


OBESITY MANAGEMENT IN PRIMARY CARE TRAINING AND CERTIFICATE PROGRAM



Module 6 - PEARLS: Bariatric Surgery and Devices and Post-operative Care for Primary Care

Karli Burrige, PA-C, MMS, FOMA
Owner, Gaining Health

AAPA **THE OBESITY SOCIETY** **NACE**

Copyright © 2022 AAPA, TOS, NACE. All rights reserved.

1

Goals of This Session

- Review clinical pearls from the Surgery and Devices Clinical Webinar
- Apply post-operative care knowledge to clinical practice

Copyright © 2022 AAPA, TOS, NACE. All rights reserved.

2

PEARLS from the Module 6 Clinical Webinar

- Metabolic and Bariatric surgery works by changing the microbiome and hunger and satiety hormones not just restriction and malabsorption
- Metabolic and Bariatric Surgery can be life saving and life changing
- Match the treatment of obesity to the severity of the disease
- Find an accredited bariatric surgery center in your area of practice to refer to
- Post-operative care can be completed by the PCP, an obesity specialist, or the bariatric surgery center and includes:
 - Annual labs
 - Bone density
 - Assuring the recommended supplements are being taken
 - Monitoring and managing weight regain

Copyright © 2022 AAPA, TOS, NACE. All rights reserved.

3

PEARLS from the Module 6 Clinical Webinar


- Formulation matters for supplementation!
- No gummies
- Calcium Citrate 500mg three times daily
- Bariatric-specific supplements preferred
- Separate MVI + iron and Calcium supplement by 2 hours to minimize competition for absorption
- Weight regain after surgery is NOT failure
- **Obesity is a disease that can be treated and managed, but not cured. Bariatric surgery is a great tool. It does not cure the disease state process.**

Copyright © 2022 AAPA, TCA, NACE. All rights reserved.

4

Case Study

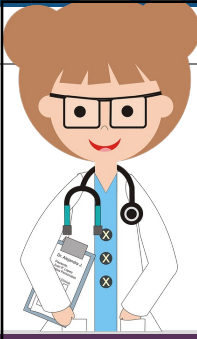
- A 45-year-old male presents to his PCP for a new patient visit to establish care
- PMH:
 - Hypertension
 - Type 2 Diabetes
 - Obstructive Sleep Apnea
 - GERD
 - Class III Obesity
- Surgeries:
 - Tonsillectomy
 - Roux-en-Y Gastric bypass in 2012



Copyright © 2022 AAPA, TCA, NACE. All rights reserved.

5

Case Study, Continued



- Vitals: Ht: 5'7, Weight: 230 lbs, BMI: 36.0 kg/m², BP: 119/68 mmHg, P: 68 BPM
 - Medications:
 - Metformin 1000mg BID
 - Lisinopril 10 mg
- What questions do you have for him regarding his medical and surgical history?

Copyright © 2022 AAPA, TCA, NACE. All rights reserved.

6

Case Study: Assessment

- Weight history: General weight trajectory throughout his life?
- Significant periods of weight gain or weight loss?
- Highest weight (prior to surgery), lowest weight after surgery, amount of regain and potential causes for regain after surgery?
- Complications after surgery?
- Appetite control after surgery and current appetite control?
- Volume of food that can be consumed in one sitting?
- Bariatric multivitamin/ mineral supplementation?
- Bone density?
- Nutrition, physical activity, sleep history (CPAP use? OSA testing?)

Copyright © 2022 AAPA, TCA, NACE. All rights reserved.

7

Case Study, Continued



- Gradual weight gain since age 20.
- Some success with low carb and gym, but regained weight every time. RYGB was most successful. Gained weight with getting married, changing to desk job, increase in stress.
- Highest weight: 270 lbs. Lowest weight: 200 lbs. Regained: 30 lbs over 10 years - gradual 1-5 lbs per year, more in recent years since COVID.
- Complications after surgery? None.
- Appetite control after surgery and current appetite control? Great for the first two years; hungrier now - getting worse.
- Volume of food that can be consumed in one sitting? 2 cups of food.
- Bariatric supplementation? Stopped taking 2 years ago during COVID.
- Bone density test: 7 years ago
- OSA: stopped using CPAP after RYGB. Has not had a sleep test since.

Image © Obesity Action Coalition
Copyright © 2022 AAPA, TCA, NACE. All rights reserved.

8

Case Study: Plan

- Order fasting labs, including bariatric vitamin panel (CBC, CMP, TSH, HbA1c, lipid panel, insulin, uric acid, vitamins: thiamine, B12, folate, iron, TIBC, ferritin), 25-hydroxyvitamin D, calcium, PTH, Vitamin A, Zinc, Copper)
- Refer for sleep test
- Refer for Bone Density testing (DEXA)
- Consider adding an anti-obesity medication: Give patient information about options, ask patient to check with his insurance regarding coverage
- Restart bariatric MV and calcium supplementation
- Follow up in one month to review labs and for assessment of nutrition, physical activity, sleep, and stress (give him forms to fill out and bring back on his next visit)

Copyright © 2022 AAPA, TCA, NACE. All rights reserved.

9

Presented by EDNA, DO, MPH, COG, MEd, PhD

Not Sure?

When in doubt, reach out to a local Metabolic and Bariatric Surgery Center

10

Most Common Comment from Patients

"I only wish I had done it sooner"

Copyright © 2022 AAPA, The NACE. All rights reserved.

11

OBESITY MANAGEMENT IN PRIMARY CARE TRAINING AND CERTIFICATE PROGRAM



Thank you!

AAPA **THE OBESITY SOCIETY** **NACE**

Copyright © 2022 AAPA, The NACE. All rights reserved. Copyright © 2019 AASO, The NACE. All rights reserved.

12
