Nutrition Optimization Before Bariatric Surgery: Does Required Dietitian Follow-up Improve Patient Outcomes?

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Introduction

- Insurance companies require patients to undergo clinical nutrition evaluation as part of the clearance for bariatric surgery
- Goal of nutrition evaluation: identify nutritional problems and determine patientâ€™s ability to make diet and lifestyle changes
- Nutrition optimization aims to reduce complications and improve the potential for weight lossÂ
- All patients must undergo a series of nutrition appointments, classes, etc. to ensure they are ready for the lifestyle changes that come with bariatric surgery

Purpose

ID differences in perioperative outcomes between patients who received nutrition optimization at nutrition evaluation vs. those who were placed on nutrition hold at nutrition evaluation. Additionally to ID any differences in the following

- Weight loss (pre-operative and post-operative)
- Post-operative complication rates
- Post-operative follow-up rate
- Preoperative phase duration

Methods/Population

Method

Retrospective Chart Review

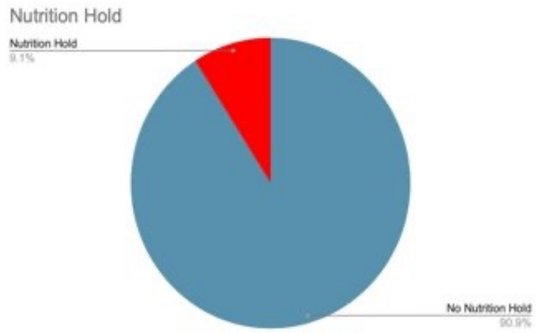
- August 1, 2017 through December 31, 2019- timeline of patients who completed nutrition evaluation and underwent surgery

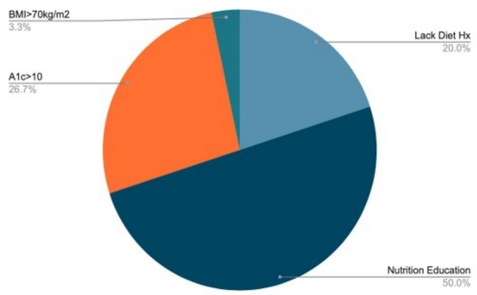
Population

Age: 18-75 y/o

Demographic Data	Stats
Age, Mean Â± SD (years)	Â 44.29 Â± 11.29
Sex, N (%)	
Male	57 (17.2)
Female	**274 (82.8)**
Race, N (%)	
White	**245 (74.0)**
Black	80 (24.2)
Biracial	2 (0.6)
Asian	1 (0.3)
Unknown	3 (0.9)
Ethnicity, N (%)	
Hispanic	323 (96.4)
Non-Hispanic	12 (3.6)
Weight at Nutrition Eval, Mean Â± SD (lb)	283.88 Â± 51.16
BMI at Nutrition Eval, Mean Â± SD (lb)	44.82 Â± 7.01
Total, N (%)	331 (100%)

Methods/Population cont'd





Results

- Average age of surgery for patients on hold was slightly higher than patients not on hold.
- Weight and BMI showed no real difference between no hold and hold patients.
- Time in surgery showed to be longer for patients that were on hold versus patients not on hold.
- Surgery length of stay also showed to be higher for patients on hold.

Results cont'd

	Mean ± Standard Deviation No Hold Patients	Mean ± Standard Deviation Hold Patients	Two sided P-value
Age at Surgery	43.96 ± 11.37	47.63 ± 9.92	0.089
Nutr. Eval. Weight (lbs)	283.79 ± 50.54	284.71 ± 57.94	0.926
Nutr. Eval. BMI	46.41 ± 6.83	46.47 ± 8.78	0.964
Time Nutr. Eval. to Week 0 Preop days	119.55 Â 61.64	160.13 ± 98.73	0.001
Sxtime	115.89± 36.29	139.73 ± 98.73	0.002
Sxlos	1.39 ± 0.68	1.93 ± 1.94	0.001

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- with greater duration of time for patients on nutrition holdÂ

- Nutrition education and counseling pre-surgery is essential and necessary for long-term patient success; however, the additional nutritional education the patients on hold received did not show to have any significant benefits for overall outcomeÂ

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