

Management of Contraception Before And After Metabolic and Bariatric Surgery

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Conflict of interest

- None

Reproductive-health and bariatric surgery

Original article: Integrated health

Reproductive health counseling, attitudes, and practices: a cross-sectional survey among bariatric surgeons

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Knowledge, attitudes, and behaviors of women during pregnancy after bariatric surgery

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Reproductive-health and bariatric surgery

- Fifty-eighty percent of patients who undergo bariatric surgery are women of childbearing age
- Reproductive and contraceptive counseling is of paramount importance
- In our study, majority of surgeons (90%) considered perioperative reproductive health conversations important for female patients

Pre-operative stage

- Reproductive-health should be addressed as part of the pre-operative checklist
- Most surgeons (98%) considered the pre-operative stage to be the best time for initiating these discussions
- However.....
- While most respondents (67%) feel comfortable discussing reproductive health issues with their patients, almost half of them (46%) do not routinely make these conversations.

Pre-operative stage

Discussions should include-

- **Sexual activity and contraception**
- Desire for future pregnancy
- Need to delay conception
- Expected pregnancy outcomes
- The effect of pregnancy on long-term weight loss and outcomes

Contraceptives

- Estrogen therapy should be discontinued before a bariatric procedure-1 cycle of oral contraceptives in premenopausal women



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Original article

Clinical practice guidelines for the perioperative nutrition, metabolic, and nonsurgical support of patients undergoing bariatric procedures – 2019 update: cosponsored by American Association of Clinical Endocrinologists/American College of Endocrinology, The Obesity Society, American Society for Metabolic & Bariatric Surgery, Obesity Medicine Association, and American Society of Anesthesiologists

Pre-operative stage


- In our survey, less than one half of surgeons reported to routinely screen their patients preoperatively regarding contraceptive use.
- Moreover, only 27% reported to regularly guide their patients to discontinue estrogen-containing contraceptives prior to surgery

Sexual activity

- While the recommended surgery-to-conception interval is controversial, it is crucial to exclude early pregnancy at the time

Case Report

Unrecognized pregnancy prior to bariatric surgery: case report and review of implications

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Peri-operative stage-Contraceptives

- Avoidance of estrogen-containing contraceptives perioperatively is advocated due to increased thromboembolic risk
- This risk may extend up to 6 months following surgery

Post-operative stage-Contraceptives

- Utilization of a safe and effective contraceptive method is of utmost importance in the prevention of unintended pregnancies
- The physiologic and anatomic changes that follow bariatric surgery may potentially increase the risk of oral-contraceptive failure

Post-operative stage-Contraceptives

- WHO MEC guidelines

Condition	COC/P/R	POP	DMPA	Implants	LNG-IUD	Cu-IUD
History of bariatric surgery†						
a. Restrictive procedures: decrease storage capacity of the stomach (vertical banded gastroplasty, laparoscopic adjustable gastric band, laparoscopic sleeve gastrectomy)	1	1	1	1	1	1
b. Malabsorptive procedures: decrease absorption of nutrients and calories by shortening the functional length of the small intestine (Roux-en-Y gastric bypass, biliopancreatic diversion)	COCs: 3 P/R: 1	3	1	1	1	1

3 = A condition for which the theoretical or proven risks usually outweigh the advantages of using the method.

Post-operative stage-Contraceptives

- Data regarding sleeve gastrectomy is poor
- It is known from other studies that sleeve gastrectomy may hamper the absorption of drugs



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Full Length Article

The effect of bariatric surgery on direct-acting oral anticoagulant drug levels

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Post-operative stage-Contraceptives

- Alarming, among women who used oral-contraceptives in our study, one-third reported conceiving unintentionally
- We remain cautious regarding oral-contraception use after sleeve gastrectomy, in line with other authors who support a revision to the MEC recommendations, designating oral contraception under category 3 after sleeve gastrectomy.

Post-operative stage-Contraceptives

- Most bariatric surgeons reported to have inadequate contraceptive knowledge in terms of efficacy and safety, both in general as well as in the context of bariatric surgery.
- Over a third of practitioners stated that oral contraceptives can adversely cause weight gain, and most of them did not know to respond about depot medroxyprogesterone acetate (DMPA).

Post-operative stage-Contraceptives

- Bariatric surgeons most frequently (81%) chose patients' gynecologist when asked who is best placed to give contraceptive advice to women undergoing bariatric surgery
- Almost all bariatric surgeons advocate delaying pregnancy after surgery, with most of them supporting at least 12 month
- However, only 40% consistently recommend the use of contraception after surgery, and only one fourth reported to regularly refer patients to their gynecologists to obtain contraception

Post-operative stage

- Most women (867/928, 93.4%) received recommendation to delay conception after surgery, mostly for a 12-month period.
- However, 180 (19.4%) women were sexually active in the first year postoperatively without adequate contraception
- In addition, 296 (31.9%) did not receive contraceptive advice perioperatively.

Summary

Contraceptive Method:	Recommendation:	Additional Notes:
Oral contraception: Combined oral contraceptives or Progesterone-only pills	Should be avoided	
Non-oral estrogen-containing contraceptives: Vaginal ring Dermal patch	Can be used after the perioperative thromboembolic risk has subsided	Dermal patch is not recommended for patients >90kg
Intrauterine Device	Can be safely used	Can be inserted at the time of MBS
DMPA	Can be used after the perioperative thromboembolic risk has subsided	Associated with weight gain
Progesterone implant	Can be safely used	

Conclusion

- There are important gaps in reproductive healthcare counseling and contraception provision for women undergoing bariatric surgery
- This underscores the need for improving pregnancy and contraception counseling
- This could be deeply beneficial in removing barriers to meeting women's reproductive desires and preferences and optimizing pregnancy outcomes

Thank You