

COPE Webinar for Health Professionals



Watch the Gap: Practical, Comprehensive, and Person-Centered Nutrition Care in Bariatric Surgery



Wednesday, May 24, 2023

Moderator

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Program Manager

MacDonald Center for Obesity Prevention and Education
Villanova University M. Louise Fitzpatrick College of Nursing

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- Level 2
- Suggested CDR Performance Indicators: 2.1.3, 4.1.2, 8.1.1, 8.2.3

Today's Learning Objectives

- Identify evidence-based, nutrition-related contraindications for bariatric surgery
- Describe current strengths and limitations of nutrition guidelines in bariatric surgery
- Explore practical and ethical professional practice in areas of bariatric surgery with limited high-level evidence



**Watch the Gap:
Practical, Comprehensive, and
Person-Centered Nutrition Care in
Bariatric Surgery**



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Disclosures



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VILLANOVA CENTER FOR OBESITY PREVENTION AND EDUCATION

Watch the Gap: Practical, Comprehensive, and Person-Centered Nutrition Care in Bariatric Surgery

Colleen Tewksbury, PhD, MPH, RD, CSOWM, LDN

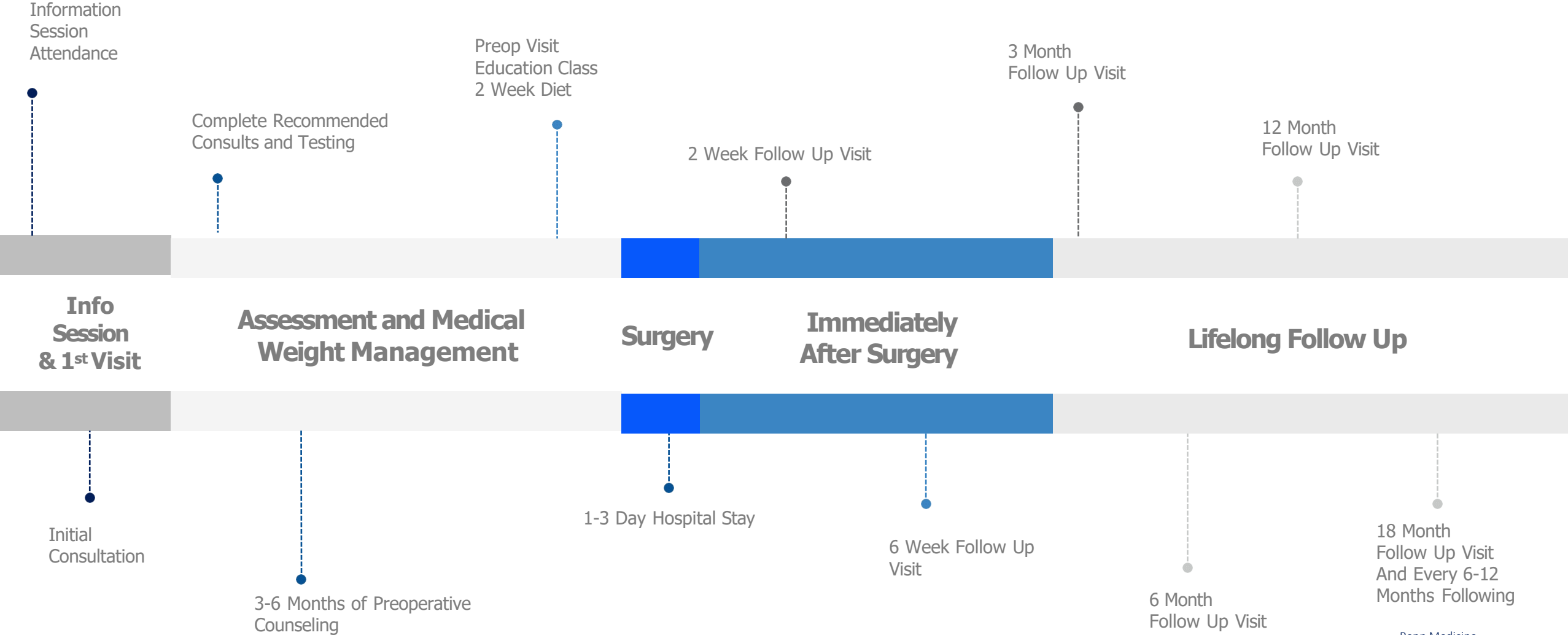
Assistant Professor in Nutrition Sciences

May 24, 2023

No relevant financial disclosures

Surgical Obesity Treatment Timeline

It's a Marathon, Not a Sprint





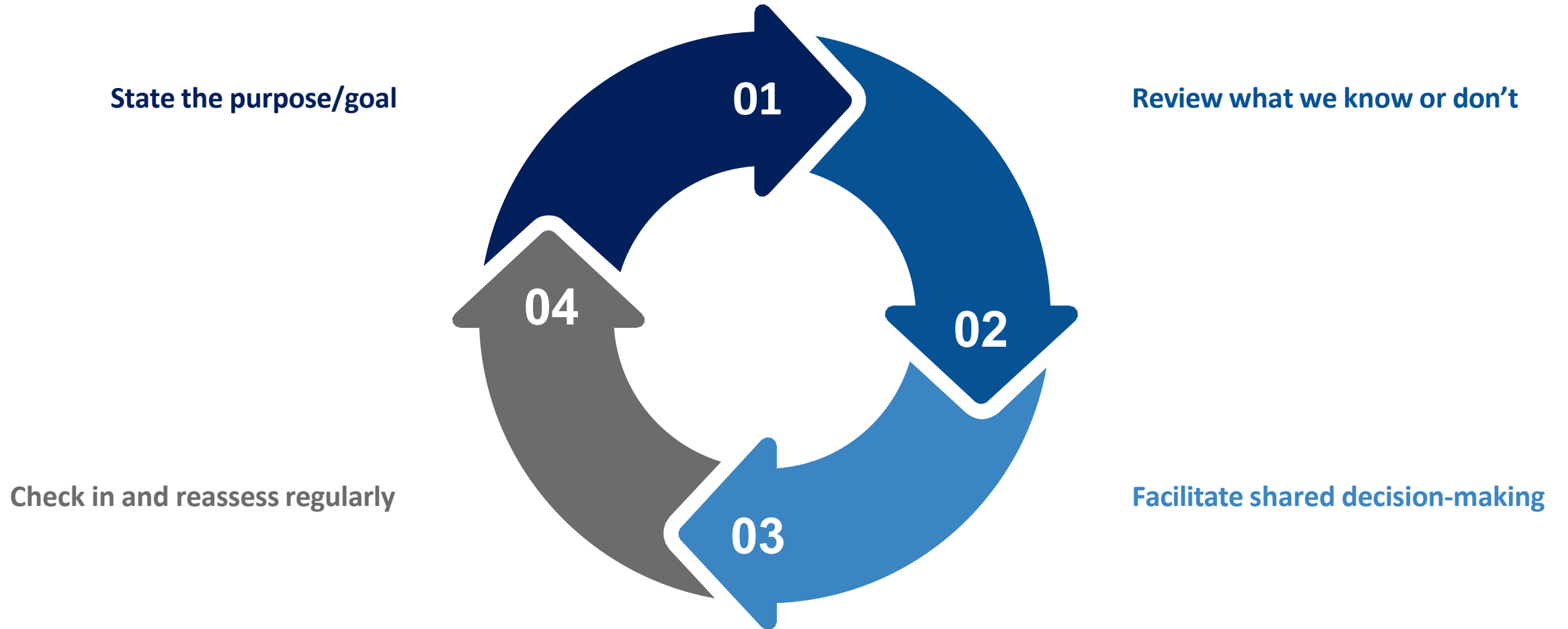
What's a gap?

2.7	Engages in evidence-based practice and uses best practices		X	X	X
2.7A	Integrates evidence-based practice and research evidence in delivering quality care (eg, Academy, Academy Evidence Analysis Library [EAL], American College of Sports Medicine, The Obesity Society, the American Society for Metabolic and Bariatric Surgery, position papers, and best practices)		X	X	X
2.7B	Discloses when practices are not evidence-based when discussing patient-centered care		X	X	X
2.7C	Recognizes and informs patient/client or organization of strengths and limitations of current information, research, and evidence when making recommendations		X	X	X
2.7D	Integrates evidence-based practice and research evidence in delivering professional presentations and publications			X	X
2.7E	Establishes best practices based on best available evidence				X

Tewksbury, C., Nwankwo, R., & Peterson, J. (2022). Academy of Nutrition and Dietetics: Revised 2022 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Adult Weight Management. *Journal of the Academy of Nutrition and Dietetics*, 122(10), 1940-1954.

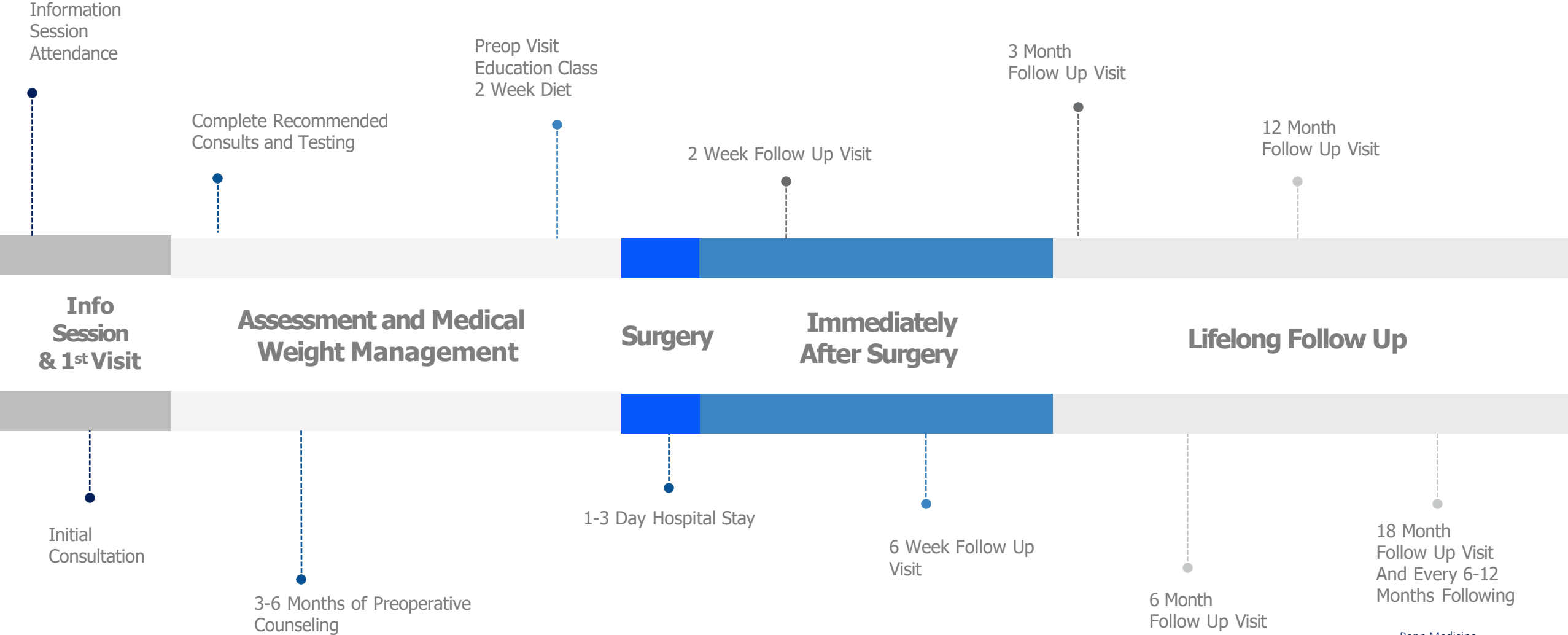
How do we work through gaps?

MAKE IT SYSTEMATIC TO BE PRAGMATIC



Surgical Obesity Treatment Timeline

It's a Marathon, Not a Sprint





Let's meet Donna...

Donna is presenting for initial nutrition assessment to undergo a laparoscopic sleeve gastrectomy.

When talking about dieting history, casually says,

“I did spend some time in an outpatient eating disorders program a few years ago for overeating.”

Goals of Nutrition Assessment Prior to Surgery

Assessment

- Anthropometrics: BMI
- Nutrition-related labs
- Related comorbidities
- Dieting history
- Weight history
- Food intake
- Supplements
- Allergies
- Intolerances
- Religious food restrictions
- Eating behaviors
- Review post-op diet
- Knowledge of surgeries
- Motivation
- Adequate behavioral skills
- Pre-operative insurance-mandated nutrition programs?
- Pre-operative weight loss?

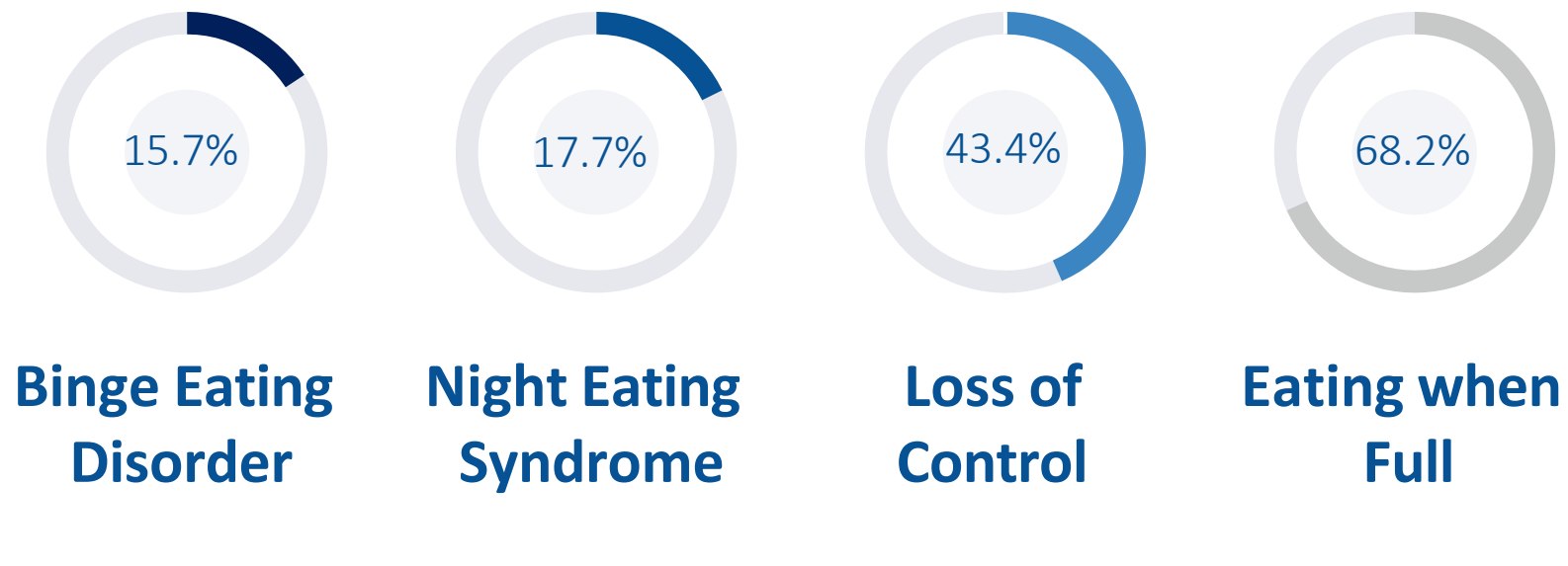
Indication

- Demonstrate understanding of the postoperative nutrition recommendations



Prevalence of Eating Disorders and Disordered Eating in Patients Presenting for Bariatric Surgery

LABS-2 n = 2,266 patients prior to bariatric surgery



What do the clinical practice guidelines state?

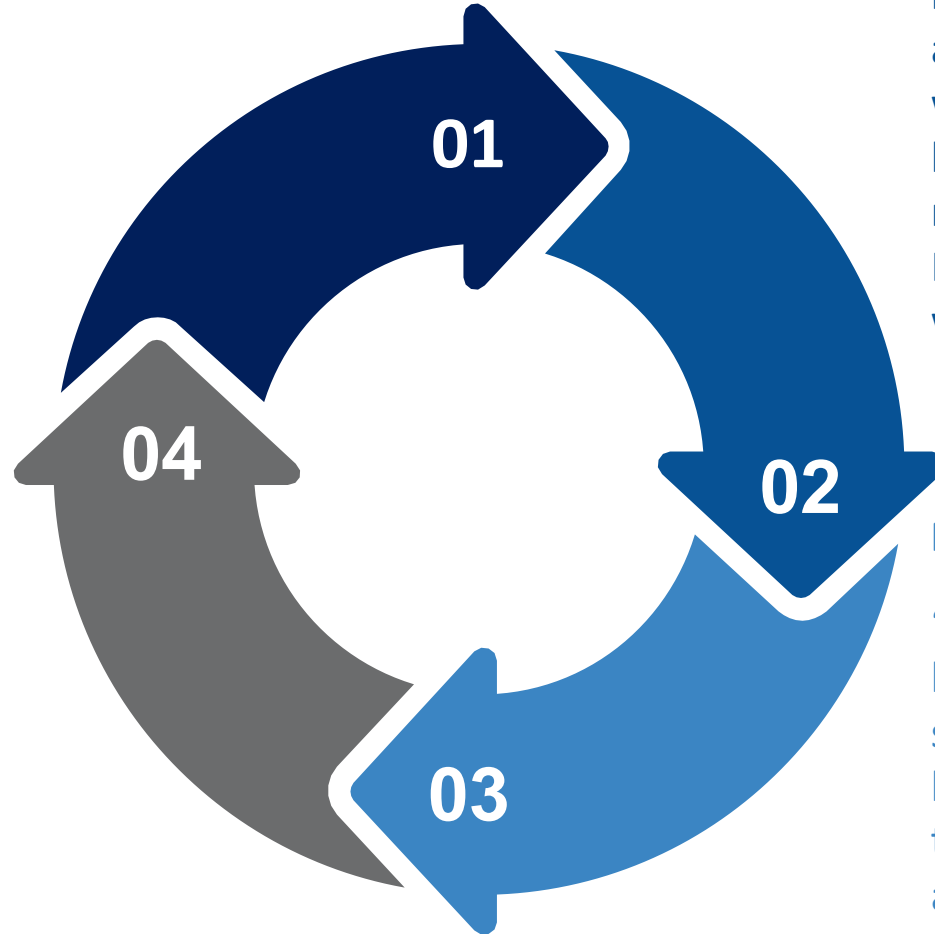
R31. (2013*). Pre-operative binge-eating disorder was associated with less weight loss after RYGB or LAGB, but patients still lost more weight than those receiving lifestyle modification alone (510). Postoperative engagement with behavioral therapy, psychological services, and spousal engagement are positive predictors of outcome for all patients undergoing bariatric surgery, and therefore advised (510-512). Bariatric surgery was associated with a slight increase in suicide and self-harm, but the absolute risks were still low (513).

(679). Similar results were found in a 5-year French cohort of 16,620 patients (680). Long-term success after bariatric surgery also depended on adherence with physical activity, vitamin supplementation, and healthy eating patterns, the last of which was impaired in patients with poorer mood, preference for sweets, and eating disorders (678).

Since increased adherence with follow up is associ

State the purpose/goal

“Our goal is as we move forward with obesity treatment, we do our best to prevent any unintentional triggering of disordered eating and flag anything that comes up sooner rather than later.”



Review what we know or don't

“A history of binge eating is not a reason why someone might not be a candidate for surgery, but those with a history are more likely to lose less weight after surgery and may need some additional support. It is wonderful that you shared this with me.”

Facilitate shared decision-making

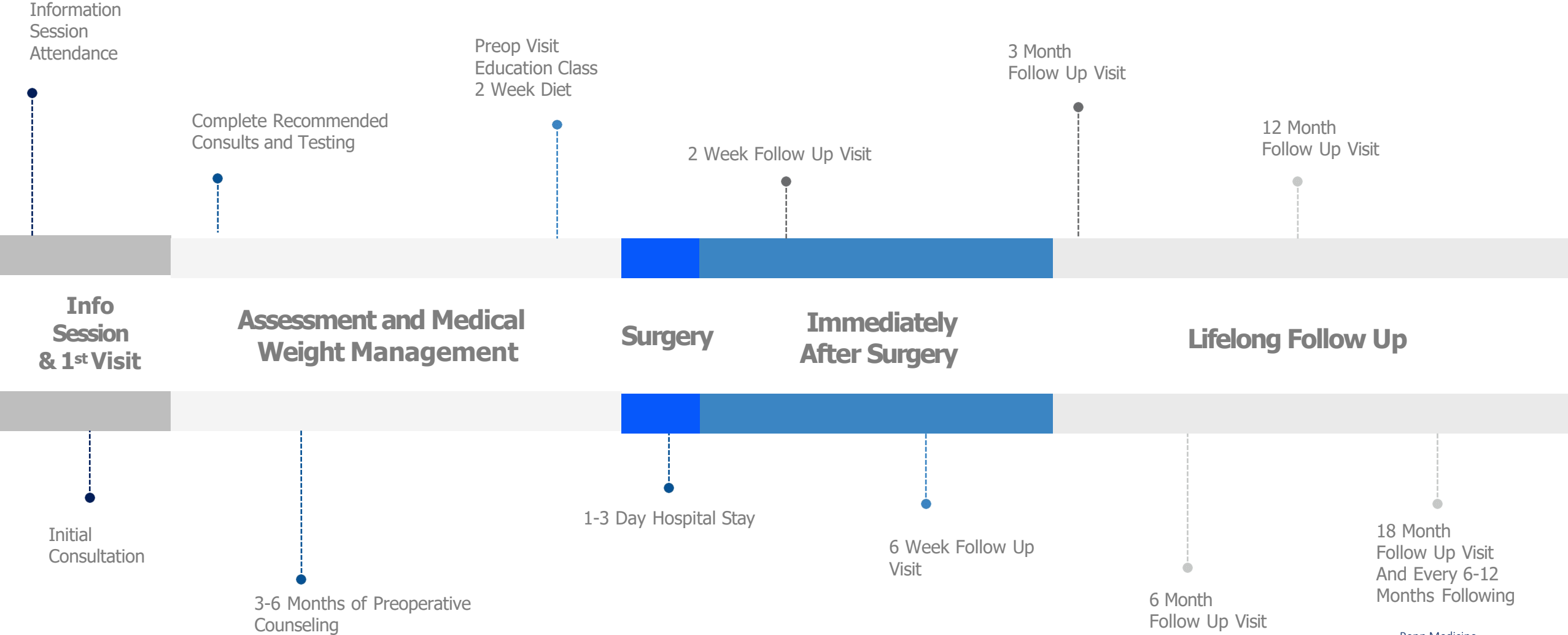
“Some of the nutrition recommendations can be risky or triggering for people who have struggled with bingeing in the past. Would you be comfortable with checking in on each of these so we can modify to what's best for you as things come up? How has this worked for you in the past? Would you like to set up additional behavioral support?”

Check in and reassess regularly

“How are you feeling about tracking protein? How has this worked for you in the past?”

Surgical Obesity Treatment Timeline

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Donna moves forward...

Donna has established care with a behavioral health provider with experience in weight management and eating disorders for additional support.

Donna's insurance requires 6 months of preoperative counseling.

Donna asks, "Do I have to do this? I've attempted losing weight so many times and I've done so much research on the surgery. This seems punitive."





Preoperative Medical Weight Management: Counseling and Preoperative Weight Loss

Possible Benefits

- Certain patients may benefit more than others
- Possibly greater overall weight loss
- Improvement of “technical experience” of the operation
- Does this time build better rapport?

Negatives/Risks

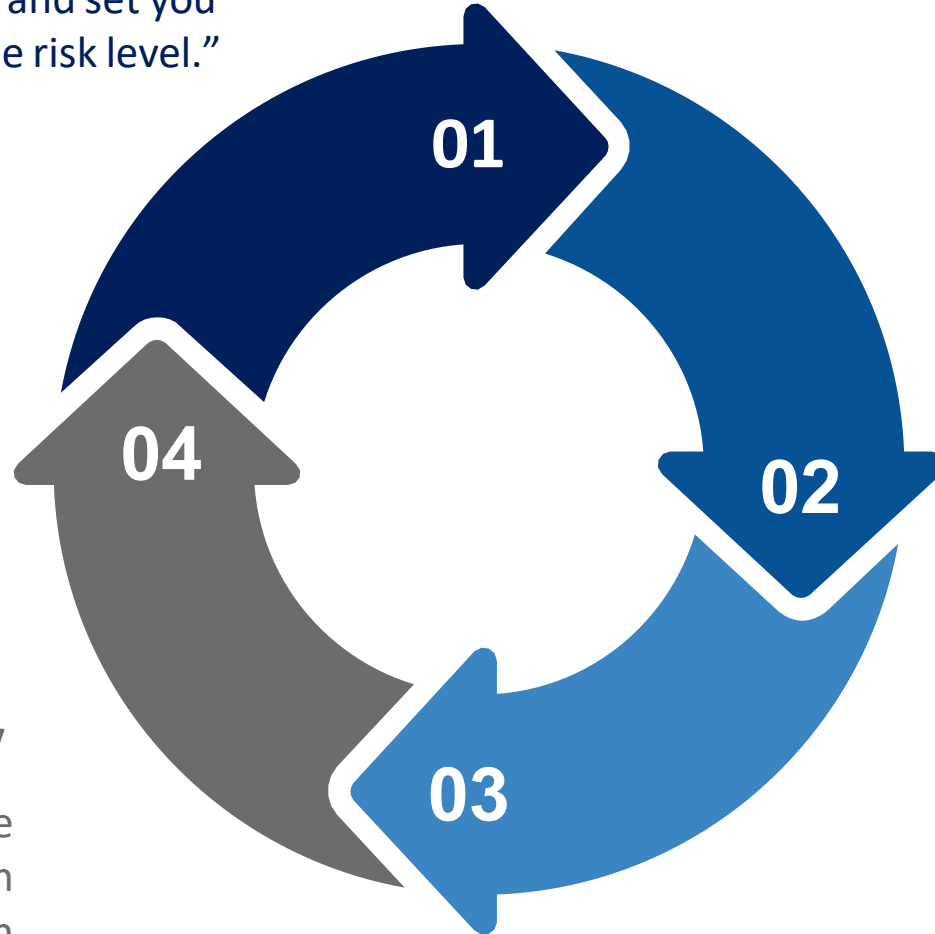
- Patients who present for surgery are “dieting veterans”
- Requirements of medical weight management are one of the most cited barriers to treatment
- Very limited evidence of benefit, both intra and postoperative
- Systemic weight bias

undergoing SG. Notwithstanding the potential benefits of improved preoperative health associated with weight loss on postoperative outcomes, taken together, these studies argue against weight loss as a prerequisite for bariatric surgery because a likely adverse effect of failure is denial of a potentially life-saving procedure (i.e., denial of a timely bariatric procedure). Routine prehabilitation clinical pathways that include deep breathing exercises, CPAP as appropriate, incentive spirometry, leg exercises, sips of clear liquids up to 2 hours preoperatively, H2 blocker or proton-pump inhibitor, thromboprophylaxis, and education about perioperative protocols, in conjunction with intraoperative and postoperative ERABS protocols, are associated with improved outcomes [414].

Mechanick, Jeffrey I., et al. "Clinical practice guidelines for the perioperative nutrition, metabolic, and nonsurgical support of patients undergoing bariatric procedures—2019 update: cosponsored by American Association of Clinical Endocrinologists/American College of Endocrinology, The Obesity Society, American Society for Metabolic & Bariatric Surgery, Obesity Medicine Association, and American Society of Anesthesiologists." *Surgery for Obesity and Related Diseases* (2019).

State the purpose/goal

“Our goal is to get you to surgery and set you up for the lowest reasonable risk level.”



Review what we know or don't

“Frankly, this process is required by your insurance for them to issue a prior authorization for payment. There aren't many known benefits to this. If you lose weight during this time, you would be more likely to lose more weight in total, but there's no requirement that you must lose weight in order to have surgery.”

Facilitate shared decision-making

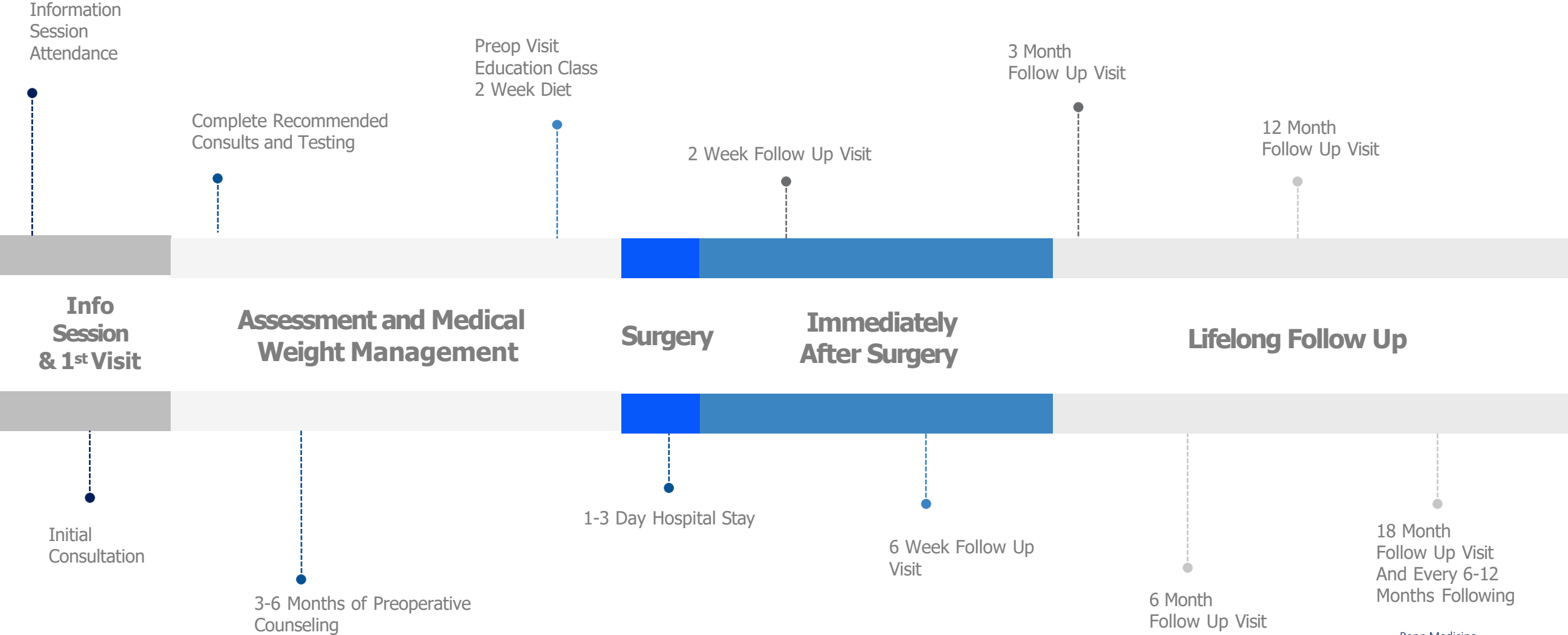
“You have some options here— unfortunately, if you do not complete the counseling period, your insurance will not approve the procedure. If you want to move forward, we could work towards weight loss if that is what you'd like, or we can use this time to practice and prepare for after surgery. What are your thoughts?”

Check in and reassess regularly

“This is your time to practice behaviors for after surgery in preparation. How has Been going?... How hard do you think this will be after surgery?”

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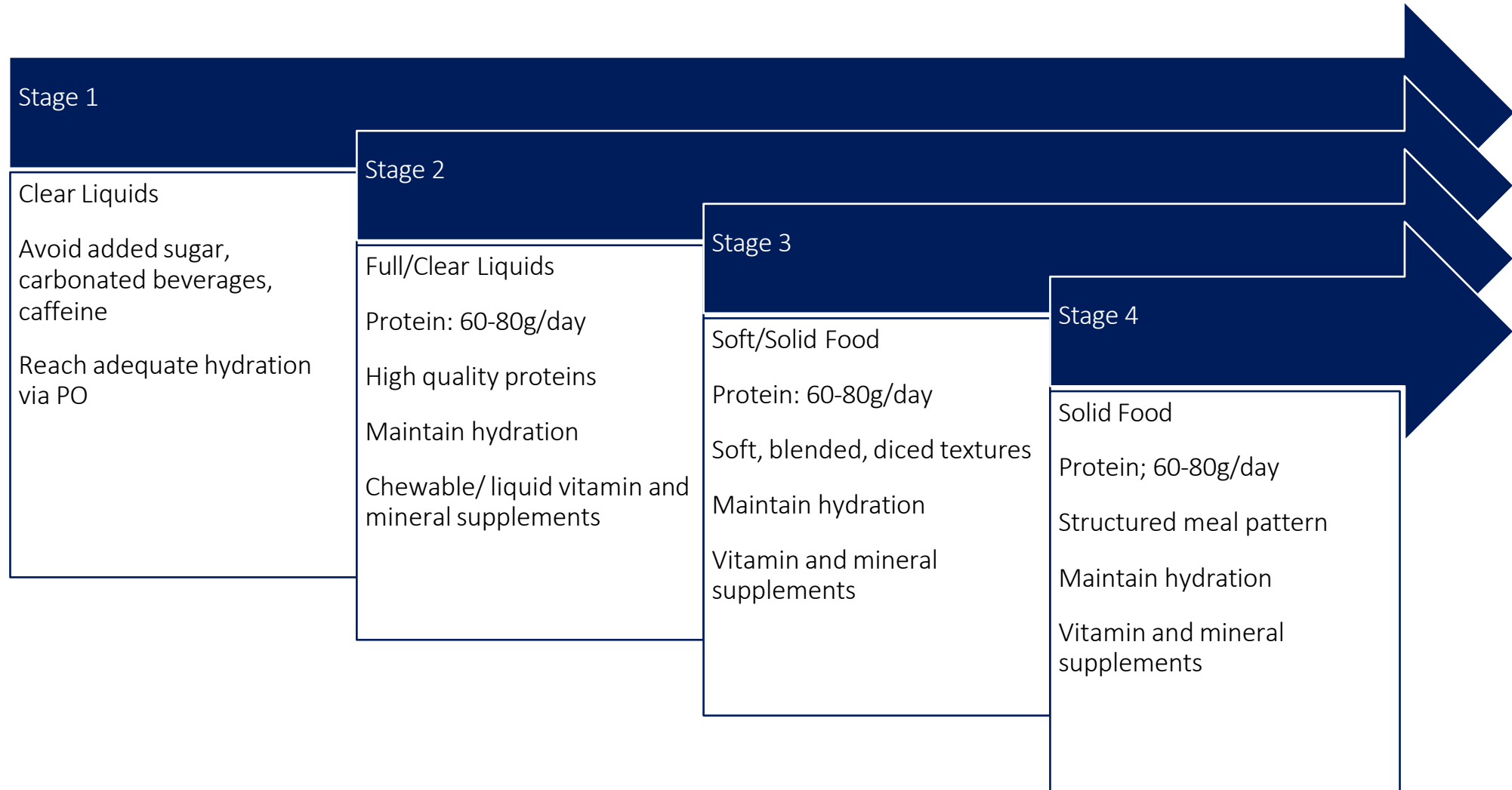
Donna is 12 days post sleeve gastrectomy...

Donna is recovering well.

Tolerating fluids well, taking daily walks, moving bowels without difficulty.

She states, “I know you aren’t going to like hearing this, but I just needed to chew on something. I had some grilled chicken breast yesterday.”

Postoperative Diet Progression Recommendations

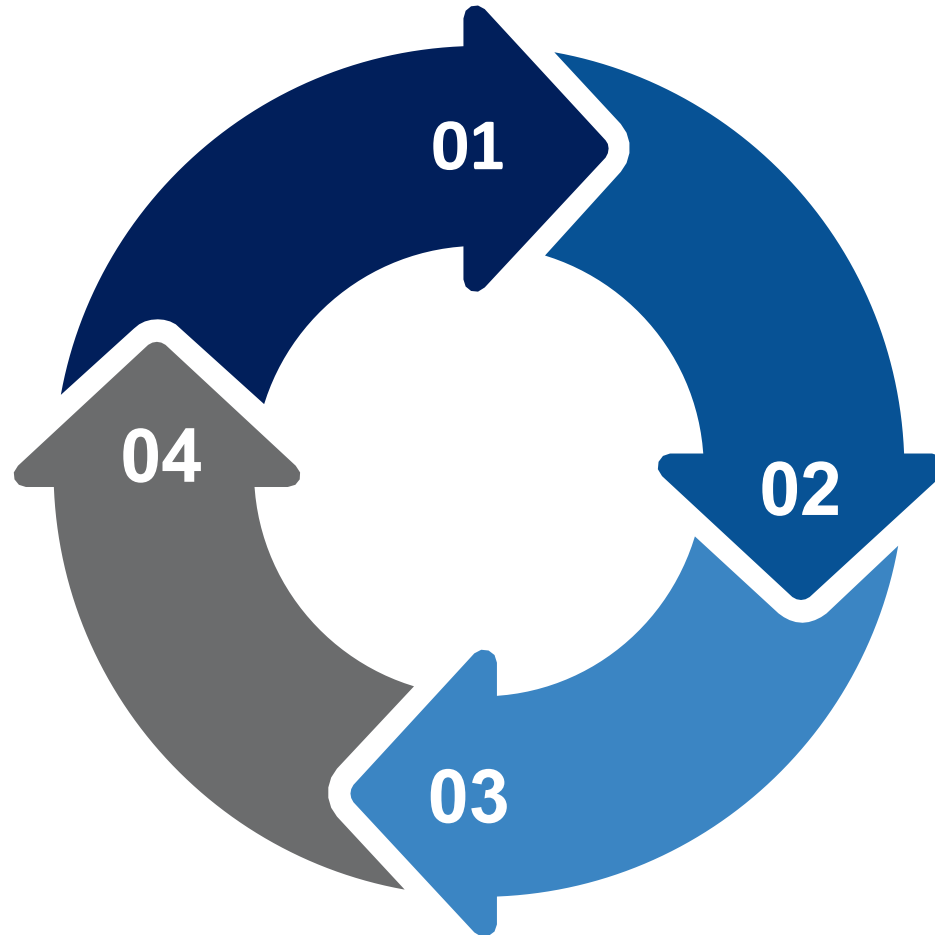


State the purpose/goal

“The purpose of the postoperative progression is to promote healing and optimize weight loss.”

Check in and reassess regularly

“How did advancing to thicker textures go?”



Review what we know or don't

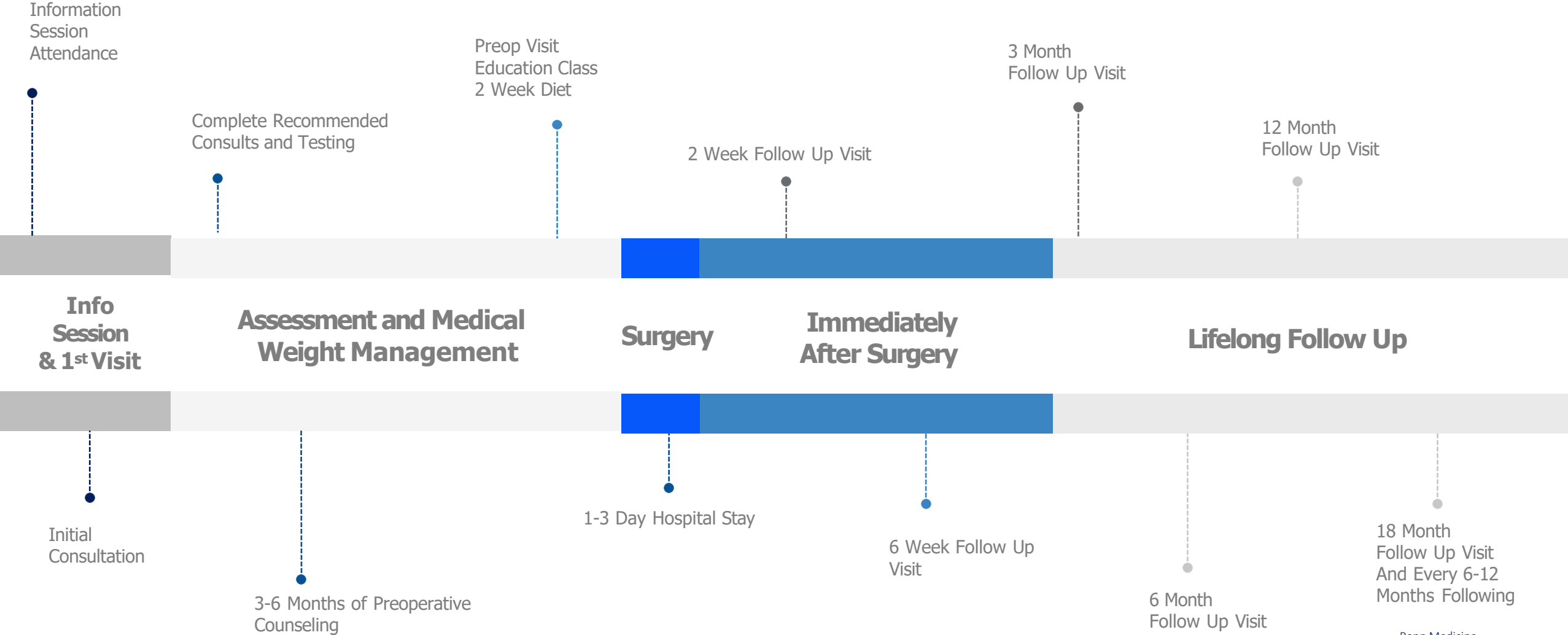
“These are general recommendations, not hard rules. I appreciate your honesty”

Facilitate shared decision-making

“Tell me more about the chicken. How did it go? Any discomfort? Do you feel comfortable advancing your textures or do you want to go back to softer foods or puree?”

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Donna is back...

Donna is 3 years post sleeve gastrectomy.

She initially lost 28% within one year of surgery. After two years of no contact with the office, she is returning reporting frustration with weight regain over past year (net 20% total weight loss).

She asks, “I have been researching. I want to try out intuitive eating to work towards weight loss.”



Intuitive Eating

- Behaviors associated with lower BMI, lower levels of physical activity, positive psychological constructs
 - Cross-sectional studies only
- RCTs assessing Intuitive Eating in multiple populations/disease states
 - Limited to no effect on dietary intake quality
 - Limited to no changes demonstrated in cardiometabolic risk
 - Demonstrated improvement in psychological metrics

Van Dyke, Nina, and Eric J. Drinkwater. "Review article relationships between intuitive eating and health indicators: literature review." *Public health nutrition* 17.8 (2014): 1757-1766.

Linardon, Jake, Tracy L. Tylka, and Matthew Fuller-Tyszkiewicz. "Intuitive eating and its psychological correlates: A meta-analysis." *International journal of eating disorders* 54.7 (2021): 1073-1098.

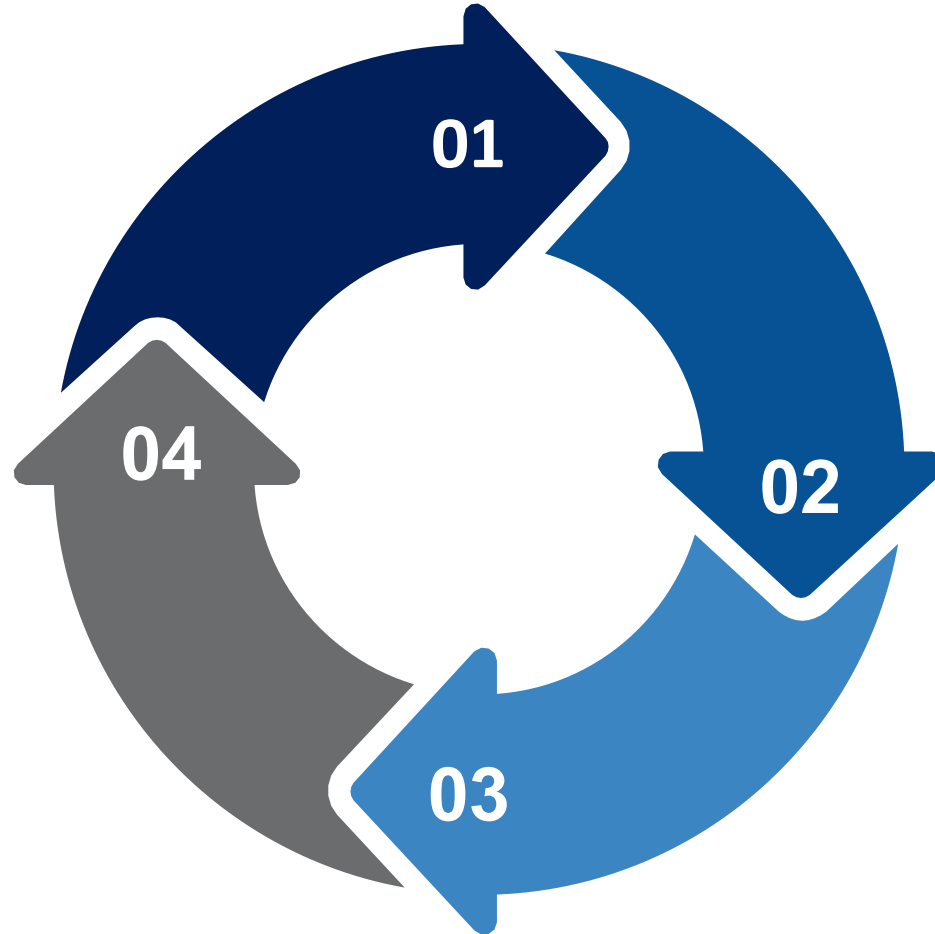
Warren, Janet M., Nicola Smith, and Margaret Ashwell. "A structured literature review on the role of mindfulness, mindful eating and intuitive eating in changing eating behaviours: effectiveness and associated potential mechanisms." *Nutrition research reviews* 30.2 (2017): 272-283.

Grider, Hannah S., Steve M. Douglas, and Hollie A. Raynor. "The influence of mindful eating and/or intuitive eating approaches on dietary intake: a systematic review." *Journal of the Academy of Nutrition and Dietetics* 121.4 (2021): 709-727.

State the purpose/goal

“Tell me more about what you’ve learned about intuitive eating and what attracts you to it.”

“Sounds like you’re looking to lose additional weight through food changes.”



Review what we know or don't

“Intuitive eating focuses on your internal cues and hasn't been shown to be very effective at improving diet quality or weight loss. But I can help people improve body image, self-esteem, and their overall relationship with food.”

Facilitate shared decision-making

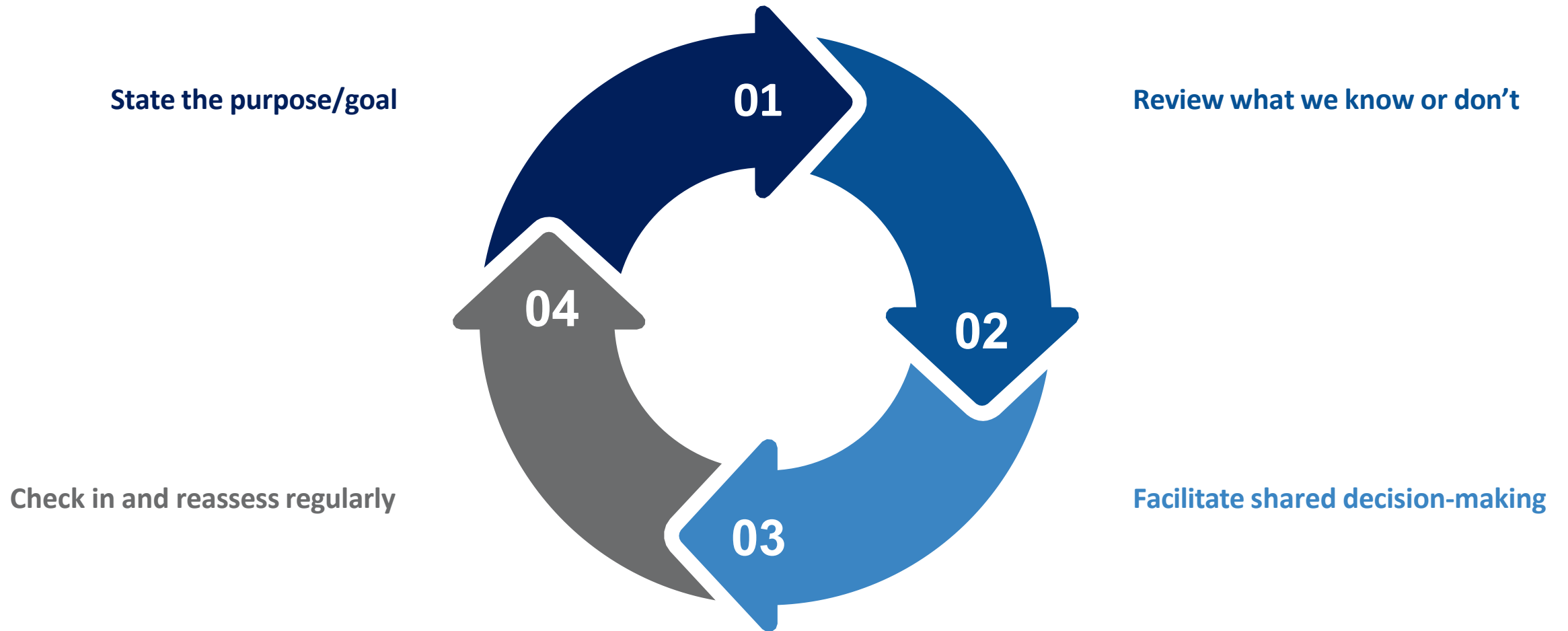
“We can focus on intuitive eating principles if you'd like. I'd just caution on expecting it to lead to weight loss. We can discuss what other options there are that may be more likely to lead to weight loss if you'd like.”

Check in and reassess regularly

“You've been tracking hunger and satiety for the past month. How well do you feel this approach is working?”

Framework to work through the gaps

BARIATRIC SURGERY HAS LOTS OF GAPS





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To Receive Your CE Certificate

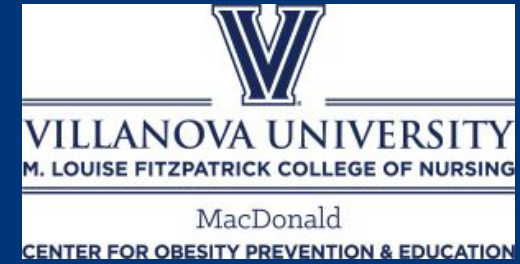
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- Certificate will be sent to you afterwards

Upcoming Free Webinars for Health Professionals

June 15, 2023 Wendy Bennett, MD, MPH 12-1 PM EST

Tick Tock Goes the Clock: Timing of Eating and Weight Gain Prevention

Q&A



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If you are an RD or RDN and have any questions or concerns about this continuing education activity, you may contact CDR directly at QualityCPE@eatright.org.