

Gastric banding patients should closely monitor nutrition following surgery

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Patients who have had bariatric surgery may need to take dietary supplements and pay closer attention to their nutritional intake, a UT Southwestern Medical Center study suggests.

The study, published in the *Journal of Investigative Medicine*, tracked a group of gastric banding patients and found that despite nutritional counseling over a three-month period, most still did not meet recommended daily requirements for important nutrients such as protein, vitamin D, and calcium.

"Our study clearly shows that there are issues regarding nutritional intake in gastric banding patients. They may need not only supplementation, but also counseling and constant evaluation," said Dr. Abhimanyu Garg, Chief of the Division of Nutrition and Metabolic Diseases at UT Southwestern and senior author of the study.

Overweight individuals should weigh the nutritional impact risks of <u>bariatric surgery</u> vs. the procedure's benefits in eliminating obesity and related diseases, Dr. Garg said. At UT Southwestern, bariatric patients are carefully screened, counseled, and monitored to guard against nutritional problems in post-operative care.

"Bariatric surgery and the lifestyle changes necessary for continued success are serious lifelong commitments," said Dr. Michael J. Lee, Assistant Professor of Surgery and Director of Metabolic and Bariatric Surgery at UT Southwestern. "Dr. Garg's study reinforces the



importance of careful patient selection and education in choosing banding, sleeve, or bypass in addition to continued follow-up."

UTSW's bariatric program, which offers all types of weight-loss surgery, has been designated a Bariatric Surgery Center of Excellence by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program.

Of the three types of laparoscopic weight-loss surgery – <u>gastric banding</u>, Roux-en-Y gastric bypass, and sleeve gastrectomy – banding currently accounts for about 10 percent vs. sleeve gastrectomy, 60 percent, and gastric bypass, 29 percent. At the time of the UTSW study, banding accounted for nearly half of bariatric procedures.

According to the American Society for Metabolic & Bariatric Surgery, about 150,000 to 160,000 bariatric procedures are performed annually in the U.S. That's a slight decline from a peak of 220,000 surgeries in 2009, but still up from 103,200 in 2003. The surgery, which typically costs \$11,500 to \$26,000, may or may not be covered by insurance.

"Over the past 10 years, the popularity of bariatric surgery has escalated. In banding surgery, it's presumed there aren't as many nutritional precautions needed as with some more invasive bariatric surgery options," said Dr. Garg.

But what the study showed is that many banding patients are prone to nutritional deficiency post-surgery, despite taking supplements and receiving nutritional counseling. Gastric banding surgery involves placing an adjustable band around the top part of the stomach to create a small stomach pouch. Because their stomach pouches are smaller, banding patients eat less and often miss important nutrients.

While there were some improvements in nutrition over the test period,



the group of 23 study participants still had nutritional deficiencies of concern. At least 86 percent did not meet recommended requirements for calcium and vitamin D. In addition, many participants were slightly anemic at 12 weeks.

In order to keep their bodies healthy after bariatric <u>surgery</u>, Dr. Garg offered this advice:

- Consume more protein-rich foods to meet the body's daily protein requirement and to increase the intake of vitamins and minerals as well.
- Include fatty fish in the diet to increase the intake of omega-3 fatty acids.
- Consume more fruit, vegetables, whole grains, and nuts to boost dietary fiber intake.
- Replace saturated and trans fats with vegetable oils such as canola and olive oil to increase intake of monounsaturated fat.
- Limit processed foods to reduce sodium intake.

Provided by UT Southwestern Medical Center

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