LONG TERM CONSEQUENCES OF GASTROPLASTY FOR OBESITY ON BODY MASS, EATING HABITS AND NUTRIENT INTAKE

L.M. BURKE and A.C. JAMIESON

The long term nutritional consequences of gastroplasty procedures are unclear. In this study, information on body mass, eating habits and nutrient intake was collected from patients at least two years and up to five years following a high gastric reduction type of gastroplasty for obesity. It was expected that weight control and eating habits would have stabilised over this time.

Information was collected from 84 patients (78 women and 6 men) by standard interview and questionnaire. A dietary history and food frequency was used to collect usual daily food intake and analysed using a computer package based on the food composition tables of Paul and Southgate(1978).

Most patients lost weight following gastroplasty with a mean loss of 32 kgs, representing 68% of the excess weight at the time of the study. In the majority of cases, the loss was achieved in the first 8-12 months post-operatively and only 25% of patients maintained their initial loss. More than 67% of patients at the time of study weighed more than the target they had set themselves.

Most patients suffered with gastrointestinal symptoms following the gastroplasty which persisted in many cases up to five years post-operatively. Most patients labelled the vomiting, constipation and intolerance to certain foods as 'mild' and few cases led to the traditionally reported complications of obesity surgery.

The effect of these symptoms, together with other factors, resulted in a substantial reduction in the nutritional variety and social function of food.

There was a wide range in reported energy and nutrient intakes. However, most patients chose nutritionally inadequate diets, with 39% consuming less than the protein requirement of 0.6 g/kg body mass per day. More than 50% of patients reported a daily intake of less than 67% of the R.D.A. for some vitamins, including folate and Vitamin B_{12}, and for most minerals, including iron, copper, magnesium and zinc. A low fibre intake was also common. Less than half the group were taking nutrient supplements.

Recommendations include an expansion of the definition of success in obesity surgery to encompass factors of nutritional status and of eating practices. Patients should receive better nutrition counselling, specifically related to overcoming food intolerances and improving dietary variety. A long-term nutrient supplement of a broad-range, low-dose nature is required, and biochemical screening of patients who have difficulty in achieving nutrition goals should be undertaken to detect early signs of nutrient deficiencies.

PAUL, A.A. and SOUTHGATE, D.A.T. (1978). "The Composition of Foods". (Her Majesty's Stationery Office: London).

Box Hill Gardens Medical Centre, Victoria. 3128.