patients with chronic diseases (all the studies I've seen excluded participants with diabetes, CAD, dyslipidemia, depression or endocrine disorders). The HAES principals (link below) is a great framework for health providers to care for all patients, however some of our patients need drastic and sometimes controversial treatment options to stay alive. Bariatric surgery can be looked at no different than hemodialysis for CKD or using insulin for advanced type II diabetes. It's a treatment option that can be life-saving for some patients but we need to help our patients monitor HEALTH and Quality of Life measures, not weight or body size. http://www.sizediversityandhealth.org/images/uploaded/ASDAH%20HAES%20Principles.pdf
Is there any good resources which describe how the surgery is positively affected by alterations in gut hormones? Also anything to talk about how set point (wt) is affected with surgery?	There is endless literature on the hormonal changes affected by surgery. Here are just a few; if you want more, email me. *Beckman, L. M., Beckman, T. R., & Earthman, C. P. (2010). Changes in gastrointestinal hormones and leptin after Roux-en-Y gastric bypass procedure: a review. [Review]. J Am Diet Assoc, 110(4), 571-584. http://www.ncbi.nlm.nih.gov/pubmed/20338283* *Pournaras, D. J., & Le Roux, C. W. (2009). The effect of bariatric surgery on gut hormones that alter appetite. [Review]. Diabetes Metab, 35(6 Pt 2), 508-512. http://www.ncbi.nlm.nih.gov/pubmed/20152735* *le Roux, C. W., Welbourn, R., Werling, M., Osborne, A., Kokkinos, A., Laurenius, A., & Olbers, T. (2007). Gut hormones as mediators of appetite and weight loss after Roux-en-Y gastric bypass. Ann Surg, 246(5), 780-785. http://www.ncbi.nlm.nih.gov/pubmed/17968169* *Ochner, C. N., Gibson, C., Shanik, M., Goel, V., & Geliebter, A. (2011). Changes in neurohormonal gut peptides following bariatric surgery. [Review]. Int J Obes (Lond), 35(2), 153-166. http://www.ncbi.nlm.nih.gov/pubmed/20625384* As for Weight Set Points; yes there is also quite a lot of evidence but start with some of the links here: https://www.youtube.com/watch?v=FncRa72tizc http://www.drsharma.ca/?s=set+point

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Is it possible to participate in bariatric surgery in remote locations? More specifically the pre op assessments? Or would the patient have to relocate?	I'm not familiar with all the options across Canada, however I know that many remote locations in Ontario (i.e. Northern Ontario) can access a Bariatric Centre of Excellence (BCoE) or Regional Assessment and Treatment Centre (RATC) and typically have some pre-op post-op evaluations completed by OTN (Ontario Telemedicine Network). Patients do not need to relocate. Check with the closest centre to you to inquire about their pre/post-op processes.
How do you measure zinc status?	Tune into webinar number 2 and 3! (or email me directly if you need to know before the next webinars).
Are micronutrient deficiencies always discussed with supplements (as opposed to whole food)?	After bariatric surgery (RYGB, SG, BPD-DS particularly), micronutrient deficiencies are often too difficult to treat and/or prevent with food alone. Supplements are necessary and negating to use supplements can cause permanent and sometimes life threatening deficiencies. Webinar #2 and #3 will review these. It's important that dietitians use whole food as a form of macronutrients/energy, pleasure and functional properties of food (i.e. healing, satiety, etc.) but some micronutrients are essential via supplementation due to the malabsorptive nature of these surgeries.
Why do patient need to be smoke free for 6 months and remain smoke free for life?	**All patients should quit smoking and be smoke free for life.** Smoking is detrimental to one's health and can cause series complications in a population that is already at high risk for infections, leaks, VTE, ulcers, etc after bariatric surgery. With the RYGB and SG, smoking can cause marginal ulcers, poor wound healing, pneumonia and other respiratory complications, CVD and mortality. Most centres have specific recommendations which typically range from 3-6 months pre-operatively. Please refer to the CPG for Bariatric Surgery and the references within for specifics of smoking pre/post-op: (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4140628/pdf/nihms614563.pdf)
How do you address low-income/food insecure clients who are otherwise eligible for surgery?	Our social workers address clients that have low-income. Contact your local centre for specific resources or email me and I'll put you in contact with our social workers.
Would someone with a mild intellectual disability ever be approved for bariatric surgery?	Yes, patients are typically assessed by a psychologist for capacity to consent and the whole bariatric team works with the patient, their family, supports and the community to ensure surgery is appropriate for them. It might take a bit longer for someone with an intellectual disability to be ready for surgery, however we make sure the patient's benefits for surgery outweigh the risks.
Where can we learn more about a nutrition-focused physical exam to identify nutritional deficiencies?	Stay tuned for Webinar #2 and #3. I will be discussing just that!!! (How to conduct a nutrition-focused physical assessment). And yes, there have been discussions around such a course with DC (again, stay tuned!!). I will have resources on conducting a NFPA in the next webinars but if you require sometime sooner, email me.