

Better Nutrition After Bariatric Surgery

Dietary strategies following weight-loss procedures

Bariatric surgery, in which people go under the knife in the name of weight loss, is soaring in popularity. According to Robert Kushner, MD, nutrition specialist and professor of medicine at Northwestern University, about 200,000 US adults undergo forms of bariatric surgery every year. The two most common types are gastric banding, where a band around the top of the stomach creates a small pouch, and gastric bypass, where the digestive tract is rerouted to avoid most of the stomach and upper intestine. The procedures aid weight loss by forcing people to restrict food intake, by reducing hunger, or both.

Promises of rapid weight loss may be appealing, but bariatric surgery alone won't solve the current obesity epidemic and it carries risks, including micronutrient malnutrition and possibly other long-term consequences as yet unknown. It's best to lose weight naturally through diet and lifestyle changes. But if you've exhausted all other alternatives, bariatric surgery may be an option, especially for diabetics—type 2 diabetes resolves in up to 80 percent of patients after these procedures. Keep the following post-operative concerns in mind if you're thinking about undergoing bariatric surgery:

Food Choices Since patients must eat smaller quantities, nutrient-dense choices such as fruits, vegetables, lean protein, and beans and other legumes should be dietary staples. Avoid high-calorie/low-volume foods like milkshakes, juice, buttery mashed potatoes, or chips. Try weighing food to control portion sizes and chew food slowly and thoroughly.

Also, with gastric bypass, food enters the small intestine quickly, so eating too many high-sugar foods (over 25 g per serving) can cause “dumping syndrome,” with symptoms that can include stomach rumbling, rapid heart rate, sweating,

feeling faint, abdominal cramping, and, in severe cases, passing out.

Lifestyle Changes After surgery, you'll want to eat smaller, more frequent meals, and learn to recognize when you feel full; overeating with a decreased stomach capacity can cause vomiting. If you have type 2 diabetes, your doctor should also closely monitor blood sugar.

After gastric bypass—as opposed to gastric binding—foods no longer travel through much of the small intestine, so the body can't absorb micronutrients like vitamin D, calcium, vitamin B12, folic acid, and iron. Dr. Kushner recommends all bypass patients take a prenatal vitamin for the extra folic acid and iron, plus B12, calcium, and vitamin D supplements, and have blood tests twice a year to monitor vitamin and mineral levels. Bariatric surgery shouldn't interfere with absorption of other nutrients, but if capsules, like those of fish oil, are too big to take comfortably, try liquid forms instead.

Personal and Social Situations Most bariatric surgery programs provide mental health specialists to counsel clients about emotional and social aspects of the procedure. Restricting food intake through surgery abruptly changes ingrained dietary patterns, so it's critical for patients to stop eating for emotional reasons. Since the type and amount of food you can eat is limited, the surgery can change the social dynamics of dining with others. Doing breathing exercises five to eight times daily can help you reconnect with your body and calm anxiety, although it may take a month to see results. Most surgery programs also recommend walking an hour a day, which not only aids in weight loss but can reduce stress, too.

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