Patient Follow-up Compliance Total Telehealth LSG

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Telehealth Preoperative Pathway

Referral from general practitioner Questionnaire sent to patient for screening Past history, Anthropometric data, StopBang Patient information package to patient Bariatric Physician consultation Surgeon consultation/s Dietitian consultation/s Other consultations

(Peri-operative Physician, Psych, Other)

	ī						
Г			1	-	Hiatus her		Complications
					Hiatus neri	Surgery and F	complications
				1968	GORD (gast	You will be ad	Serious complications following weight loss are very uncommon. Most patients will have a smooth postoperative
		Laparo		6.01	sometimes i	theatres prior	recovery.
	Thank vo				A hiatus her	the operation,	
	to our ini	L 1			may result i	You will have	If you have any problems following your surgery, you should contact me without delay.
	Undergoi			line.		routinely.	Potential complications include, but are not limited to:
	well as th			Uver	I will ask yo Roux-en-Y g	You will be er	General complications from abdominal surgery
					surgery, it w	admission.	
	The three				surgery, it w	l will visit you c	Bleeding requiring blood transfusion or return to operating theatre (<1%) damage to other organs (<1%), deep venous
					Fertility an		thromboembolism or pulmonary embolism (<1%), serious infection (<1%) anaesthetic complications including heart
	1. L					The abdominal	or lung problems (<1%)
	2. L				Weight loss	waterproof dre You will be giv	Nutritional complications
	3. L				do not fall (Take these as r	It is important that you take vitamin supplements as directed by your dietitian to avoid potentially serious problems
					soon after y pregnancy t	You should also	with deficiency.
	All opera			_	The oral co	gastrectomy ar	
	hospital f				contracepti	settle any reflu	Weight Loss Surgery Complications
	Most pat				You should		Leak: a leak occurs when the internal stitching or stapling used in your surgery does not heal completely. This occurs
	consultat		2		contracepti	After surgery	in less than 1% of patients but may result in a prolonged hospital admission or further surgery.
	bypass su				WLS may a		
	existing r				contracepti	You should res	Gastro-oesophageal reflux: This occurs in some sleeve gastrectomy patients and usually resolves. If not, patients may be required to take medication or undergo additional surgery.
			â			you lose weigh	
	Prepara				Medicatio		Dumping and Changes in Bowel Function: These complications may occur after gastric bypass surgery. They usually
		Laparos				Physical activit	resolve but may persist in some patients. Dumping may result in dizziness, palpitations sweating and diarrhoea.
	You will ł	sleeve.		100	You may ne	You should me exercise or lift	Scarring and narrowing of the stomach or bowel.
	history ar				Diabetes	You may drive	la successive of a linear of a maximum latin have found interlations on a barrow in the state and small
		Laparo			Many diabe with me and	Patients doing	Increased risk of gallstone formation, hair loss, food intolerance or changes in taste and smell.
	You may			Live	High Blood	manual work n	Changes in psychological mood, Increased alcohol dependency, difficulty socialising due to small meal size.
	and will c	Roux-en		Live	Your blood		Low blood pressure or low blood sugar which may require treatment with medication.
	Some pat	and one			in the week	Nutrition	
	of heart c	pancrea			your WLS.		Please ask me if you would like to discuss any of these complications in more detail.
		process			Blood thinn	It's very import	You will have follow-up appointments arranged with me and the other members of our team. Please don't hesitate to contact me if you have any concerns.
	You will a	processi			You should	tests to monito	Further information regarding weight loss surgery is available at ifso.com
	a good de	Laparo			need to be (The blood test	r andres anonination reparating weight top pargery is available at insortonin
	You will r	part			Some over t	Reviewie avera	Sign below to indicate that you have read and understood this document and have had your operation and its
	nutritiona	1. 1.			surgery.	Bariatric surge They should ta	implications explained in sufficient detail.
	experienc	In the sa		-	Anti-inflamr You should	Patients should	
		a small stomach			these medic	monitorina. R	
		of surgio			areac medite	Thiamine B1. (Patient signature
		or surgic	3	_		showing clinic	
						scan is recomn	
							With best wishes on your weight loss surgery journey, Garett Smith BMed MS FRACS
							······································
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Telehealth Postoperative Pathway

Surgeon phone call at 10 days post-operatively Dietitian phone call at 3 weeks (advised to arrange follow-up) Bariatric physician call at 3 months and 12 months

Additional surgeon consultations as required All patients had surgeon's mobile phone number



Outcomes 110 patients 9/22-4/23

Preoperative (110 patients)

Age	40 (19-68)
Female	98 (89%)
Weight	115kg (82-205)
BMI	42 (30-60)
Type 2 DM	4 (4%)
OSA	7 (6%)
Hypertension	14 (13%)
PPI for GORD	6 (5%)

1 readmission - hydration



12 months (95 patients) **

Weight loss	39.7kg (6-89kg)
TBW loss	33.4% (5.7-53.3%)
BMI change	14 (2-28)

Patient Compliance

69/110 (63%) attended booked appointment 26/110 (24%) reached easily for follow-up (2 calls made) 15/ 110 (13%) unable to be contacted after 2 calls

Micronutrient supplement compliant
Arranged dietitian follow up
Pleased with outcome

72/95 (76%) 16/95 (17%) 94/95 (99%)

Conclusions

Total telehealth delivery for sleeve gastrectomy Safe

> Compliance with follow up appointments - fair Compliance with micronutrient supplementation – fair Dietitian follow up arrangements – poor Patient satisfaction - high

