

BARIATRIC DIGEST

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Digest Dialogue

The Primary Care Physician's Role in Follow-up Care

By Amber Baker, RN, Clinical Coordinator

Follow-up care for the weight loss surgery (WLS) patient is essential to their success. Health care providers such as primary care physicians, nurse practitioners, and others are a critical piece in the patient's well being. While surgeons are responsible for the care and follow-up of conditions relating directly to surgery, they generally do not provide medication adjustments or care for problems relating to a patient's overall health. These issues are usually better addressed by a primary care provider.

- **Medication Adjustment:** As patients lose weight, some of their co-morbid conditions decrease or even disappear. For every twenty pounds that the WLS patient loses, some of their medications may need adjustments. Those that need to be adjusted include, but are not limited to; high blood pressure medication, cardiac medication, and diabetes medication.
- **Depression and Anxiety:** After surgery, the WLS patient goes through complex emotional, chemical, and physiological changes as a result of rapid weight loss. Sometimes these changes can initiate or aggravate psychological conditions. These conditions may result in the initiation or change in therapy. Patients that use food for comfort, and are unable to do so after surgery are likely to have an onset of depression at this time. Patients may need medication or referrals for counseling for short post-operative periods of time to help them cope.
- **Lab Values:** The WLS patient is at high risk for developing vitamin and mineral deficiencies. A yearly lab test can catch early warning signs that may be missed otherwise. If caught early, most vitamin and mineral deficiencies can be corrected easily; by oral supplementation. However, if left untreated, more aggressive therapy may be needed. The most common deficiencies are iron, B12 (gastric bypass only), B1 (thiamine), and parathyroid levels that regulate calcium metabolism.
- **Birth Control:** Even a 10% *decrease* in body weight can result in an *increase* in fertility for WLS patients. During the rapid weight loss phase, it is harmful to become pregnant. It is detrimental to the developing fetus and can cause an incisional hernia in the mother. If the patient is a female of childbearing age, they need to use at least one method of reliable birth control for 18 months post-op.

- **Support Group:** Encourage patients to attend support group. Often patients feel alone or that no one understands what they are going through. Support group gives them a chance to see what others are experiencing, and helps them to "get back on track" if their weight loss has stalled out or they are eating things they shouldn't. It energizes the patient to find others that can relate and to hear how others are coping after surgery. Generally, the most successful patients are those who attend support group on a regular basis.

Taking the time to understand weight loss surgery and how it affects the patient is still the most important piece of information that can be gathered. Each patient has different needs and concerns after surgery. Taking the time to address these issues can prove both valuable and preventative in WLS patients.

About the Author

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Amber is from Salina, Utah. She graduated from Snow College and the University of Utah. She has a B.S. in exercise and sports science and a B.S. in nursing. Amber has been a part of the Surgical Weight Loss Center of Utah team since July of 2004.

Amber is the clinical coordinator for the program overseeing and educating the clinical staff at Salt Lake Regional Medical Center. She also facilitates the lap band support group monthly. Amber is responsible for pre-op and post-op education for all bariatric patients.

The thing Amber loves most about her job is seeing the confidence that patients gain after they realize what they can accomplish.