



It's a Marathon Not a Sprint: Optimizing MBS Outcomes via Effective Aftercare

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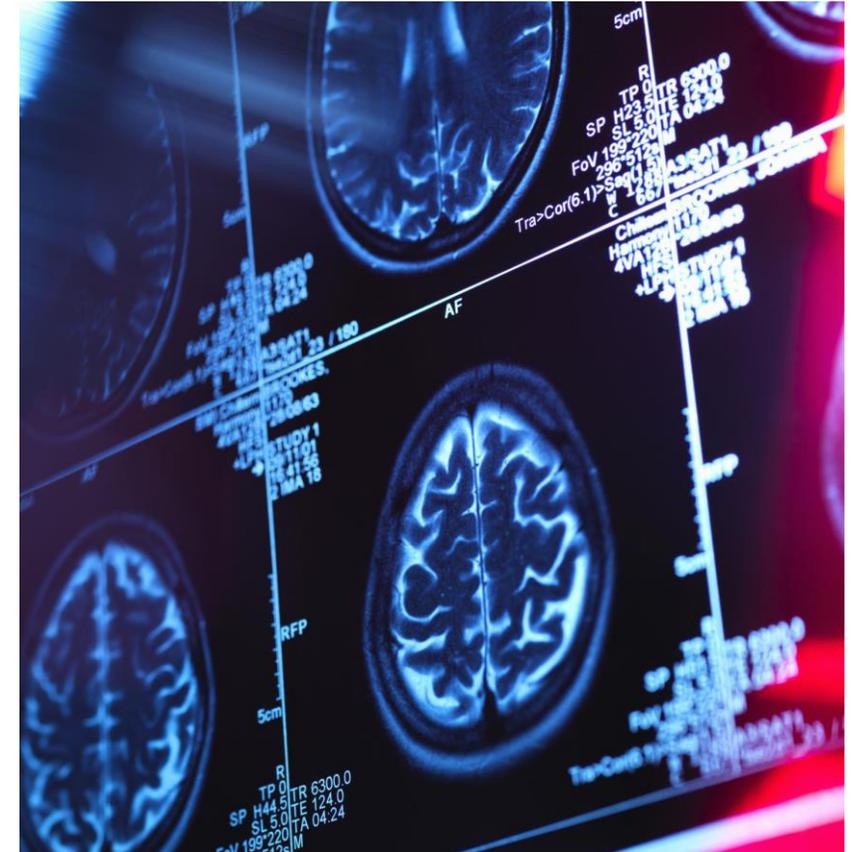
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DISCLOSURES

Co-authors of BariEDucated: An Integrated Health Guide for Dietitians and Behavioral Health Specialists Caring for Bariatric Surgery Patients.

Why is this an Important Topic?

- 15-35% of MBS patients do not reach their expected weight loss goal (Cadeno-Obando et al., 2020).
- Lack of follow-up results in greater complications and higher rates of weight recurrence.
- Patients often neglect follow-ups if they have had weight recurrence (Himmelstein et al., 2022).
- Over 10% of bariatric surgeries are patients seeking revisions (ASMBS, 2020).
- “The surgery changed my stomach, not my brain!”
- Aftercare is preventative medicine!



The Research Says...

- Continuous psychological support is associated with enhanced long-term outcomes (Parretti et al., 2018).
- Group therapy is effective for clients postoperatively (Eik-Nes et al., 2021; McVay et al., 2012; Saunders, 2004).
- A 2013 study found support groups were such a positive influence, participants were twice as likely to adhere to regular activity (Dikareva et al., 2013).
- A systematic review of the effectiveness of psychosocial interventions postoperatively (Van Zyl et al., 2020), showed improvements in psychological well-being and weight loss maintenance, compared to baseline measures and/or controls.
- Therapeutic continuity with the RDs is identified as being one of the most vital integrative health relationships for patients to maximize their success (Aarts et al., 2017).
- Working with a dietitian who specializes in MBS reduces prevalence of diet-related hospital readmissions, improves nutritional status, and results in greater resolution of obesity-related comorbidities, less nutrition-related complications, and a higher percentage of weight loss (Parrott et al., 2020).





Components of Aftercare

Medical follow-ups

Nutritional counseling

Hospital-based support group

Individual counseling

Group counseling

Specialized workshops

Common Postoperative Psychological Issues



Disordered eating
Eating disorder relapse



Untreated/undertreated mental health
concerns



Postoperative addiction



Sleep problems

Reasons for Poor Follow- Through

Self-sabotage

Periods of high stress/life transition

Decreased motivation following
“honeymoon phase”

Dissatisfaction with results

Burnout

Inadequate support

Behavioral Health Interventions

- Individual counseling to address untreated mental health conditions: depression, trauma, eating disorders, addiction, etc.
 - Engage in motivational interviewing to improve behavioral adherence
 - Negotiate relationship and lifestyle changes, other adjustment issues
 - Improve/maintain self-care and self-compassion
 - Address disordered eating habits
 - Increase body neutrality/acceptance
 - Implement relapse prevention



Additional Behavioral Health Interventions

- Group counseling to help with behavioral changes and emotional well-being, garner support from other patients
- Workshops focusing on re-igniting motivation for change
- Referrals and collaboration with integrated health team



Common Post-operative Nutrition Issues

- Non-adherence to bariatric nutrition guidelines
- Frequent dumping
- Poor quality intake, food indiscretion, testing the pouch/sleeve
- Nutritional deficiencies- secondary to malabsorption, inconsistent w/ vitamins and supplements
- Lack of meal planning & prep, reading labels, self-monitoring
- Inadequate activity
- Insufficient weight loss or weight recurrence



Common Nutrition Topics for Individual and Group Sessions

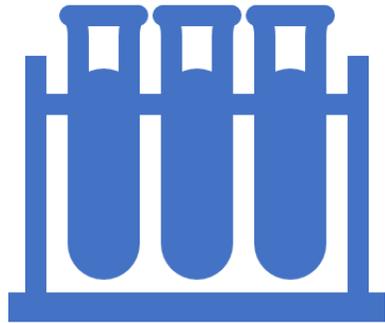
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|------------------------------------|---------------------------------|------------------------------------------|---------------------------------------|
| Meal Planning | Holiday Eating | Dining Out | Basic Nutrition Knowledge |
| Bariatric Substitutions | Reading Labels | On-the-Go Options | Creative Grocery Lists |
| To Weigh or Not to Weigh | Involving Support System | Managing Plateaus & Weight Recurrence | Fluid Requirements & Beverage Choices |
| Vitamin Regimen | Mindful Eating | Motivation | Nutrition Deficiencies |
| Joyful Movement | Non-Scale Victories | Food Intolerances | Goal Setting |
| Special Occasion Eating Strategies | Head Hunger vs. Physical Hunger | Protein-rich Foods & Protein Supplements | Food Journal Options |

Interventions for Nutritional Aftercare

- Maintain satiety
- Ensure adequate hydration
- Encourage self-monitoring
- Promote energy requirements
 - 16 cal/kg/d, 45% carb, 35% protein, 20% fat
- Accountability & support
 - Develop an individualized game plan
- Create Structure
 - 3 meals, 1-2 snacks
- Incorporate physical activity
 - 150-300 min/wk including strength training 2-3x/wk
 - Discuss planning snacks/meals around activity, internal vs external motivation, time management
- Improve mindfulness & intuitive eating



Additional Nutritional Interventions



Metabolic Testing



Genetic Testing

Group Programs: If You Build It, They Will Come

BariNew

< 18 months post-op, still losing, “honeymoon phase”

BariVets

> 18 months post-op, weight maintenance/recurrence

BariRecovery

Post-op addiction, post-op ED, relapse prevention

BariMindful

Apply DBT and ACT concepts

BariWell

Wellness-based and compassion-focused interventions

BariBootcamp

Alternating weeks of nutrition and behavioral health

Open Groups

BariNew BariVets



- Non-scale victories
- Non-food coping skills
- Post-op adjustment issues including relationship changes, body image, the return of hunger
- Stress management
- Relapse prevention

- Maintaining motivation
- Self-care
- Appetite awareness
- Mindful eating
- Emotional eating
- Relapses and weight recurrence

Back on Track Workshop



Offered to those who did not achieve optimal goal weight or have experienced weight recurrence



4 weeks, 90-minute classes



Back to Basics: What Should I Be Eating?



Mindful Eating: How Should I Be Eating?



Meal Planning, Shopping, Supplements



Exercise Goal Setting and Relapse Prevention

Bariatric Bootcamp

Behavioral Health:

- Re-igniting motivation
- Improving self-care
- Addressing negative self-talk and challenging excuses
- Understanding and decreasing emotional eating

Nutrition:

- Review bariatric nutrition guidelines
- Calculate expected weight loss
- Determine calorie and macronutrient goals
- Improve mindful eating
- Set goals for physical activity



Patient Feedback

“Issues with food have been so isolating for me; the group breaks that isolation. The group keeps me grounded in the fact that I need to work on myself in order to stay on track with using the tool of MBS. It also makes me accountable and have to verbalize at least twice a month what I’m doing to maintain my recovery and check in about my emotional state.”

“Before I was considering surgery I used to say I didn’t think it would work for me because I knew the problem was in my head. I absolutely consider my problem with food an addiction. All of the wrap-around services at Chrysalis are part of this equation. I plan to use group indefinitely. I saw the nutritionist for a year and know I can continue to utilize her services as needed. I can segue to individual therapy as needed. The availability of Back on Track signals to me that the center will be here for me no matter what happens.”

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