Clinical Case Seminar in Clinical Nutrition

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Bariatric surgery is a viable treatment option for patients with severe obesity, particularly in those who have serious obesity-related co-morbidities. The most commonly performed bariatric procedures today are laparoscopic sleeve gastrectomy (LSG), followed by laparoscopic Roux-en-Y gastric bypass (RYGB). Both procedures have been associated with reduction in long-term mortality. In this section of the clinical case seminar, a case will be presented, followed by a review of indications, perioperative bariatric care, and common complications after bariatric procedures which are relevant to internists.

In Asians, it has been proposed that BMI cutoff for patients who should be eligible for bariatric surgery may be lower than that of other ethnic groups (BMI ≥35 kg/m² or ≥30 kg/m² with significant co-morbidities in Asians vs BMI ≥40 kg/m² or ≥35 kg/m² with significant co-morbidities in other ethnicities). A complete pre-operative evaluation, including nutritional, endocrine, cardiopulmonary, GI, and psychiatric assessment, is required to minimize complications and optimize outcomes. Nutritional care in the postoperative period focuses on adequate protein and fluid intake, as well as the ensuring of compliance to micronutrient supplementation. In patients who present with severe nausea and vomiting in the postoperative period, thiamin deficiency should be included in the differential diagnosis and prompt treatment should be provided.

Keywords: Obesity, Bariatric surgery, Perioperative care, Thiamin deficiency