



2nd Annual Conference

Building Healthy Saskatchewan Communities:
Advancing Chronic Disease Prevention & Management

June 3rd to 4th, 2010
Conexus Arts Centre
Regina, SK

Outcomes of the RQHR Bariatric Surgery Assessment Pre-Surgical Program

On the weigh down

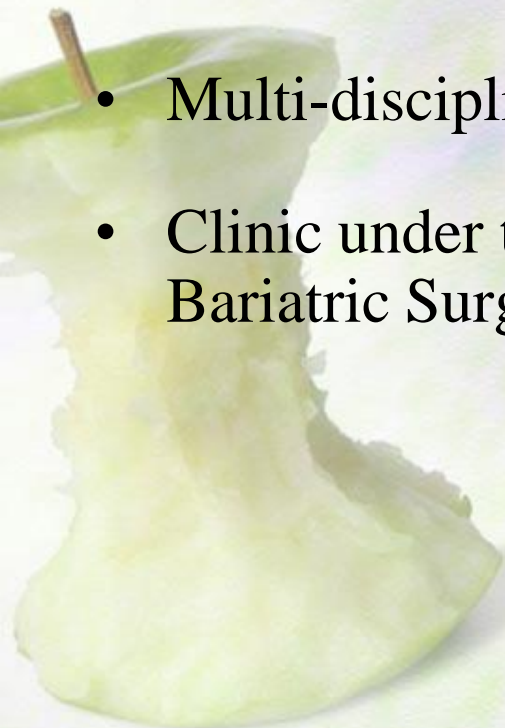
Allison Kapp, RD, Clinical Nutrition Services

Stephanie Cook, MSc., RD, Manager Clinical Nutrition Services and

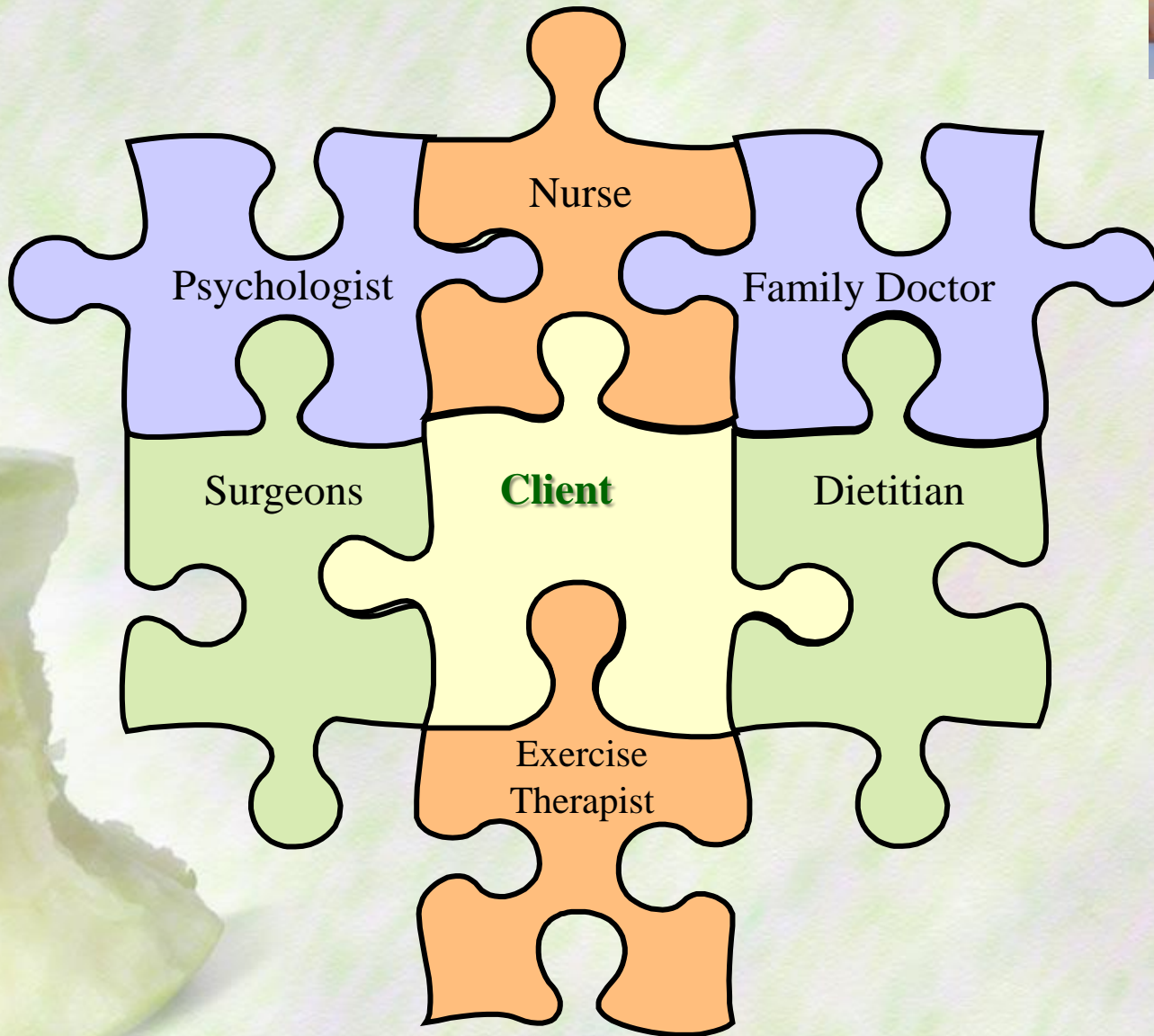
Ali Bell, MSc. Research and Performance Support

RQHR Bariatric Surgical Assessment Clinic

- February 12, 2008 –announcement of a new Bariatric Surgical Assessment Clinic in Regina
- Began as a 15-month pilot project, RQHR partnered with Allied Health Centre and now a permanent program
- Multi-disciplinary approach
- Clinic under the direction of a RQHR General Surgeon qualified in Bariatric Surgery for obesity treatment

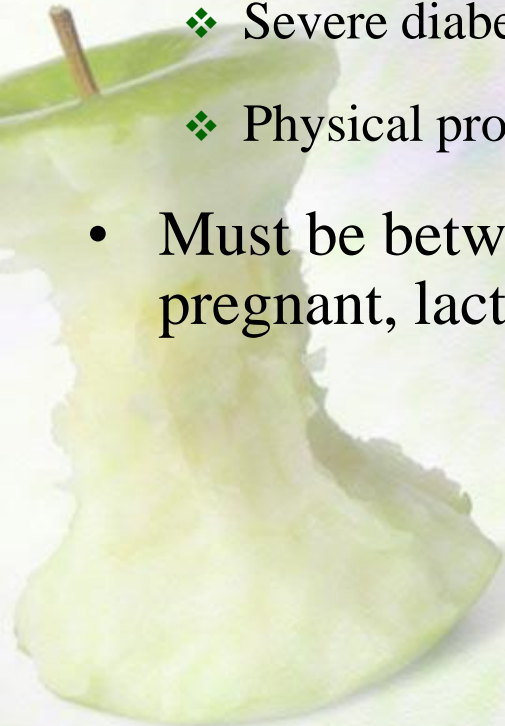
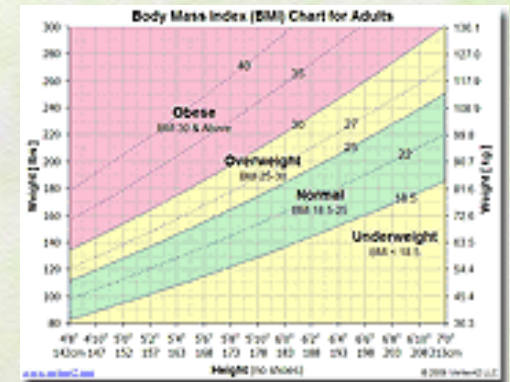


Team Members



Who is Eligible?

- BMI between 40-60, or between 35-40 with two or more co-morbidities such as:
 - ❖ Cardiopulmonary problems
 - ❖ Severe sleep apnea
 - ❖ Severe diabetes mellitus
 - ❖ Physical problems interfering with lifestyle
- Must be between ages 18-60 years, non-smoker, cannot be pregnant, lactating, or become pregnant



Who is Eligible?

- History of failed non-surgical attempts at weight reduction
- Commitment expectation that patient will adhere to postoperative care:
 - Follow up visits with physician(s) and team members
 - Recommended medical management, including use of dietary supplements
 - Instructions regarding any recommended procedures or tests



Exclusion criteria:

- Reversible endocrine or other disorders than can cause obesity
- Current drug or alcohol abuse
- Uncontrolled, severe psychiatric illness
- Lack of comprehension of risks, benefits, expected outcomes, alternatives and lifestyle changes required with bariatric surgery



The Program

Referrals screened by surgeon



declined



Assessed by surgeon, accepted and seen by team for
initial assessment



Seen by team at 2 months, 4 months and 6 months

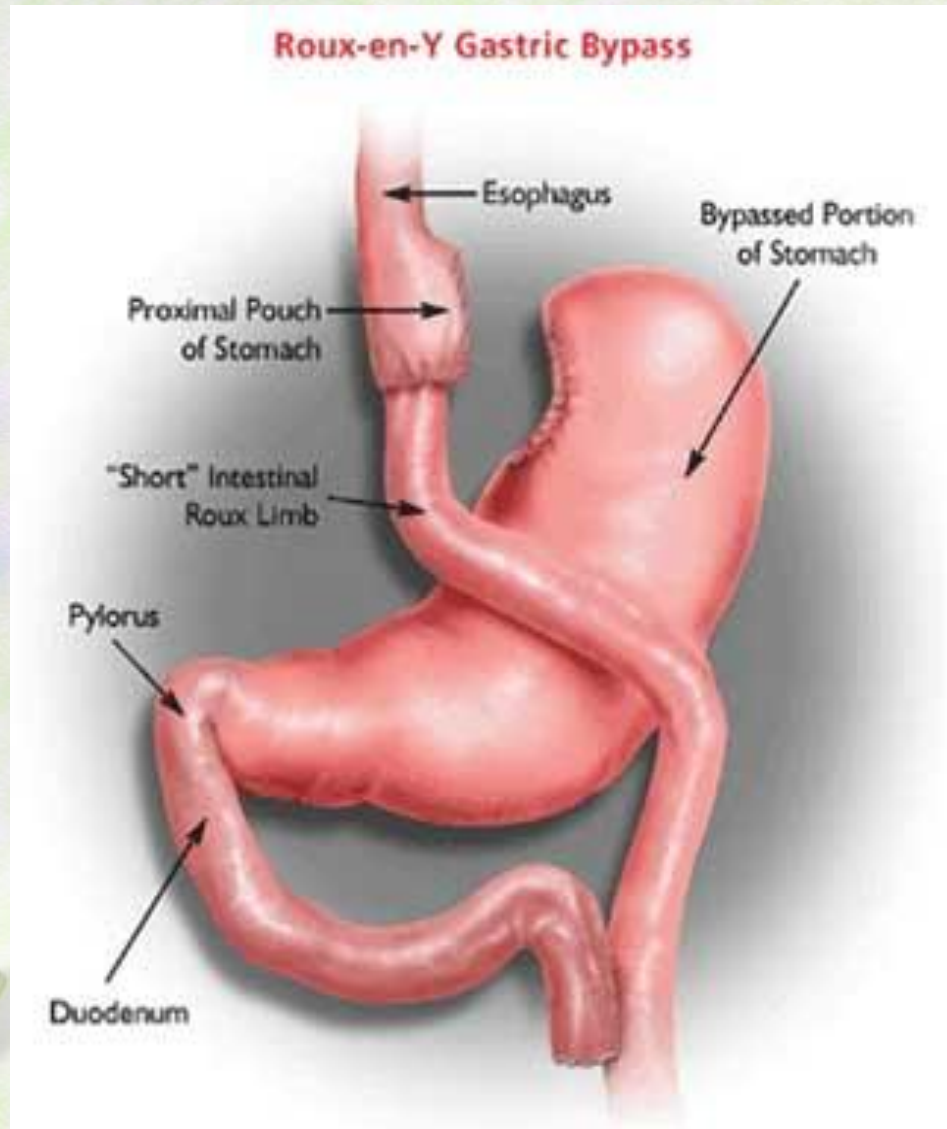


Successfully complete program, lose or maintain weight



Meet with surgeon again, and
make a decision regarding
surgery

Roux-en-Y Gastric Bypass



Psychology

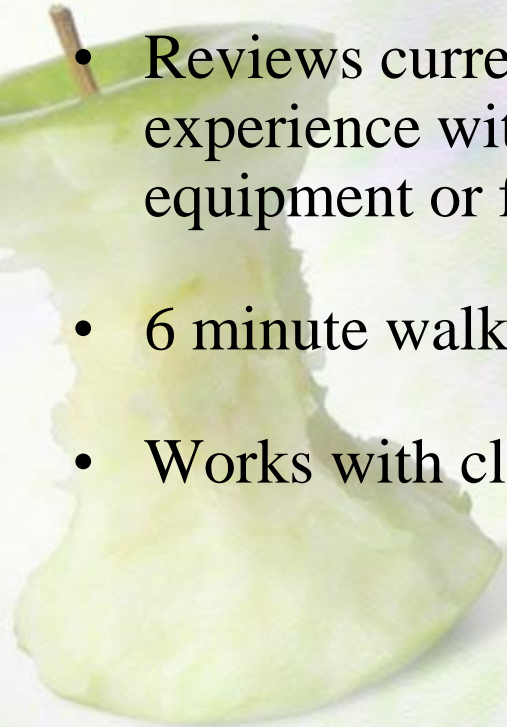


- The purpose of the assessment is to obtain a complete history to develop a plan and make appropriate referrals for further care or treatment.
- Patients are asked to complete a number of questionnaires at the initial assessment and the responses are reviewed during the interview.
- The assessment focuses on previous weight loss attempts, social history, social support, psychiatric history, current psychiatric diagnosis, binge eating (including cues that relate to eating patterns, i.e. stress) and barriers.
- Baselines are established for mood/anxiety and reassessed at each follow up.

Exercise Therapy



- Reviews Par-Q for areas of concern (especially heart problems, diabetes, or bone and joint issues) that might be exacerbated with exercise.
- Suggests referrals to other health professionals as indicated.
- Reviews current physical activity levels, explores clients past experience with physical activity, what activities they enjoy and the equipment or facilities that are available to them.
- 6 minute walk test and Sit-and-Reach test.
- Works with client to establish goals for increasing physical activity.



Dietitian

- Calculate energy requirements to allow for a weight loss of 1-2 lbs per week.
- Learn about patient's previous weight loss attempts and weight history.
- Assess other eating behaviors/lifestyle factors.



Dietitian



- Assess current nutrition knowledge.
- Explain the impact of the surgery on diet and lifestyle.
- Instruct on how to keep food records, track energy intake, or carb count (if diabetic).



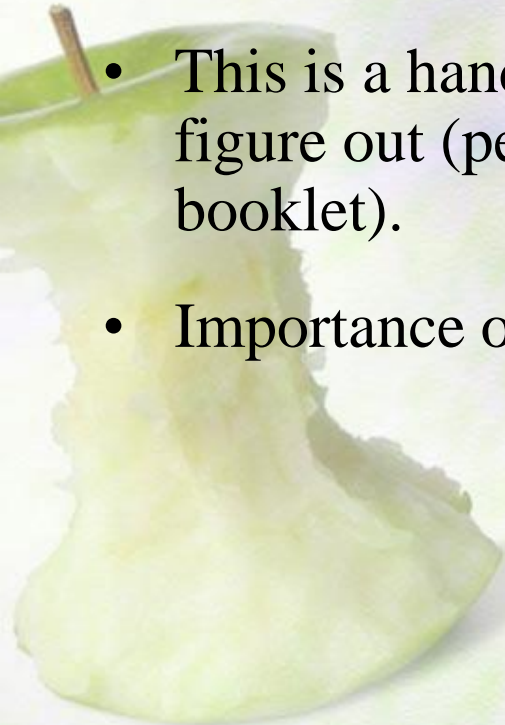
Group Education Sessions

- One hour group education session at 2 months and 4 months, prior to individual assessments with team.
- Class #1: Content includes weight loss expectations, importance of self monitoring, eating techniques, diet restrictions, supplements post-op and other side effects (cold intolerance, hair loss).



Group Education Sessions

- Class #2: Builds on skills required for success post op.
- Patients are taught how to calculate the protein content of foods and how to read food labels.
- Food high in protein reviewed.
- This is a hands on class, patients are given protein problems to figure out (pencils, calculators, digital kitchen scale, NVSCF booklet).
- Importance of starting exercise prior to surgery is reinforced.



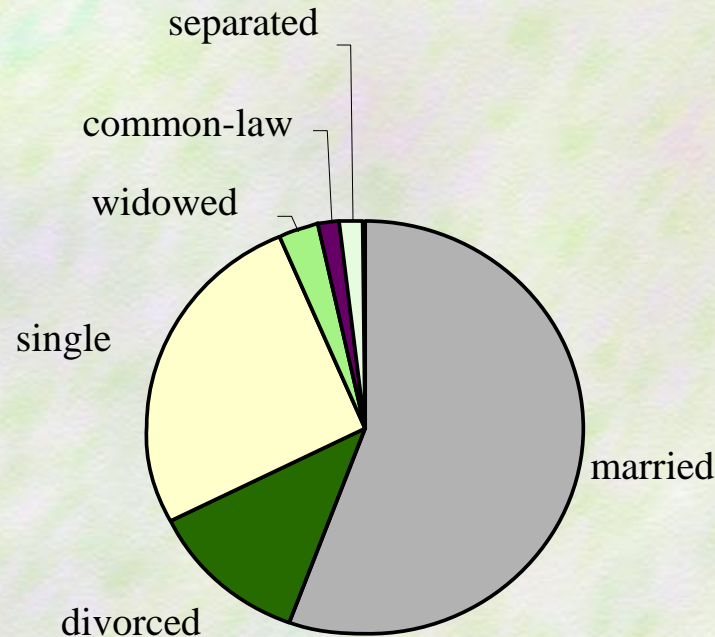
Grocery Store Tour

- With help from Medical Media, a grocery store was filmed and put on DVD.
- Currently played in the waiting room when new patients, post-op patients and pre-op patients are there for clinic.
- Brings the tour to the patient!

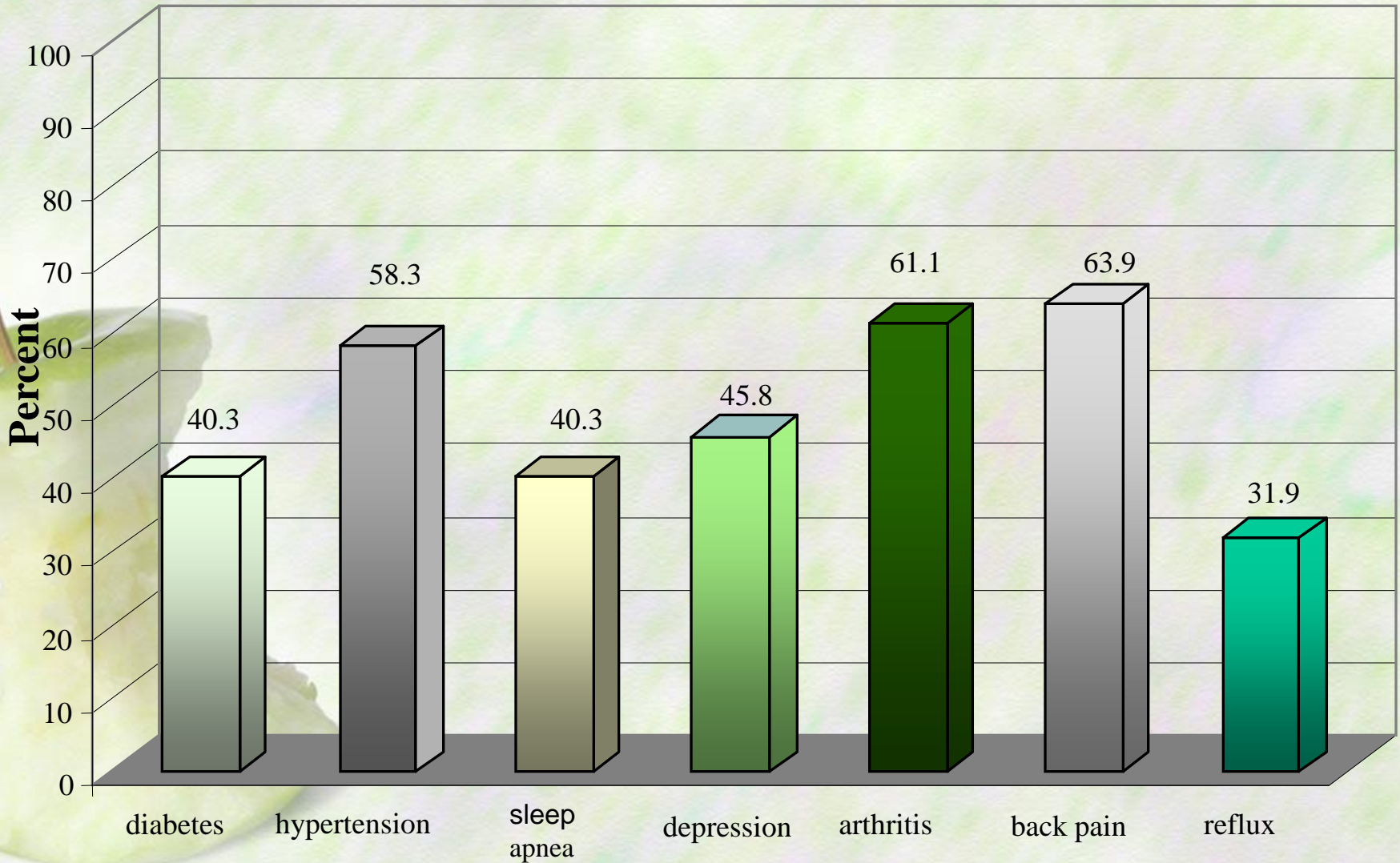


Demographics on Admission to Program (n= 72)

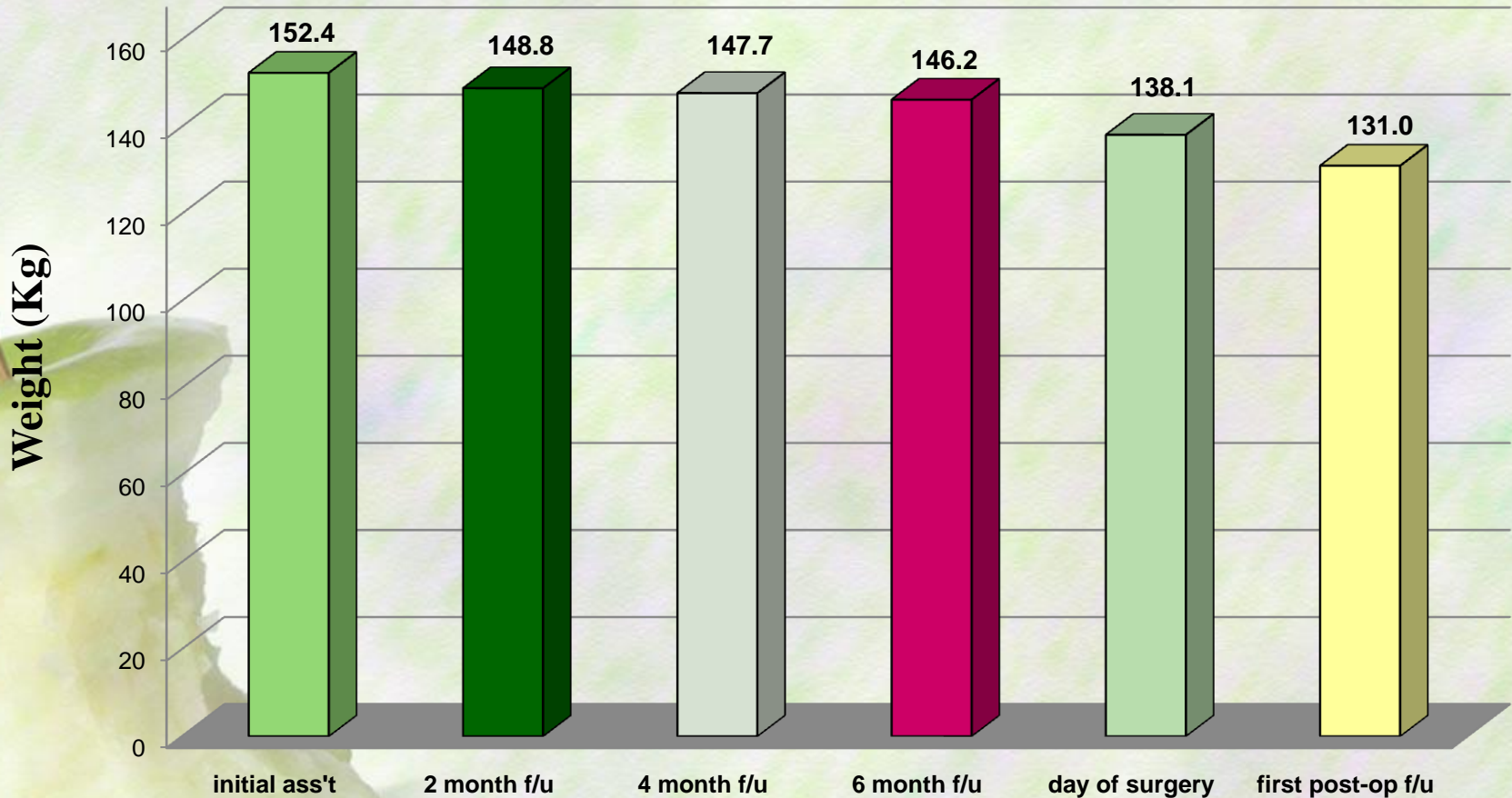
- 53 (74%) of clients were female and 19 (26%) were male
- Average age = 45.2 years (+/- 8.9 years)
- Mean weight on admission to program = 150.8 kg (+/- 24 kg)
- Mean BMI = 53.0 (+/- 7.4)
- Marital Status:



Client Demographics: Self-reported co-morbid conditions (n = 72)



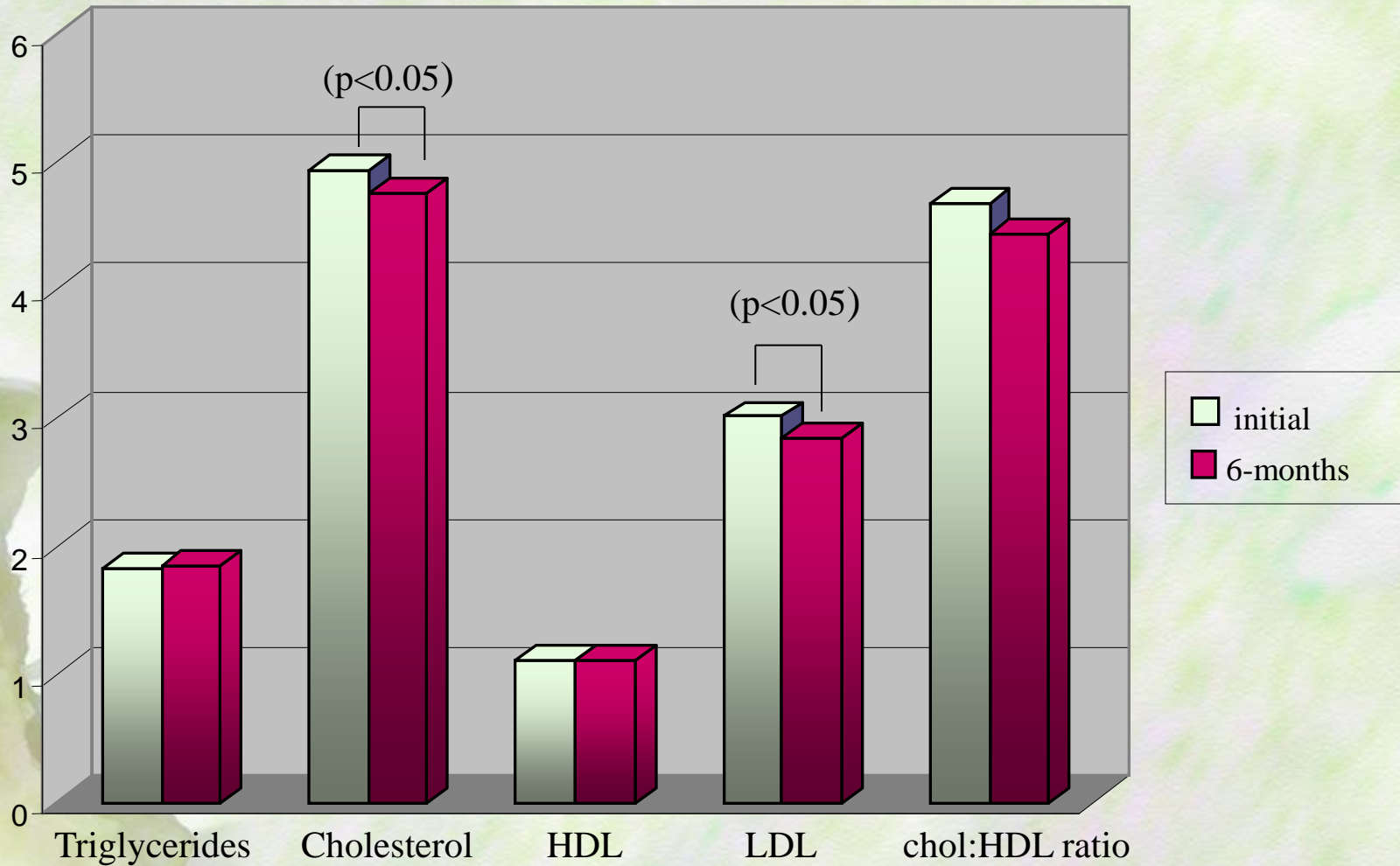
Changes in Weight (n=44)



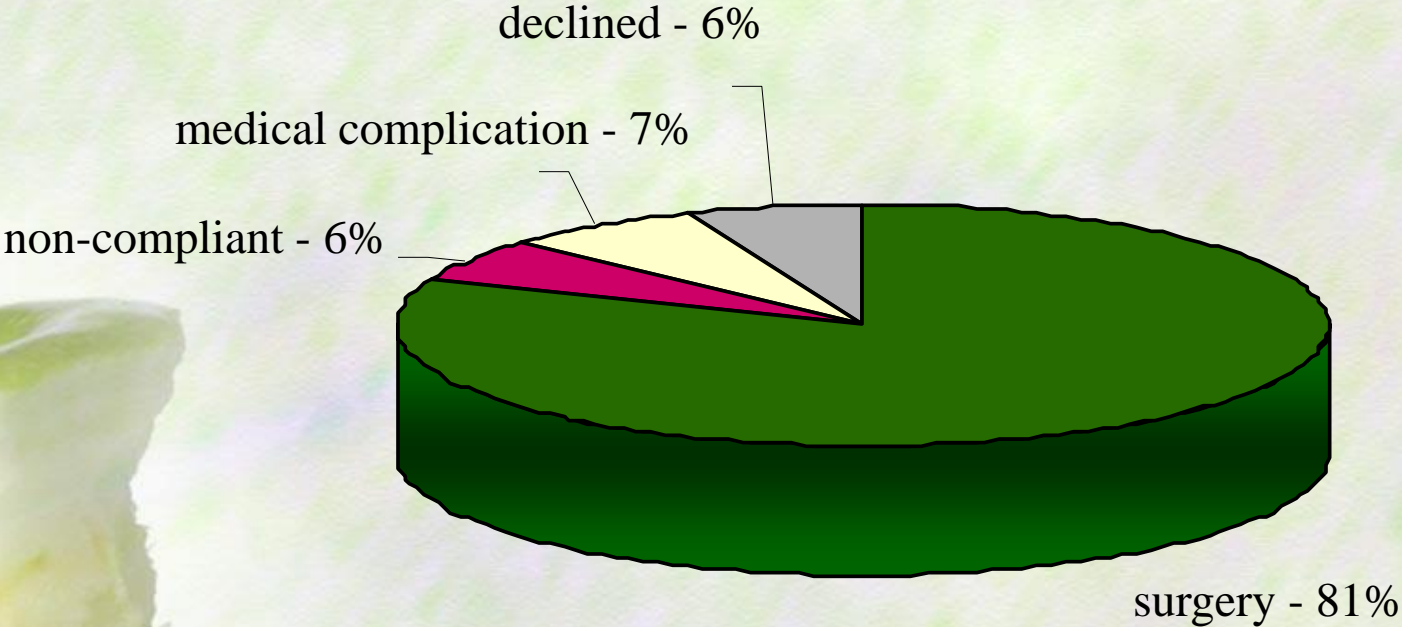
Significant difference exist between all time points with the exception of 2- and 4 -months. The difference between 4 and 6 month f/u was significant to $P < .05$, between 2 and 6 month $P < .005$. All other data points were significantly different at $P < .001$.

Lipid Data – baseline and 6-months (n=72)

mmol/L

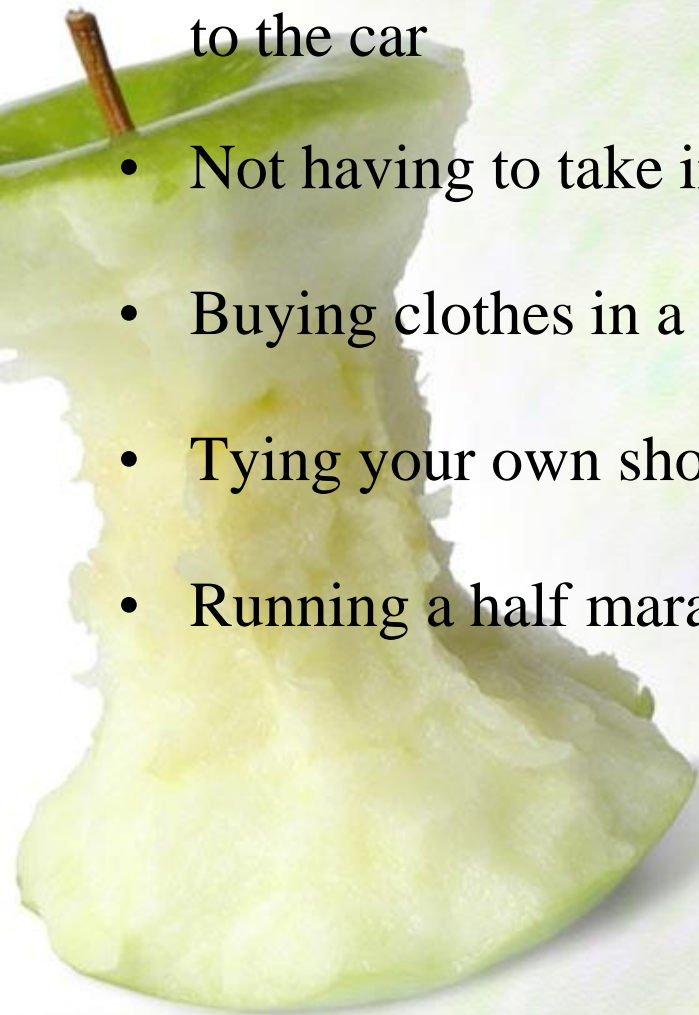


Program Outcomes (n = 72)



Success

- Walking from the car to the store, around the store and back to the car
- Not having to take insulin 4x a day
- Buying clothes in a regular store
- Tying your own shoes
- Running a half marathon



Acknowledgements

- The clients of the bariatric assessment clinic
- Dr. G. Kaban and Dr. S. Pooler, Bariatric Surgeons
- Dr. Regan Shercliffe, Psychologist
- Jillian Wilmot, Psychology Student
- Sam Morrison, Registered Nurse
- Pat Lee, Exercise Therapist



Questions?





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