



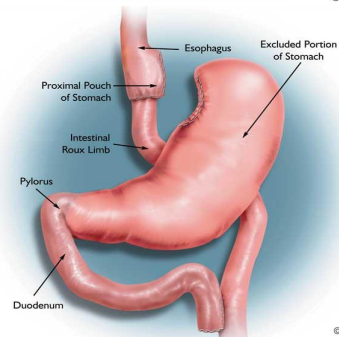
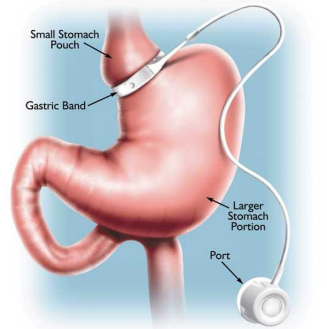
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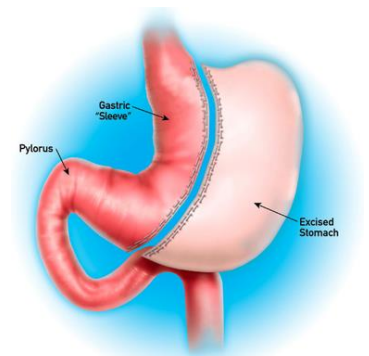
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Bariatric Case Presentations



Nerissa Walker

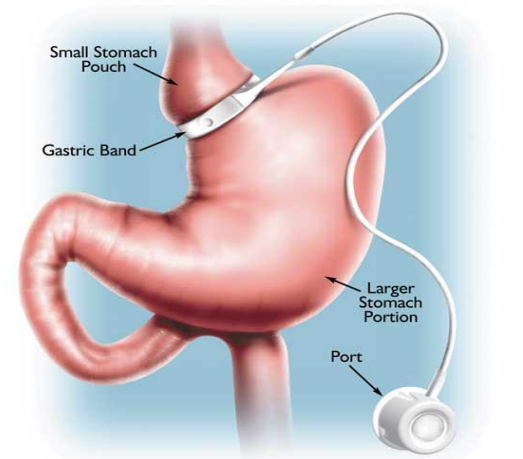
Specialist Dietitian for Bariatric Surgery

Case Scenario 1

A patient with a gastric band attends your clinic, complaining of a 5-7 day history of frequent, intermittent vomiting and acid reflux.

What would you check with the patient?

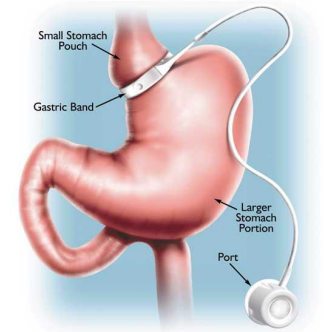
What would you advise?



Case Scenario 1

Questions to ask:

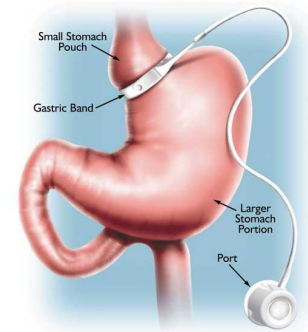
- Duration of symptoms
- How much and what type of food and fluids they are tolerating or not tolerating
- Can the patient identify anything that may have triggered the vomiting? such as stuck food, norovirus or chest infections, recent gastric band adjustment.
- Are they taking any antacids?



Case Scenario 1

Symptoms highly likely to be attributed to an over-restricted gastric band, caused by either:-

1. Band slippage
2. Self tightening
3. Poor dietary compliance
4. Over-restriction since last adjustment

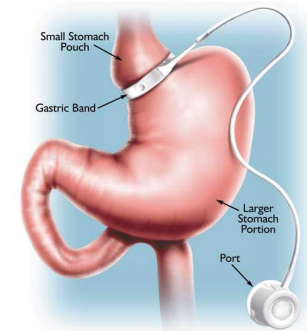


Advise patient to telephone their bariatric centre directly, so the band can be loosened/emptied or send/fax a referral letter.

Case Scenario 2

A patient with a gastric band presents with excessive weight loss, 'indigestion' and abdominal pain after food/fluid.

What would you advise?

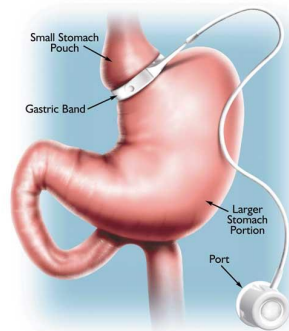


Would you consider a referral to the bariatric surgery service?



Case Scenario 2

- Exclude the gastric band as the cause of the symptoms first.
- Gastric band may be over restricted/slipped/eroded. May need loosening or emptying.
- Advise patient to contact bariatric service or fax urgent referral to arrange band assessment/adjustment.

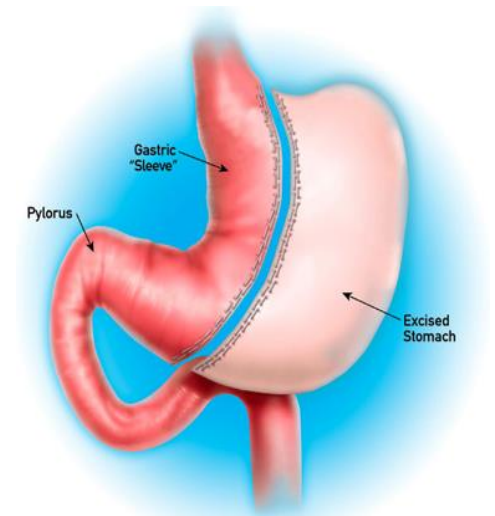


Case Scenario 3

A patient who had a sleeve gastrectomy 3 years ago has their annual nutritional blood levels checked. The results show:-

PTH of 90nmol/l, normal adjusted calcium
Vitamin D of 45nmol/l.
Ferritin 9ug/L

- What would you check?
- What would you advise?



Case Scenario 3



What to check with the patient:-

- Previous PTH, vitamin D, calcium and ferritin levels.
- Is the patient taking nutritional supplementation including calcium and vitamin D, iron and are they compliant?
- Compliance with complete A-Z multivitamin and mineral, are they taking daily? (Forceval or OTC)
- Is there scope to increase their dietary calcium and iron intake?

Case Scenario 3

For additional nutritional supplementation consider prescribing:-

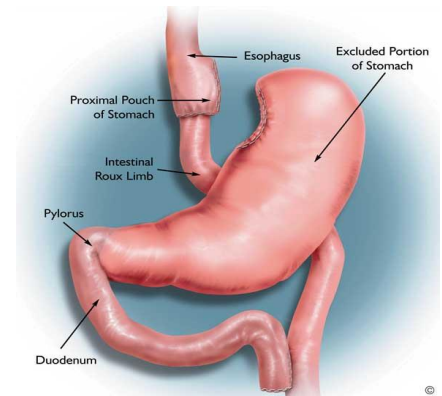
- Calcium and vitamin D supplement such as Adcal D3, Calcichew D3, Calceos 500mg bd
- Iron fumerate (210mg tds) or iron sulphate (200mg tds)
- Avoid taking calcium and iron together
- Recheck blood levels and compliance at 3-4 months.
- If levels are corrected, maintain supplementation

Case Scenario 4

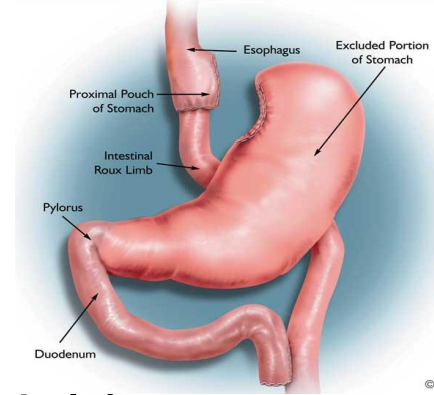
A patient who presents in your clinic with weight regain following gastric bypass surgery 5 years ago.

The patient has requested a referral to the bariatric surgeons to discuss revisional surgery.

- What would you discuss and advise?



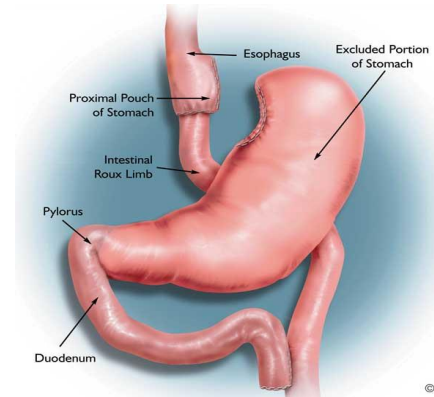
Case Scenario 4



Patient assessment:-

- Weight history. Determine amount of weight regain.
- Determine what the patient attributes to their weight gain.
- Are they following the appropriate advised gastric bypass diet and activity?
- Has the patient had counselling or psychology support?

Case Scenario 4



Unlikely patient needs surgical review!

Revisional surgery for weight regain is not funded.

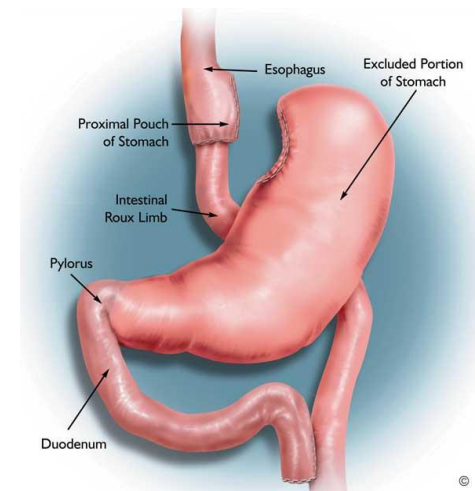
Consider:-

1. Referral back to bariatric centre or tier 3 service for a dietary review and advice.
2. Local psychology/counselling referral
3. Activity referral/advice

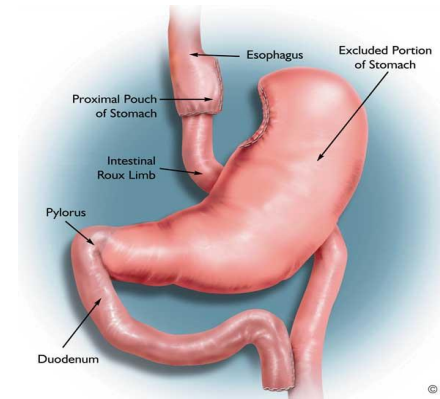
Case Scenario 5

A patient had gastric bypass surgery 3 years ago. They are describing 'funny dos' which include palpitations, light headiness, fatigue. They do not have diabetes.

- What would you check?
- What would you advise?



Case Scenario 5



Patient assessment:

- Frequency/length of each episode?
- Specific triggers or pattern to symptoms?
- Are they consuming foods or fluid with high sugar contents, which seem to be related to the onset of the symptoms?
- Do they have a regular meal pattern or are they missing meals?

Case Scenario 5

- Symptoms are likely to be either:-
 - Dumping syndrome
 - Reactive hypoglycaemia



Advise patient to keep food and symptom diary.

Referral back to bariatric centre for dietary review/advice





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Any Questions?

