

Dietetic Intervention to Optimise pre Bariatric Surgery Glycaemic Management



Centre for Obesity
Management
St. Columcille's Hospital

Rhynehart A, O'Connell, J.
Centre for Obesity Management,
St Columcille's Hospital, Loughlinstown, Co. Dublin

EASO COM
EASO Collaborating Centre for Obesity Management



Introduction:

- Bariatric surgery is an effective treatment for complex obesity and Type 2 diabetes (T2DM), but surgery may be delayed if a significantly out of target glycated haemoglobin (HbA1c) is identified in pre-surgery assessment.
- Although data guiding the pre-operative management of glycaemia in bariatric surgery is limited, HbA1c below 8% is a suggested target (1).

Methods:

- Patients identified with above target HbA1c at pre-surgical medical screening were referred.
- A protocol was developed for a dietitian led, telehealth clinic providing intensive support around dietary management and medication adherence.
- The dietitian contacted referred patients to explain the intervention and invite them to attend the clinic via video call.
- A diary for self-monitoring food, blood glucose levels, activity and medication was emailed to patients with instructions to keep it for the week prior to the appointment and return it by email.
- Consultations focussed on assessing and developing patients' nutritional knowledge and understanding of dietary impact on glycaemic management. Facilitated reflection on patient records was used to identify weekly behavioural goals with the patient.
- In cases where medication review was indicated, for example limited scope for further dietary manipulation, or tolerance issues, medication optimisation was supported by the Consultant Endocrinologist.
- Review appointments were offered fortnightly until glycaemic management was improved to target HbA1c or the patient opted out.
- Data were gathered and analysed on Microsoft Excel and presented as mean +/- standard deviation.

Conclusion:

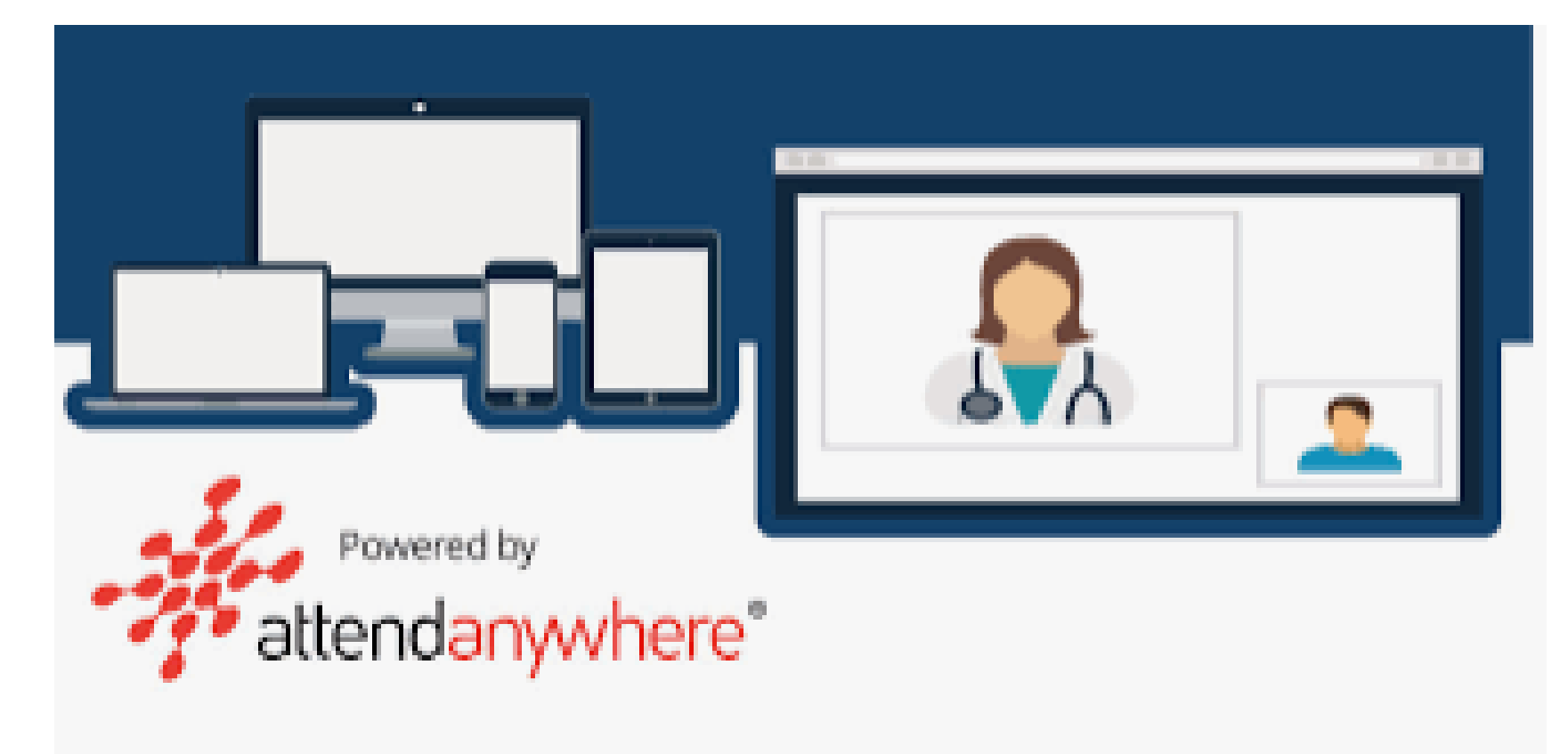
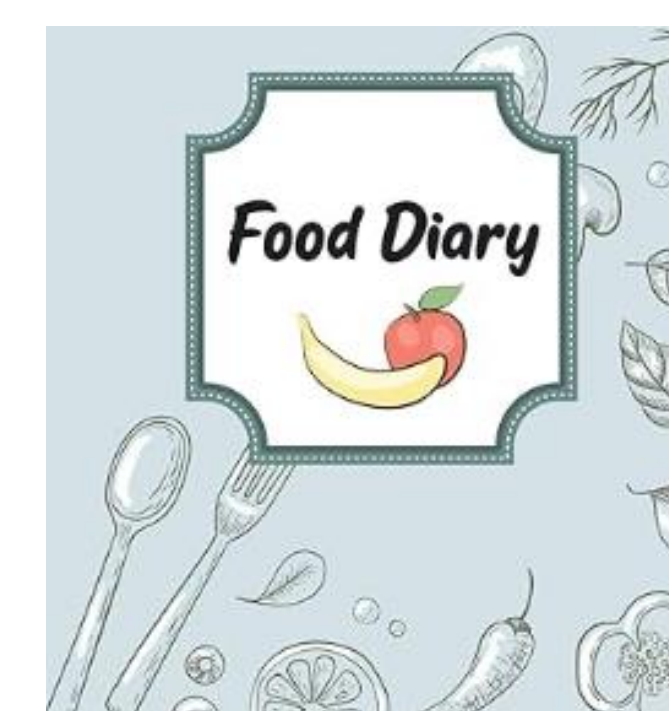
An intensive, remotely delivered, dietitian-led pre-bariatric surgery glycaemia optimisation clinic significantly improved both HbA1c and health behaviours that contribute to long-term diabetes and obesity self-management. There was good uptake of this treatment option which reduces barriers to bariatric surgery and evidence-based obesity care. A Clinical Specialist Dietitian working at the top of their licence is ideally skilled to develop this type of intervention, and it should be considered as in all bariatric surgery services.

Aim:

We describe the introduction of a pre-surgery glycaemia optimisation clinic, led by a Clinical Specialist Dietitian, in a Level 4 Bariatric surgery service in Ireland.



Remote clinics facilitated reflection on patients' self monitoring records



Results:

- The clinic commenced in September 2023, data has been analysed to January 2024.
- Of the 13 patients offered appointment, a total of 11 patients were seen for initial assessment, and 1 patient dropped out.
- Baseline HbA1c was 77.8 ± 8.56 mmol/mol. Repeat HbA1c was available for 5(50%) patients (63 mmol/mol ± 6.72 mmol/mol), with a reduction of 16.6 ± 8.2 mmol/mol after 3.75 ± 1.8 appointments.
- Areas addressed most frequently included carbohydrate portion management, meal pattern stabilisation, self-monitoring, consistency with taking medications, and meal planning.
- New medications were commenced for 3 patients (2 GLP-1, 1 insulin).