IFSO

XXIX IFSO World Congress

1-4 September 2026 | Toronto, Canada
Tues., Sept 1, 2026 12:07-12:14pm

RECURRENT WEIGHT GAIN RECURRENCE 3 YEARS POST-OP: A BATTLE LOST?

Julie Parrott, PhD, MS, RDN

TORONTO2026

The Future of Obesity Management:
From Weight Loss to Health Gain

ifso2026.org

Disclosure Slide

IFSO
XXIX IFSO World Congress
1-4 September 2026
Toronto, Canada

	No, nothing to disclose
√	Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership / Equity Position	Employee	Other (please specify)
Various attorneys	√	case review as expert witness for nutrition-related malpractice						

Telehealth Nutrition Post-op Visit- 3.5 yrs

44 yo Caucasian female, 66 inches
Started at 293 lbs, BMI 42.4; lost 30 lb from SG, had revision due to severe reflux. Did well with LRYGB - in18 months lost wt from 263 lbs to 175 lb, BMI 28; but then over 6 months. regained 21 lbs to 196 lbs. She worked with RD for 1.25 yrs – recycling same 3 lbs –very frustrated & feels defeated.
On a positive note, she continues to have more energy now than before surgery- attributes to iron iv

Pt c/o: weight regain; now has a sweet tooth – never before; now snacking on candy after 12 pm

Medications: Carbatrol (anti-seizure), Flonase, Zyrtec (allergies), HTN (HCTZ)
Labs: all wnl except iron indices: sees a hematologist Q 6 months,regularly
Relevant Med Hx:
Intermittent heavy menses
N/v/c/d: denies

Pre-RYGB

Ht: 5' 6" (1.676 m)

Wt: *263 lb (119.5 kg)*

BMI: *42.4* kg/m² !

BP: *125/87* >1 day

3.25 yrs post RYGB

Ht: 5' 6" (1.676 m)

Wt: *196 lb (89 kg)*

BMI: *31.6* kg/m² !

BP: 127/85 >1 day

Temp: 98.5 °F >1 day

Estimated protein needs (1.2-1.5 gram/kg IBW): 65-85 g/day
24 hr recall: urges to eat around 12 noon and stays hungry or wants to munch
4am Coffee
On the go- special K bar - used to eat Barbello
(20 grams protein, 200 kcals) while driving
10 am 1st work break 15 min break eats oatmeal with protein
L: 12 pm boiled egg or WaWa whole s/w (not a hoagie roll) deli turkey & provolone on multi-grain bread with lettuce, tomato
Snack: Fruit or yogurt when gets home; 1 hr after lunch
D: 5 or 6 pm 3 -4oz chix (no pork, less beef) green veg, avoids rice

- Doesn't eat after this time

Has found that if she doesn't eat much protein during the day she has more munchies/ hunger at night -
Pt tried powdered & pre-made whey protein isolate:

- Can't tolerate protein powder separately; does fine if mixed with food e.g in oatmeal

Fluids: uses flavor packet for water to meet 64 oz daily

Sleep: Works 4am - 12:30pm
She continues to wake up during the night hungry - even with increased dietary intake,

Supplements;
Taking Multivit: Bariatric multivitamin 1 capsule (per directions) separate in am
Caltrate -12 pm & 6pm
Hair, skin, nails

Exercise:
- Works 4am - 5pm lab phlebotomist, walks a lot (7000 steps by 1pm) ADL - cleaning at home
- Has Incorporated strength exercises to help with wt loss; goes to gym 1-2 times per wk (cycling or stairmaster) does chest & inner outer thigh machines

Nutrition Plan - Continue with your current activity, vitamin supplementation.
Referral: OMM Dr.

Note: hair skin nails containing biotin - B12 is false high d/t biotin

Monitoring: RTC in 3 months

Barrier: getting pt an appointment with OMM Dr.
Facilitator: message via EHR brief description and request for appt directly to OMM Dr.

“MBS was on my stomach NOT my brain”

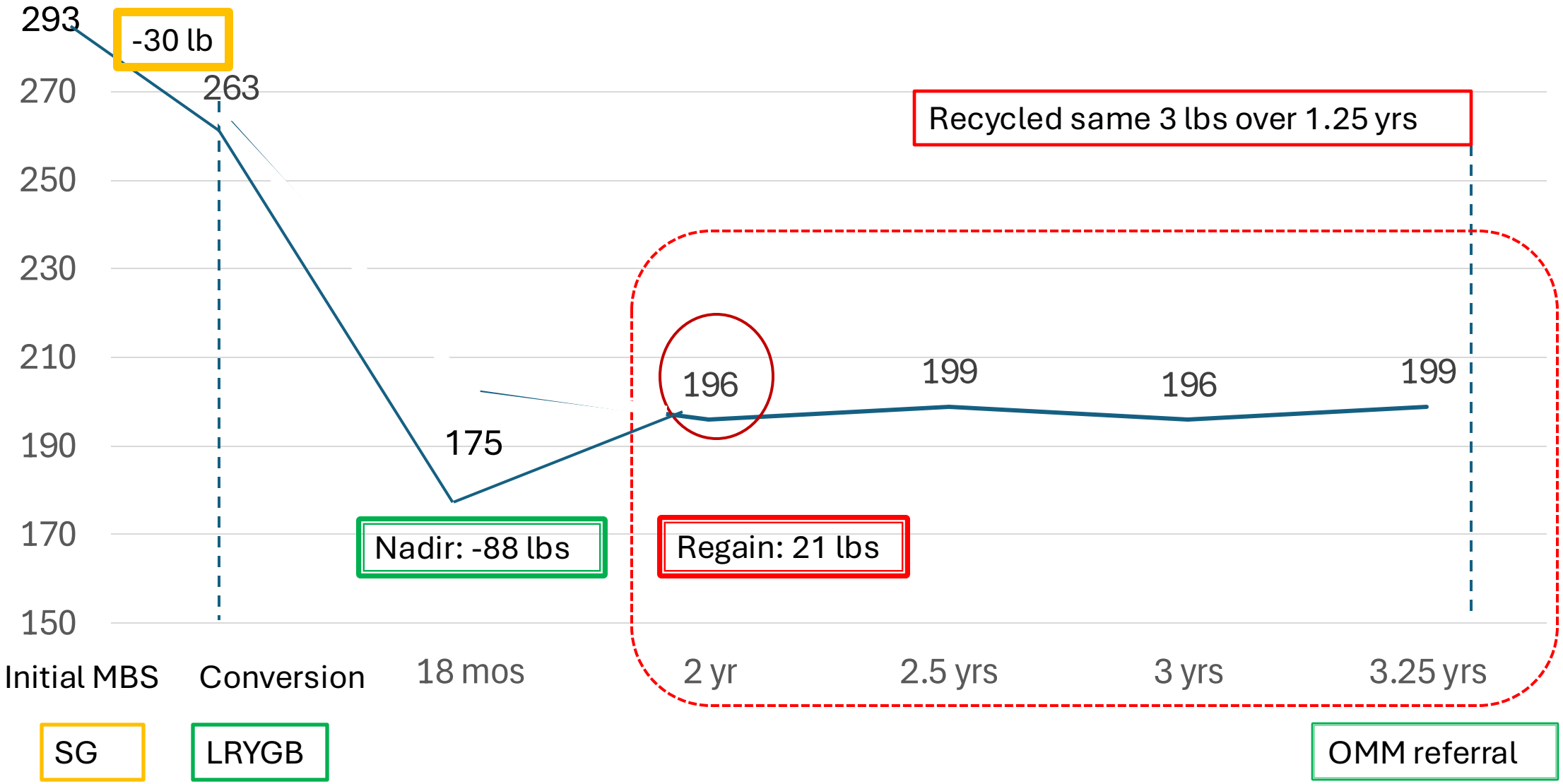
Quote from a pt who had RYGB and struggled with cravings and weight regain after surgery.

☑

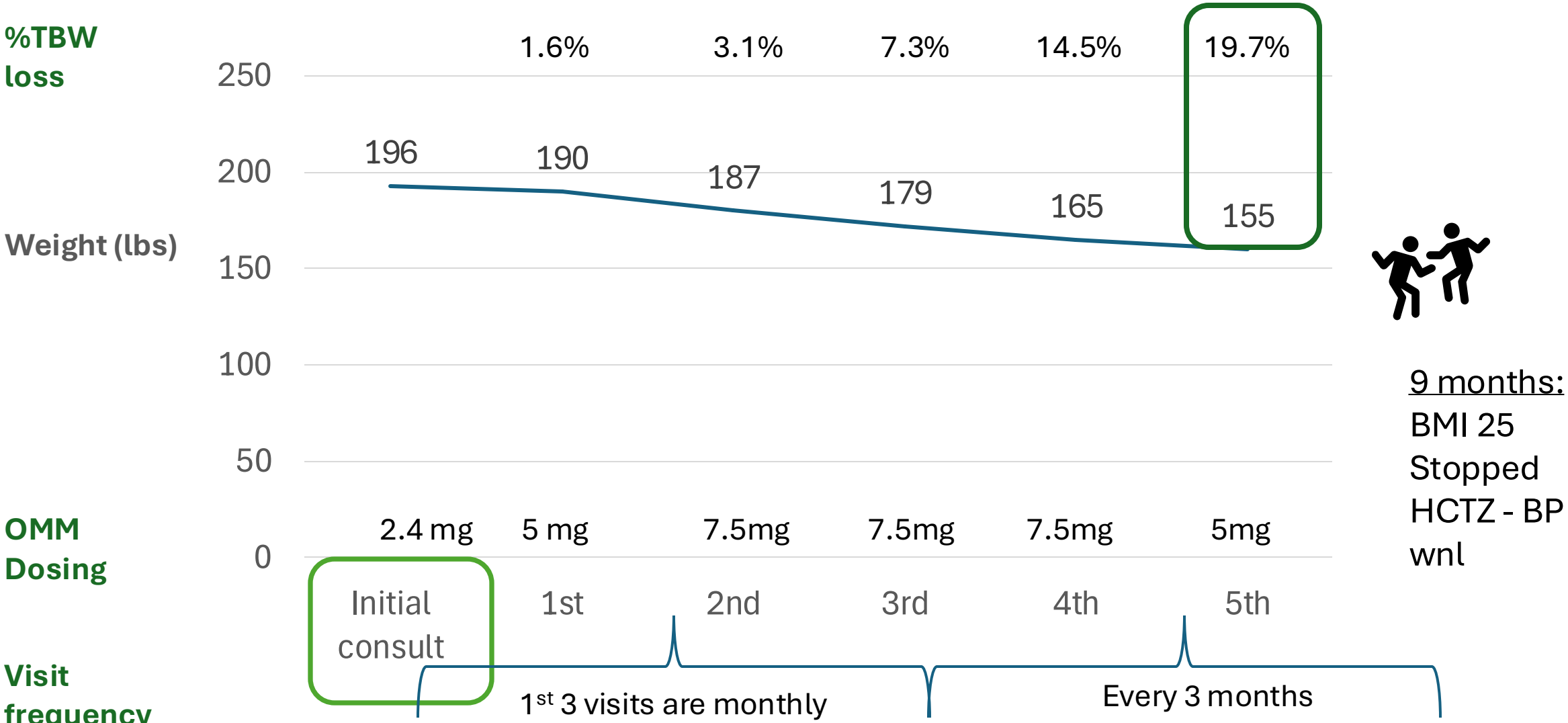
☒ 

Created by Rohman haris
from Noun Project

Monotherapy: MBS conversion from SG to RYGB



Combination Therapy: GLP-1/GIP Tirzepatide



<u>9 months:</u>
BMI 25
Stopped HCTZ - BP wnl

OMM

Timepoint	Weight / %TBWL	Treatment	Nutrition focus	Key outcome
Baseline	0%	Tirzepatide initiated	Protein, meal pattern, hydration baseline	Symptoms and intake barriers identified
Months 1, 2	1.6% (-3 lbs) 3lbs 3.1% (-3 lbs) 6 lbs	Dose escalation 5mg to 7.5mg	Protein distribution, resistance exercise, constipation/nausea other synptoms plan	Tolerance and adherence
Month 3	7.3% TBW (-8 lbs) 14 lbs	Ongoing therapy	Symptom, dietary intake, and exercise review	Functional and dietary progress; lab rx for next visit
Month 6	14.5% (-14 lbs) 28 lbs	Ongoing therapy	Micronutrient/lab review, intake& activity recalibration	Functional and dietary progress
Month 9	19.7% (10 lbs) 38 lbs	Dose de-escalation to maintenance 5mg	Weight-stability plan, lean-mass risk mitigation	Patient-centered outcome and next steps

IFSO
XXIX IFSO World Congress
1-4 September 2026
Toronto, Canada

TORONTO2026 The Future of Obesity Management: From Weight Loss to Health Gain

Weight Regain

Weight regain (WR) defined as > 10 kg ↑ from nadir post-MBS) rates range from 37% after RYGB to 76% after SG.

Patients may have multiple surgeries to address WR including conversional or revisional surgeries.

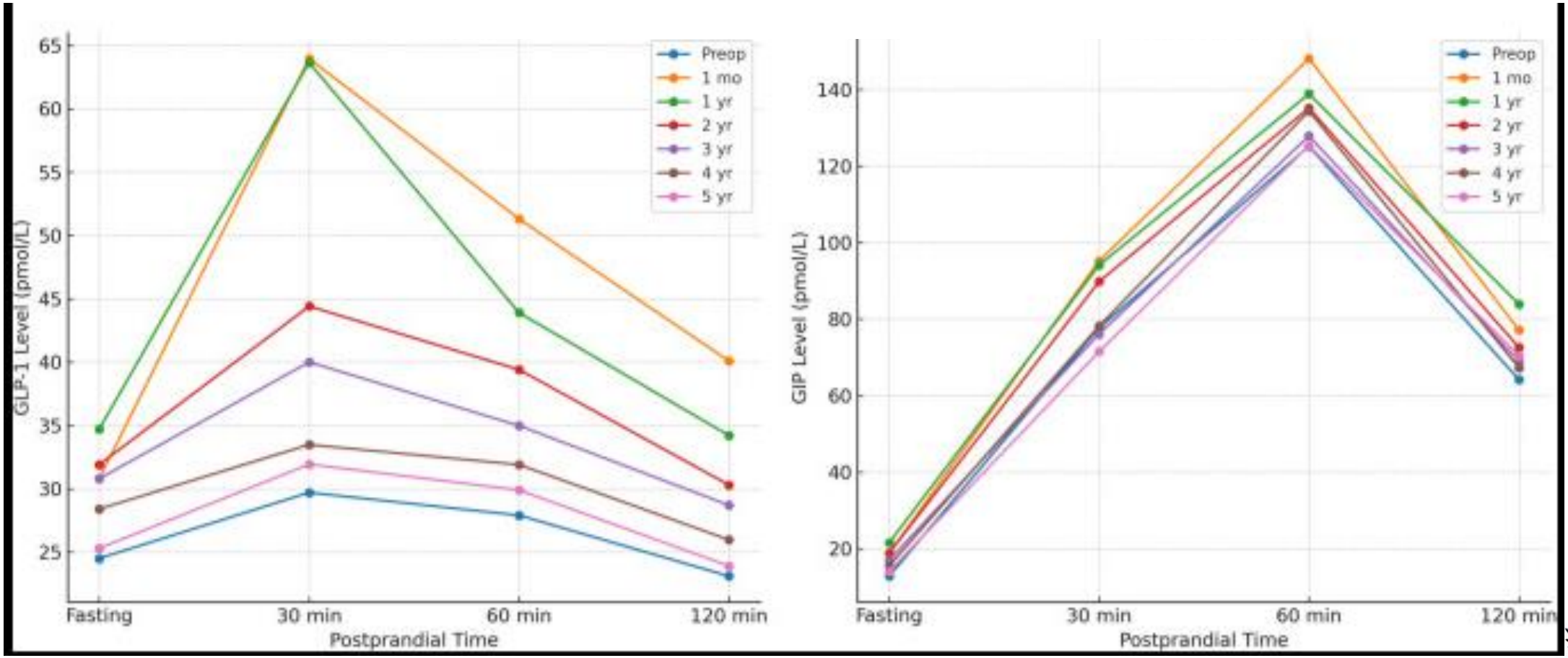
Insufficient wt loss (IWL) and WR associated with reduced circulating GLP-1 levels with increased appetite and cravings.

Abdallah et al., 2025

How does OMM complement MBS?

GLP-1 levels

GIP levels



Shehata, et. al., 2025

Questions to ponder…

Should this patient have had OMM intervention?

At what time point?

References

- Abdallah H, Klink WH, Derienne J, Voican C, Perlemuter G, Courie R, Dagher I, Tranchart H. Interest in Treatment with GLP-1 Receptor Agonists for the Management of Insufficient Weight Loss or Weight Regain After Bariatric Surgery. Obes Surg. 2025 Oct;35(10):4286-4291. doi: 10.1007/s11695-025-08210-y. Epub 2025 Sep 6. PMID: 40913138; PMCID: PMC12540538.
- Shehata M, Elhaddad A, Mansour M, Shehata S, El Attar A. GLP-1 and GIP Changes after Sleeve Gastrectomy and Weight Regain in Adolescents. Do we need a Boost? Obes Surg. 2025 Oct;35(10):4087-4102. doi: 10.1007/s11695-025-08168-x. Epub 2025 Sep 1. PMID: 40887512; PMCID: PMC12540580.