



S.I.C.O.B.

Bari

SPRING MEETING

18 - 19 MAGGIO 2023
THE NICOLAUS HOTEL

CONDIVIDERE PER CRESCERE
Strategie di integrazione
in Chirurgia Bariatrica

Presidente del Congresso
ANTONIO BRAUN

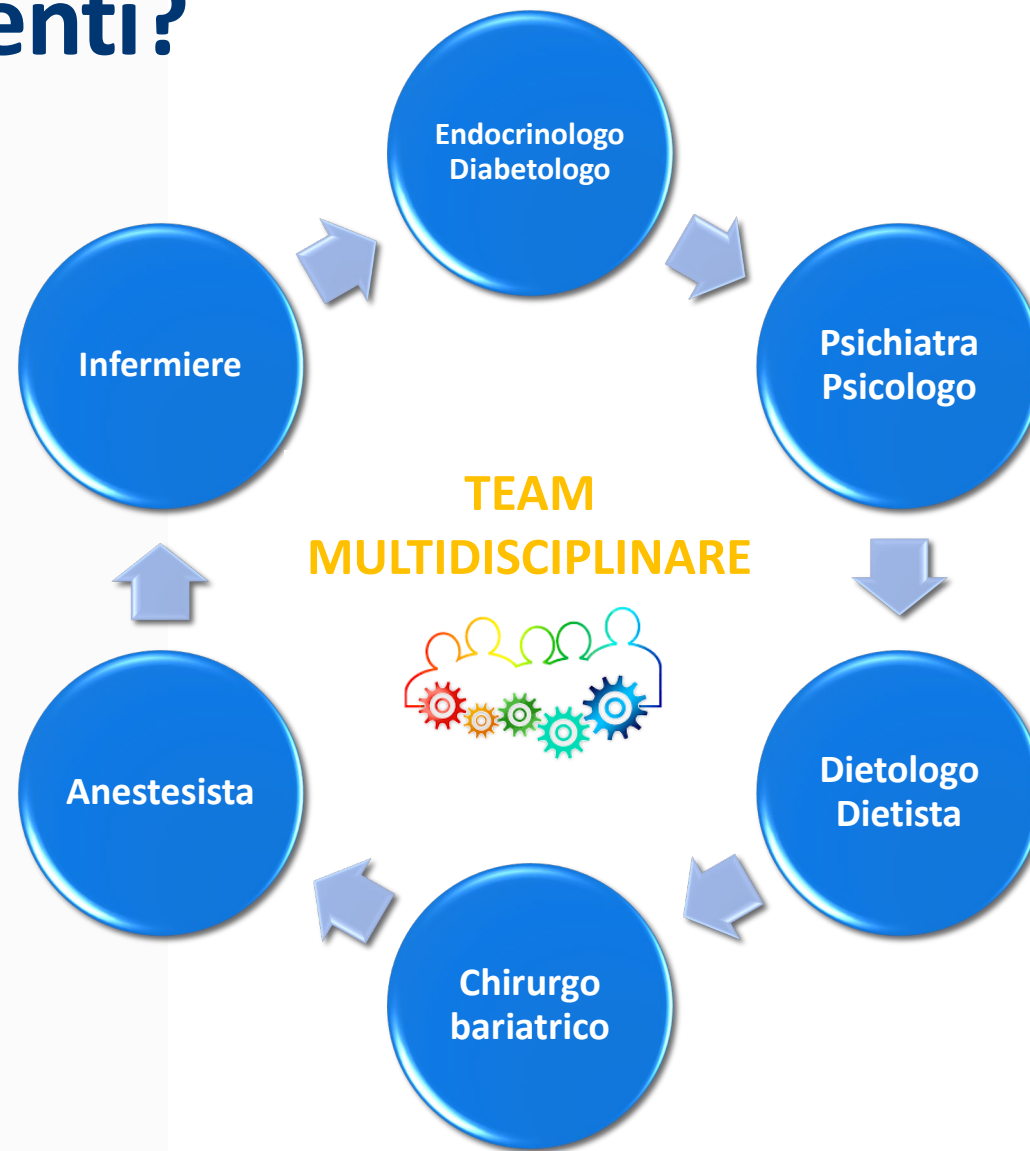
Compliance dietetico nutrizionale come strategia di successo

DOTT.SSA IDA SANNINO

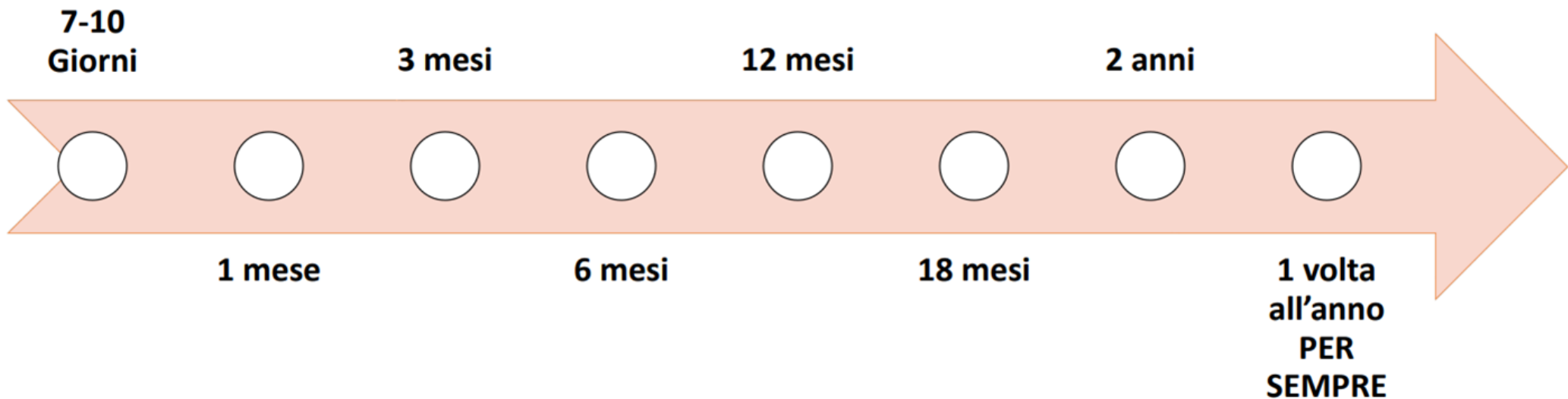
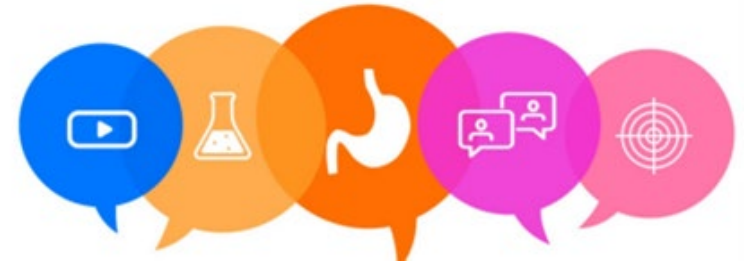
DIETISTA

**AZIENDA OSPEDALIERA
UNIVERSITARIA SENESE**

Chi si occupa di questi pazienti?



Follow-up post intervento





Intervento nutrizionale nel follow-up

Schema dietetico personalizzato

- 4 FASI: liquida – semiliquida – semisolida – solida/di proseguimento

Integrazione nutrizionale

- Vitamine e minerali
- Proteine
- Maltodestrine

Norme comportamentali

- Mangiare piano e masticare lentamente
- Bere lontano dai pasti
- Sospendere il pasto non appena si avverte senso di sazietà
- Evitare di coricarsi immediatamente dopo il pasto



Intervento nutrizionale nel follow-up

Rilevazione misure antropometriche

- Peso, Altezza, BMI
- Circonferenze corporee
- Plicometria
- Forza muscolare (Hand Grip)

Bioimpedenziometria

- Stato di idratazione (TBW, ECW, ICW)
- Resistenza, Reattanza, Angolo di fase (PA°)
- BCM, ECM, BCMI, FM, FFM

Valutazione abitudini alimentari

- Anamnesi, Recall 24 h, diario alimentare, questionario di frequenza
- Individuare alimenti non "tollerati", sostituirli con alternative adeguate
- Indagare regolarità e caratteristiche quali-quantitative dei pasti
- Promuovere attività fisica regolare (150-300 min/settimana)

Perché è importante il follow-up nutrizionale?

**Prevenzione del
Weight Regain
(WR)**

**Prevenzione carenze
nutrizionali**
*(vitamine, proteine,
elettroliti)*

**Controllo del
comportamento
alimentare**
*(grazing, soft eating,
sweet eating)*

**Riduzione/trattamento
complicanze nutrizionali**
*(Dumping Syndrome,
disturbi GI)*

**Raggiungimento
obiettivo ponderale**

Piramide alimentare bariatrica



LA PIRAMIDE ALIMENTARE DOPO GLI INTERVENTI BARIATRICI



Fonte: Violeta L. Moizé et al, *Obes Surg.* 2010; 20: 1133-1141

Research Article

Dietary and Lifestyle Factors Serve as Predictors of Successful Weight Loss Maintenance Postbariatric Surgery

Afshan Masood ¹, Lujain Alsheddi,² Loura Alfayadh ², Bushra Bukhari ²,
Ruba Elawad,¹ and Assim A. Alfadda ^{1,3}

TABLE 2: A detailed analysis of the differences in the dietary and lifestyle behaviors practiced between the weight maintainers and regainers.

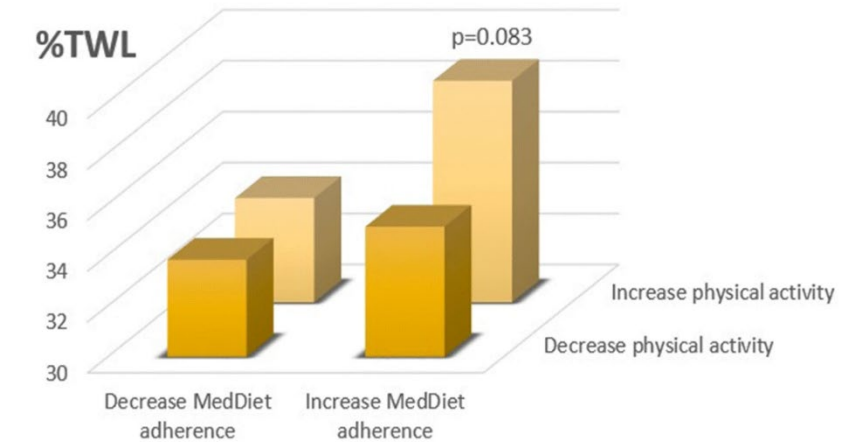
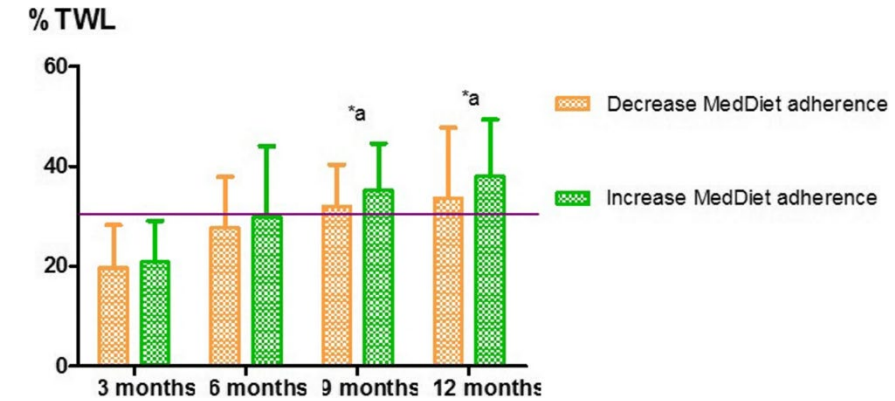
	Weight maintainers (n = 29)	Weight regainers (n = 21)	P
Healthy dietary habits	44%	10%	<0.001
<i>Meal pattern behaviors</i>			
Breakfast consumption	23 (80%)	4 (19%)	0.001
Having three structured meals daily (breakfast, lunch, and dinner)	23 (80%)	5 (24%)	<0.001
Consuming more than five meals daily, including snacks	14 (48%)	0	<0.001
<i>Daily consumption of foods and food groups</i>			
Carbohydrates (1–5 Ex.)	18 (62%)	8 (38%)	0.094
Fat (3–5 Ex.)	17 (59%)	4 (19%)	0.005
Vegetables (3–5 Ex.)	18 (62%)	3 (14%)	0.001
Fruits (3–5 Ex.)	17 (59%)	1 (0.5%)	<0.001
Water (6–11 Cups)	23 (79%)	8 (38%)	<0.001
<i>Weekly consumption of foods and food groups</i>			
Ready-to-eat foods (0-1 time)	23 (79%)	13 (62%)	0.304
Fast foods (0-1 time)	24 (83%)	14 (67%)	0.189
Healthy lifestyle practices	30%	4%	0.002
<i>Grocery shopping behaviors</i>			
Consideration of healthy foods while shopping	27 (93%)	3 (14%)	<0.001
Selection of whole-grain over refined-grain products	17 (59%)	6 (29%)	0.035
Selection of low-fat products over full-fat products	20 (69%)	7 (33%)	0.013
Selection of foods based on nutritional facts	17 (59%)	2 (10%)	0.002
Reading the nutritional label of food products	22 (76%)	3 (14%)	<0.001
<i>Pace of eating</i>			
Stoppage of eating when feeling full	25 (86%)	12 (57%)	0.021
Taking pauses between bites	21 (72%)	5 (24%)	0.001
Taking >20–30 minutes for a meal	21 (72%)	4 (19%)	<0.001
Practicing sufficient chewing while eating	26 (90%)	10 (48%)	0.001
<i>Self-assessment behaviors</i>			
Regular body weight measuring	25 (86%)	6 (29%)	<0.001
Monitoring the daily consumed and burned calories	25 (86%)	4 (19%)	<0.001
Regular nutritional follow-up visits	15 (52%)	0	<0.001
<i>Negative eating behaviors</i>			
Emotional binge eating	7 (24%)	7 (33%)	0.475
Distracted eating	6 (21%)	11 (52%)	0.020
Late-night snacking	5 (17%)	12 (57%)	0.003
<i>Physical activity</i>			
Physically active	17 (59%)	4 (19%)	0.005
Daily exercise for ≥30 minutes	9 (31%)	1 (5%)	0.022



Adherence to Mediterranean Diet or Physical Activity After Bariatric Surgery and Its Effects on Weight Loss, Quality of Life, and Food Tolerance

Anna Gils Contreras^{1,2} · Anna Bonada Sanjaume^{1,2} · Nerea Becerra-Tomás^{2,3} · Jordi Salas-Salvadó^{1,2,3}

Adherence to the Mediterranean diet				
	Increase (<i>n</i> = 41) [†]	Decrease (<i>n</i> = 35) ^{††}	Differences between groups	Adjusted <i>p</i> value
Adherence to MedDiet score at baseline	5.9 (5.4, 6.4)	8.1 (7.5, 8.6)	2.1 (1.3, 2.9)	< 0.001 ^a
Change in adherence to MedDiet at 12 months	1.9 (2.1, 1.6)*	- 0.4 (- 0.04, - 0.7)*	2.3 (1.8, 2.8)	< 0.001 ^b
METs per week at baseline	1819.5 (1097.2, 2541.8)	1546.3 (761.5, 2331.0)	- 273.2 (- 1364.9, 818.6)	0.619 ^a
Change in METs per week at 12 months	1163.8 (2104.4, 223.2)*	2365.4 (3387.4, 1343.3)*	- 1201.6 (2624.7, 221.5)	0.097 ^b
Weight at baseline (kg)	129.3 (123.8, 134.9)	129.0 (123.0, 135.1)	- 0.3 (- 8.6, 8.1)	0.948 ^a
Change in weight at 12 months (kg)	- 48.7 (- 45.8, - 51.6)*	- 43.9 (- 40.7, - 47.1)*	- 4.8 (- 9.2, - 0.3)	0.035 ^b
Total weight loss at 12 months (%)	- 37.6 (- 35.5, - 39.8)	- 34.1 (- 31.8, - 36.5)	- 3.5 (- 6.8, - 0.2)	0.036 ^b
Excess weight loss at 12 months (%)	- 71.2 (- 66.8, - 75.6)	- 63.1 (- 58.3, - 67.9)	- 8.1 (- 14.7, - 1.4)	0.018 ^b
BMI (kg/m ²) at baseline	47.0 (45.4, 48.5)	47.4 (45.7, 49.2)	0.5 (- 1.9, 2.9)	0.683 ^a
Change in BMI at 12 months (kg/m ²)	- 17.7 (- 16.6, - 18.8)*	- 16.1 (- 15.0, - 17.2)*	- 1.5 (- 3.2, 0.1)	0.061 ^b
Excess BMI loss at 12 months (%)	- 81.8 (- 77.2, - 86.3)	- 75.1 (- 70.1, - 80.0)	- 6.7 (- 13.6, 0.2)	0.057 ^b



Higher preoperative weight loss is associated with greater weight loss up to 12 months after bariatric surgery

METHODS



733 patients underwent a primary bariatric procedure



June 2017 - August 2019



1 year follow-up



Preoperative weight loss
Total weight loss (%TWL)
Patient factors

RESULTS

Total weight loss in quartiles based on preoperative weight loss



Patient factors predicting:

- Preoperative weight loss**
- ✓ Mandated preoperative weight loss program
 - ✓ Older age
 - ✓ Weight measurement in week before surgery
 - ✓ Non-diabetic status

- Total weight loss**
- ✓ Mandated preoperative weight loss program
 - ✓ Younger age
 - ✓ Gender ♀
 - ✓ Higher body mass index
 - ✓ Banded gastric bypass
 - ✓ Non-diabetic status

CONCLUSIONS

↑ preoperative weight loss is associated with ↑ weight loss up to 1 year after bariatric surgery

Recommendations:



Additional preoperative support for younger and diabetic patients



Preoperative nutritional counseling



Additional weight measurement in the week before surgery

Conclusioni

- L'aderenza alla dieta e lo svolgimento di attività fisica regolare, si associano ad un miglior outcome post chirurgia bariatrica
- Follow-up periodici sono necessari per raggiungere gli obiettivi ponderali ed evitare lo sviluppo di carenze/complicanze nutrizionali ed il weight regain
- Importanza del team multidisciplinare nel trattamento dell'obesità morbigena
- Necessaria valutazione nutrizionale e trattamento dietetico anche in fase pre-operatoria



S.I.C.O.B.

Bari

SPRING MEETING

18 - 19 MAGGIO 2023

THE NICOLAUS HOTEL

CONDIVIDERE PER CRESCERE

Strategie di integrazione
in Chirurgia Bariatrica

Presidente del Congresso
ANTONIO BRAUN

Grazie