



BDA The Association
of UK Dietitians

**First Contact
Dietitians**

Specialist Group

Managing post-bariatric surgery tourists in primary care- a snapshot of current practice

Co-presented:

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Introduction

- Primary Care is the first point of contact in the healthcare system
 - First Contact Dietitians (FCD) work as a core member of the primary care general practice team
 - FCDs are diagnostic clinicians, working at the top of their clinical scope of practice at Masters levels, which allows the FCD to assess, diagnose, and recommend appropriate treatment or referral at the initial appointment.
 - Patients can be booked straight into see the dietitian by the reception team, without the need to see a GP or nurse first.
 - FCD can play a role to follow-up bariatric surgery tourist patients in primary care, thereby reducing the load on the GP.
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Current situation in primary care

- Patients who have bariatric surgery overseas especially, are not receiving the recommended nutritional monitoring after discharged from specialist care
- GPs and patients should be supported to engage with follow-up care.
- Becoming a more frequent occurrence of patient presenting to the GP surgery post bariatric surgery overseas
- Follow up and care for patients who have opted for bariatric surgery overseas is not consistent.



FCD potential role for follow up of post-bariatric tourists

- FCD Dietitian can play a role in primary care with the follow up of post bariatric tourists by being involved with the following:
 - Request routine annual bloods
 - Screening for signs or symptoms of a nutritional deficiency
 - Annual Health Check (BMI, Diet, monitoring own weight, mental health review, co-morbidities, contraception and medication review, concerning symptom screen and pregnancy)
-

Exploring the research in primary care

H. Paretti; A Subramanian; N.J. Adderley;
S. Abbott, A. Taharani;
K.Nirantharakumar.

British Journal of General Practice . Post-
bariatric surgery nutritional follow-up
in primary care: a population-based
cohort study.

June 2021; 71 (707): e441-e449.

DOI <https://doi.org/10.3399/bjgp20X714161>

Method

- Adult post bariatric surgery discharged from specialist care (2yrs post-surgery) and followed up in primary care.
- Review of nutritional screening, blood tests, weight measurements, prescription of nutritional supplements, proportions with nutritional deficiencies based on blood tests

Results

- 3137 participants were included
- Median follow-up post-surgery was 5.7 years
- 45%-59% had annual weight measurement
- Annual nutritional blood tests were for test routinely conducted in primary care e.g. Hb
- Tests specific for bariatric surgery were low e.g. Cu
- Most common deficiency: anaemia
- Prescription for recommended vitamins were low

Conclusion



No robust follow up plans are in place by the overseas bariatric center .



Ideally patients should stay under specialist bariatric care for the first 2 years post-bariatric surgery.



Challenge presenting in primary care currently: the appropriate follow up care by a specialist bariatric center is not available



Burden of follow up care falls onto an already stretched primary care service with no shared care protocols in place.

BOMSS GP Hub launched March 2023

BOMSS post-bariatric surgery nutritional guidance for GPs

- Aimed at NHS patients >2yrs post surgery
- Blood monitoring
- Vitamin and mineral guidance
- Medication advice
- Trouble shooting
- Statement on surgery abroad
- Annual review template

Table 1: Routine annual blood monitoring

	LAGB	SG/RYGB, or an OAGB with a BP limb of 150cm or less
FBC	✓	✓
Corrected Calcium (bone profile if not available)	✓	✓
LFTs	✓	✓
U+Es	✓	✓
Vitamin B12 + Folate	✓	✓
Ferritin*	✓	✓
HbA1c, lipids	C	C
Vitamin D	✓	✓
Zinc**	S	✓
Copper**	S	✓
Selenium**	S	✓
Vitamins E, A or K1	S	S

C = co-morbidity monitoring if had pre-op diagnosis
S = if symptomatic of deficiency (see signs/symptoms table below)

*Low ferritin suggests iron deficiency, but a high ferritin level does not rule out iron deficiency (for example, inflammation may raise ferritin levels). A complete iron profile is more useful in this situation.

**Note: a trace element vacutainer tube is needed for zinc, copper and selenium tests



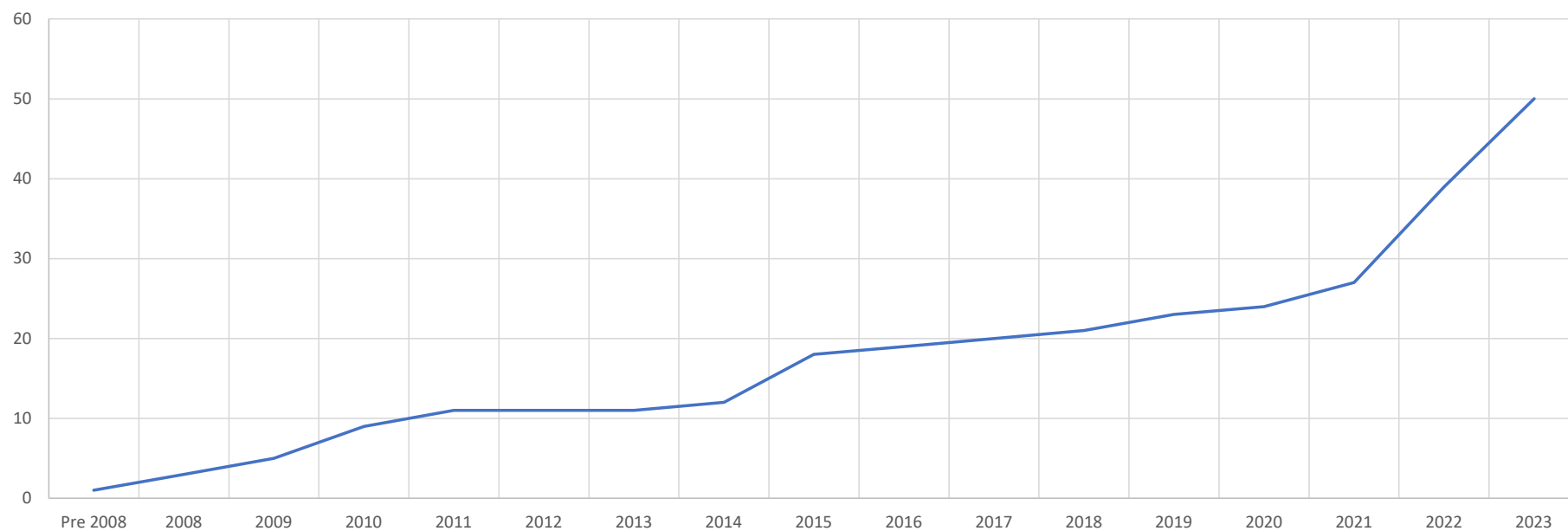
Pinhoe Surgery



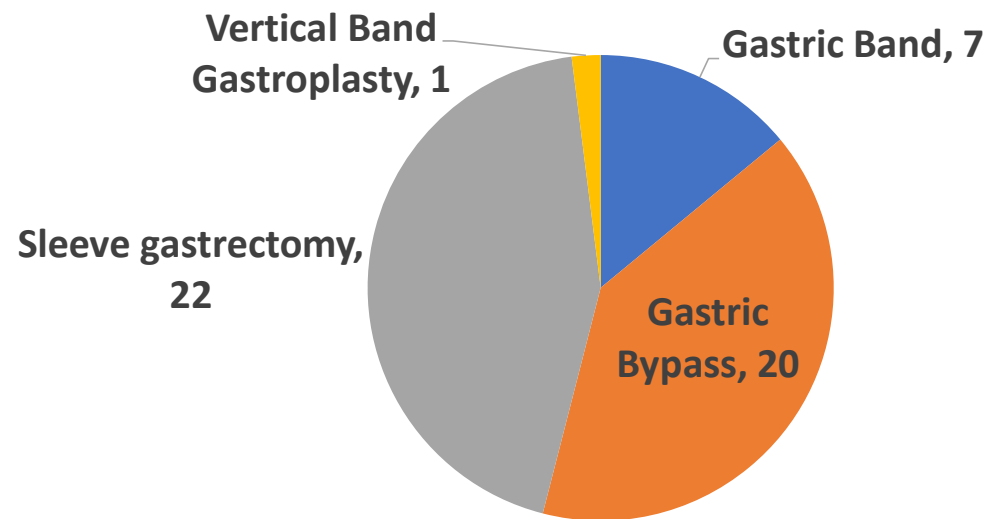
Laura Kyte



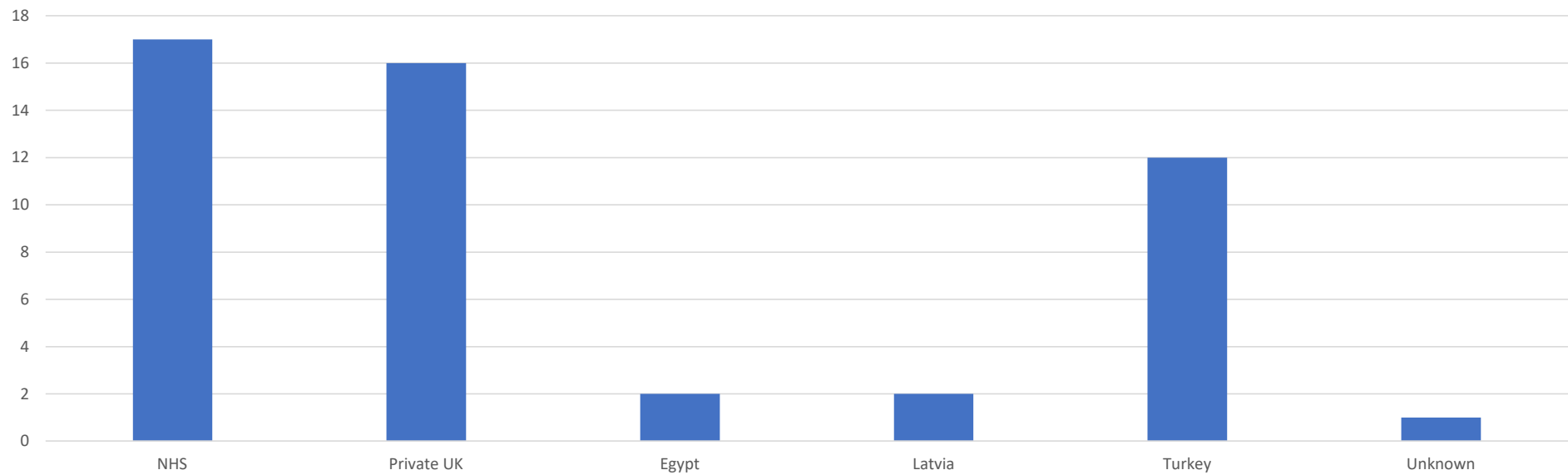
Cumulative numbers of patients registered with Pinhoe surgery with a code for bariatric surgery



Types of procedure



Where patients are going for surgery





Annual blood monitoring

- For those >1year post -surgery only 1/39 had a full set of bloods to meet the BOMMS guidelines
 - Some monitoring was in place but surgical centre's had requested different bloods.
 - FBC, LFT, U+Es, ferritin, folate, B12 were more frequently requested. Zinc, Selenium, Copper less frequently checked.
 - ICE panel doesn't reflect current guidelines
-



Multivitamin and Mineral compliance

34/50 (68%) were taking a multivitamin; 6 of these were advised to change the formulation.

15/43 were taking iron supplements

22/43 were taking a calcium and vitamin D supplement

26/43 were attending for 3 monthly B12 injections, 1 was overdue, 1 prescribed 6 monthly, 2 taking an alternative formulation.



Pinhoe surgery - Action plan



Changes to ICE request list for post bariatric surgery bloods



Annual recall



Annual florey questionnaire



Any new bariatric surgery patients are highlighted to the dietitian to ensure appropriate vitamin and mineral prescription

Central Norwich PCN

Charlene Giovanelli-Nicolson

Snapshot for post bariatric follow up at a Norwich GP partnership

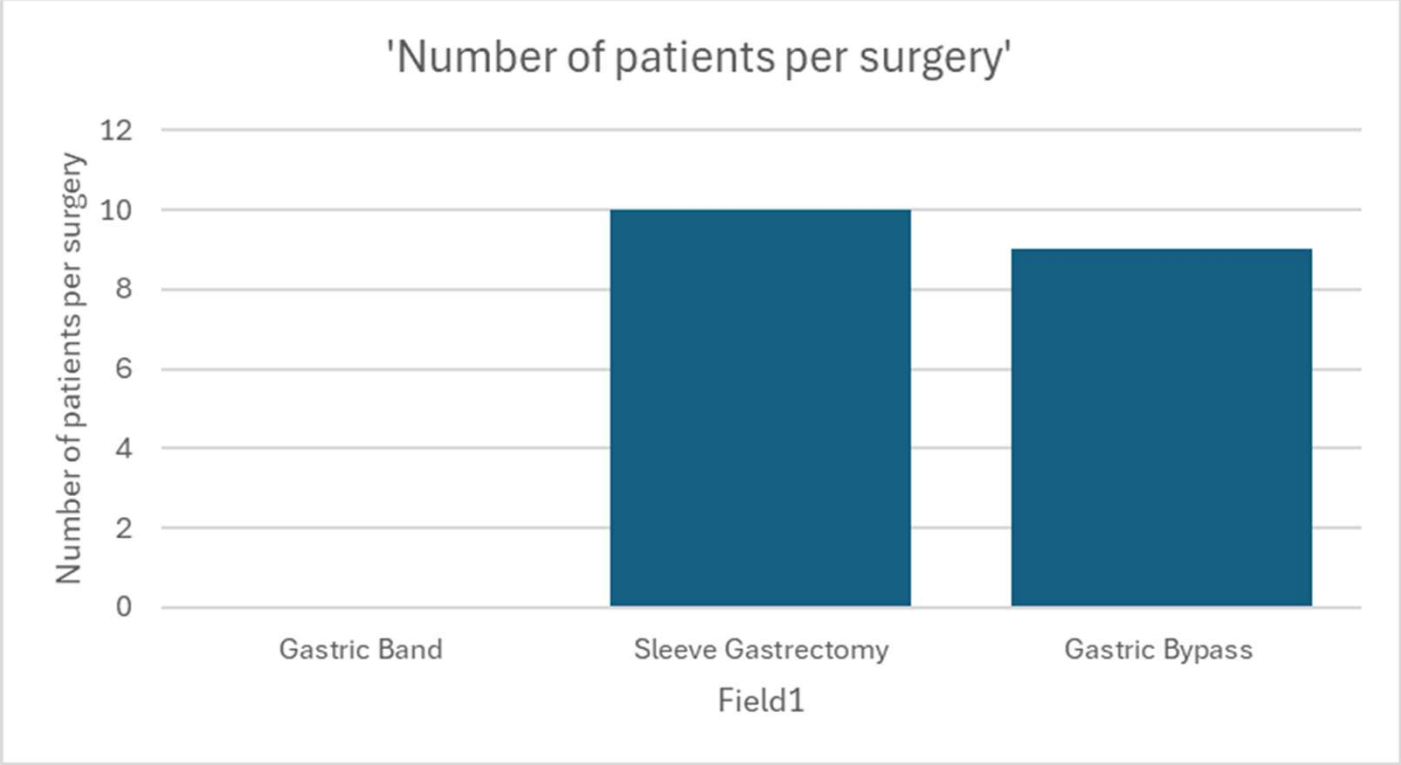
Audit undertaken to assess the regularity of reviews for bariatric surgery in the past two years, registered with 5 practices within the Central Norwich PCN.

Methodology

- A search was conducted on SystemOne to identify the number of registered patients who had undergone bariatric surgery in the past two years

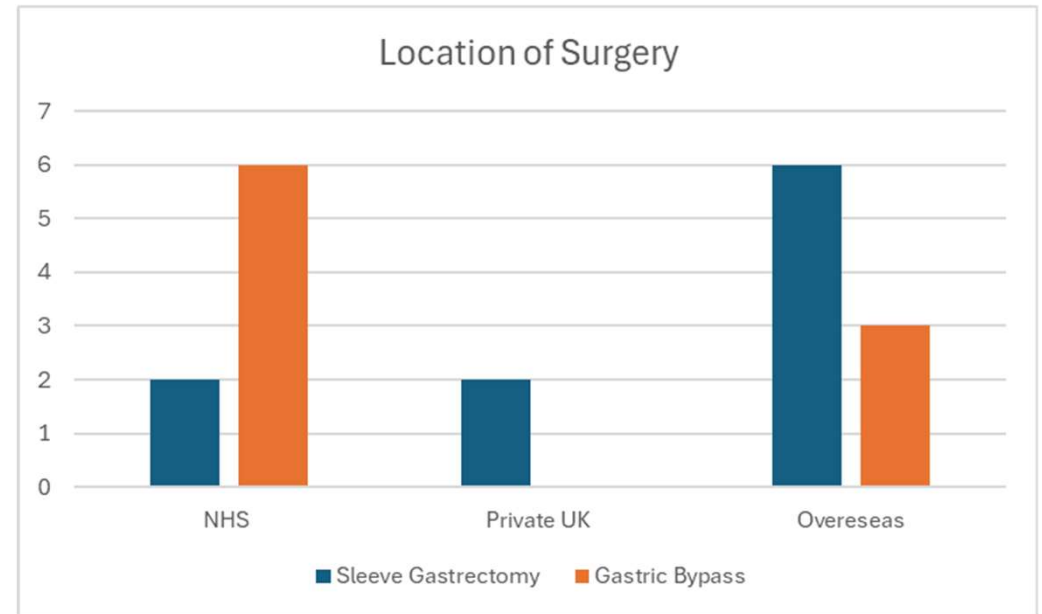
Clinical reporting on S1:

- Subreport | 2023-2024 | Weight management service | Bariatric surgery in the last 2 years
- Subreport | Lifestyle | DWMP | Bariatric Surgery-Gastric Bypass in last 2 years
- Subreport | Lifestyle | DWMP | Bariatric Surgery-Sleeve Gastrectomy in last 2 years
- Subreport | Lifestyle | DWMP | Bariatric Surgery- Gastric Banding in last two years



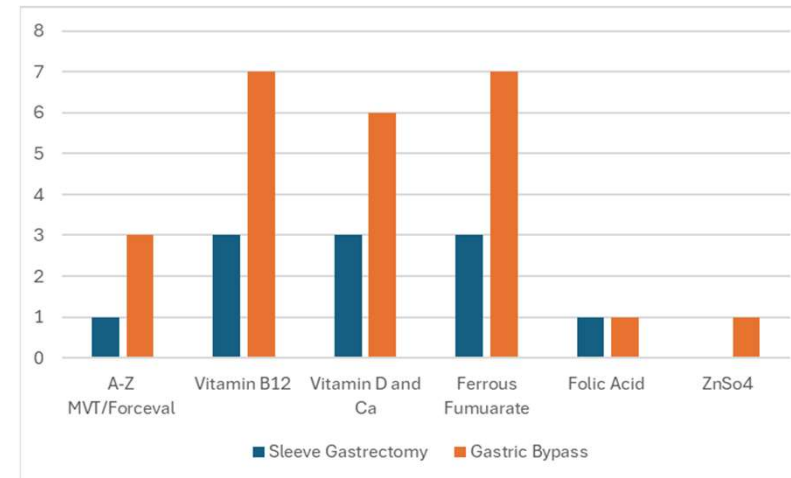
Types of Bariatric Surgeries

Location of Surgery



Number of Vitamin and Mineral Prescriptions

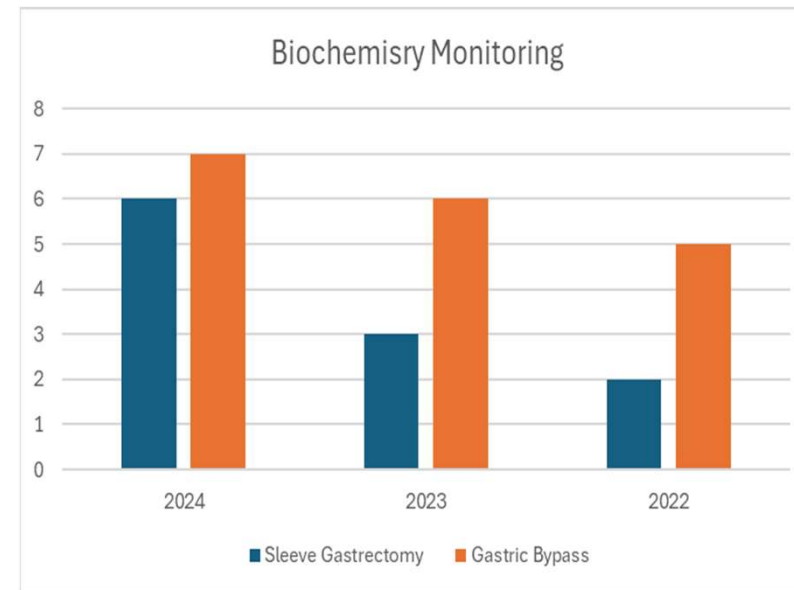
- Higher BOMMS vitamin and mineral supplementation were prescribed for NHS bariatric surgery patients
- Overseas Bariatric centers are not consistent with vitamin and mineral prescriptions
- Some patients do not attend follow ups at the GP practices or collect prescriptions

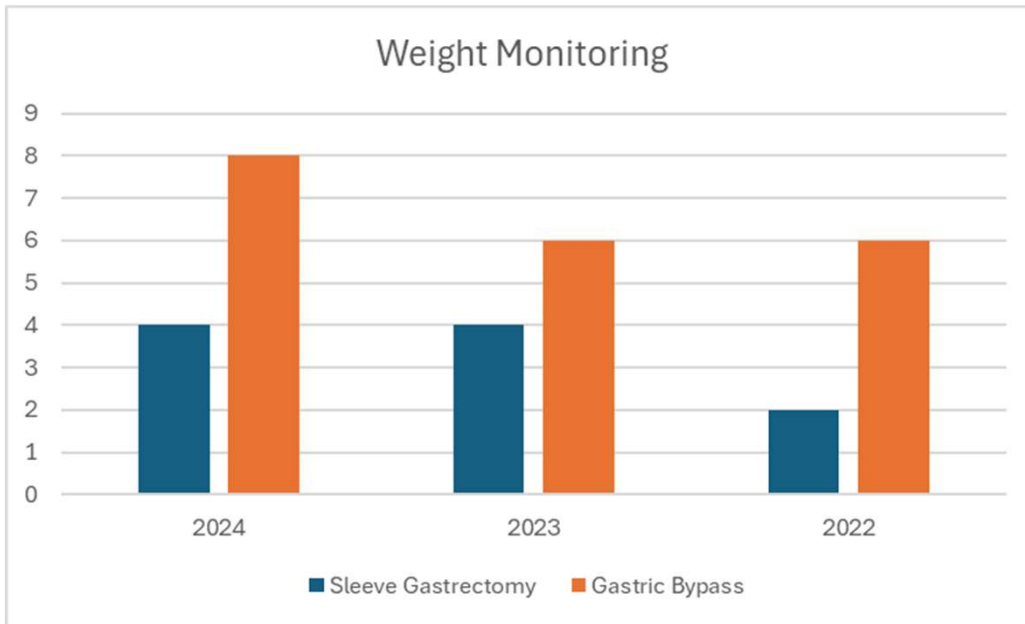




Suitable Biochemistry Monitoring

- Inconsistency of biochemistry follow up especially for private and overseas bariatric patients.





Frequent
weight
monitoring



Recommendations

Annual recall on SystemOne
for all bariatric patients

FCD dietitian to review
post bariatric patients
annually – will ensure
consistency in monitoring
and early identification of
nutritional issues.

Development of SystemOne
post bariatric surgery
template



Case Studies



Case study 1

- Previous gastric bypass- lost 10 stone, no support- regained
- Stopped calcium supplements- too expensive on prescription
- Abnormal Lft's
- Previous hypertension

- FCP Dietitian:
 - Arrange hypertension and LFT review
 - Arrange bloods for tier 3 referral/bariatric monitoring
 - Arrange prescription for vitamin replacement
 - Follow up and support with lifestyle changes

Case Study 2

- 31 year, old female.
- 3 weeks post gastric sleeve surgery – Turkey
- DNA'd Tier 3 Weight Intervention Clinic
- One year post surgery support from Turkey bariatric centre, via whatsapp (language barriers)
- Provided with antibiotics, MVTs (general) for 5 months, protein powder and shakes and meal plans
- Referred to FCD Dietitian as she was confused on how to progress from the puree diet to a soft diet and felt the support from Turkey was not sufficient
- Vitamin supplementation were not prescribed according to BOMMS- discharge letter was not clear
- Bloods requested as per BOMMS - added to annual recall
- Follow up and support provided - challenge not always able to come to the surgery (mostly telephonic calls)

Conclusions



With limited support from the NHS around weight management more patients are opting for surgery abroad



Patient led follow up in primary care is not adequate and there are potential deficiencies being missed



Current systems aren't set up to provide correct monitoring



FCD's can become a useful resource in the practice to support this patient group



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Thank
You

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