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Tele-Rehabilitation and Tele-Nutrition in Bariatric Care

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



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Disclosure Slide

No, nothing to disclose



Why Do We Need Digital Follow-up?



The Postoperative Challenge

- Bariatric surgery is not a one time fix it requires lifelong changes to food and lifestyle.
- The physiological anatomy is altered, demanding a lifelong commitment to lifestyle modifications.
- PROBLEM- Traditional in person care models often fail to sustain patient engagement beyond 12 months.
- SOLUTION- Continuous, structured **DIGITAL CHECK Ins** / follow-up is critical to ensure maximize weight loss outcomes and healthy lifestyle.



Evolving Post-Op Needs

- **Nutritional Requirements:** Patient dietary needs strictly evolve throughout the follow-up period, requiring constant adjustments.
- **Macronutrient Tracking:** Ensuring adequate protein intake is crucial to prevent muscle wasting during rapid weight loss.
- **Physical Activity:** Exercise regimens must progressively increase as the patient's functional capacity improves.
- Stagnation in either diet control or exercise leads to suboptimal clinical outcomes.



Silent Deficiencies

Micronutrient Deficiencies

Deficiencies:-

B12,

Iron

Vitamin D

may develop completely silently.

Weight Regain

Weight regain frequently emerges after the initial postoperative 18 to 24 months.

A lack of continuous behavioral and nutritional reinforcement is the primary driver of this relapse.



Barriers to Follow-up



Geographic Distance

Significant travel times and associated costs heavily reduce routine follow-up attendance



Multidisciplinary Access

Access to specialized bariatric dietitians and physiotherapists is often severely limited outside major metropolitan centers.



Time Constraints

Work and family obligations make it difficult for patients to commit to frequent, in-person center visits over multiple years.



**Assess the effectiveness of the structured Tele-Nutrition &
Tele-Rehabilitation after BS is effective in improving patient
follow-up, adherence and over all satisfactions.**



Literature Evidence



Teleconsultation demonstrated comparable outcomes to face-to-face care regarding adherence rates and postoperative BMI loss, suggesting that teleconsultation may be an equally effective and viable alternative to in-person treatment.

Systematic Review & Meta-analysis BY Oliveira et al
(Obes Surg. 2025)



Literature Evidence

A Randomized Controlled Trial Examining Telephone- Based Behavioral Therapy/ Nutritional Intervention for Patients After MBS -by Cassin E et al., (Obesity Surgery 2025)

Concludes-Patients undergoing tele counselling/ nutritional therapy showed:

- sustained reductions in emotional eating & binge eating
- Reduction in post op weight regain
- **Remote dietary counseling combined with behavioral therapy is as effective as in person specialized clinics in mitigating post surgery weight regain.**



Study Design & Methodology



Baseline Demographics

Cohort Profile

The study encompassed a diverse patient base undergoing Lap. Sleeve Gastrectomy.

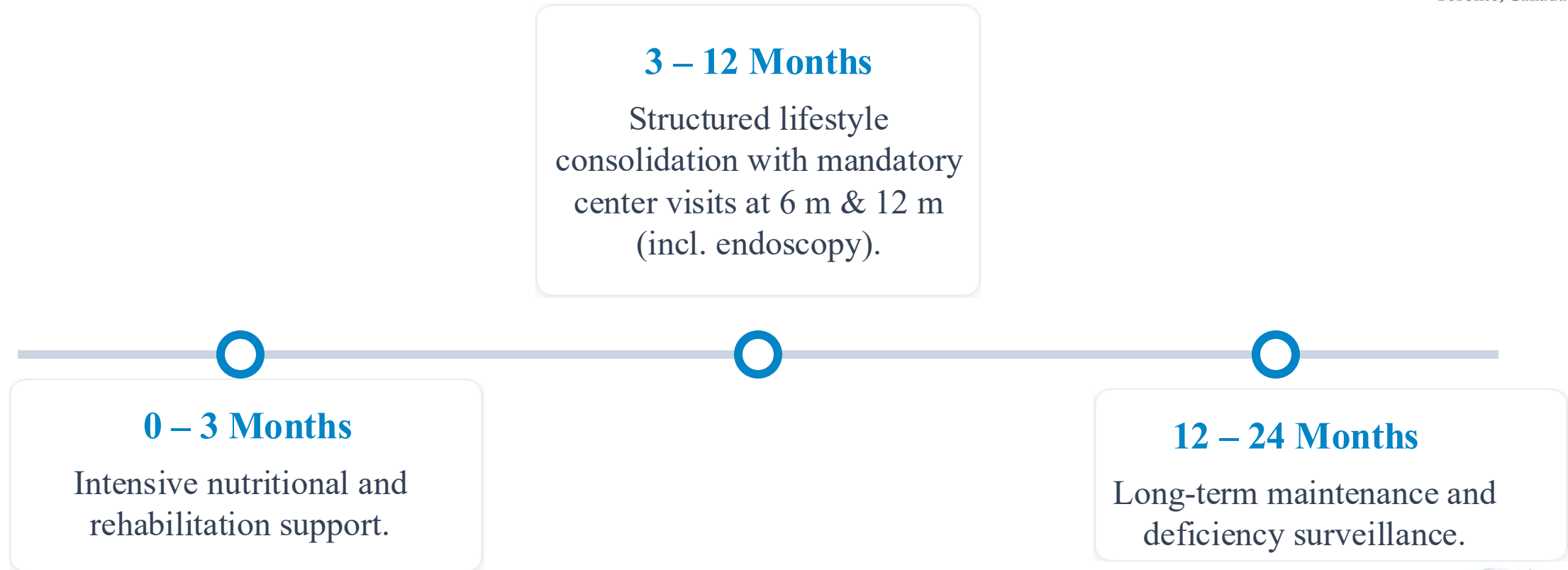
400

Total Patients

Baseline	
Age	39.2 ± 10.1 yr
Gender	61% female (244:156)
BMI	43.1 ± 5.9 kg/m ²
Follow up period	24 months
Completers	362 (90.5%)



Prospective Digital Care Pathway





Virtual Dietitian Care:

Regular video appointments with a dietitian.

Key focus-

Calorie and protein intake monitoring

Strict supplement adherence

Any GI issues



Tele-Rehabilitation

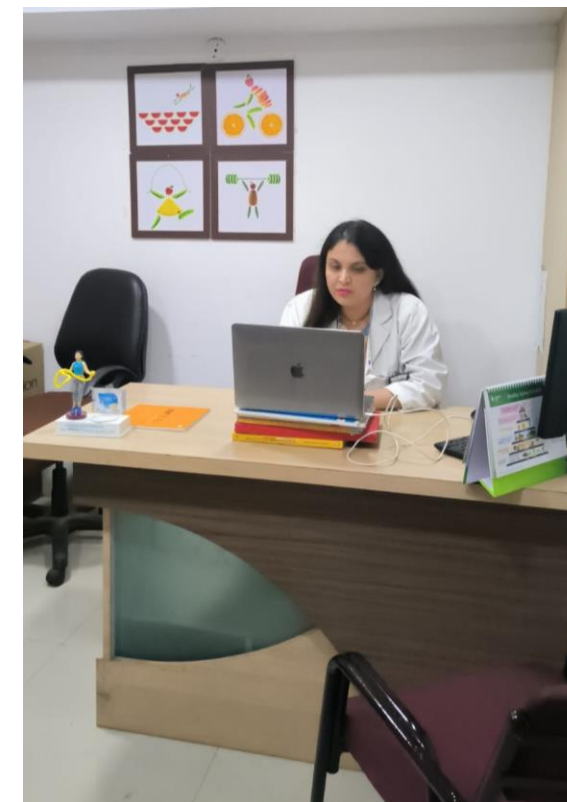
Virtual Physical Therapy:

Our tele-rehabilitation protocol features **supervised virtual physiotherapy** tailored to the bariatric patient. The program promotes progressive activity prescription, continuous exercise monitoring, and remote functional assessments to safely rebuild strength and cardiovascular endurance post-surgery.



Intervention Methods & Frequency

Frequency	Intervention	Key Assessment
Weekly	Telephone call	Diet, GI symptoms, supplements, activity
Every 15 days	Video consult (Dietitian)	Dietary recall, protein/fluid intake, compliance
Every 15 days	Video consult (Physio)	Physical activity, exercise adherence, progression
Monthly	Bariatric physician review	Clinical status, weight trajectory, medications



Continuous Monitoring

Weight Tracking: Recording current weight, calculated BMI, and percentage of excess weight loss (%EWL) at each milestone.

Food Tracking: Asking meal photographs and food logs to ensure accurate nutritional logging.

Supplement Compliance: Tracking exact adherence to prescribed multivitamins, calcium, iron, and protein supplements.

Biochemical Exams: Strict monitoring of Hb, Iron, Vit B12, Vit D3, Albumin, Lipid profiles, and HbA1c.

Diagnostics: Logging results of 12-month post-op endoscopy and required ultrasounds/X-rays.



90.5%

Completion Rate

Program Completion

Exceptional Retention

Over the full 24-month follow-up period, **362 out of 400 patients** successfully completed the rigorous digital care program. Only 38 patients were lost to follow-up, demonstrating the high acceptability of the tele-care model.



Follow-up Adherence Rates



The implementation of structured telemedicine resulted in a massive +25 percentage point increase in adherence compared to the historical in-person follow-up baseline.



Early Identification of Deficiency

	No. of patients	Percentage
N	400	
Completes 24 months Tele-Nutrition care	362	90.5 %
Early Nutrition Concern	58	16%
Patients without Deficiency	304	84%



Early Identification of Symptoms

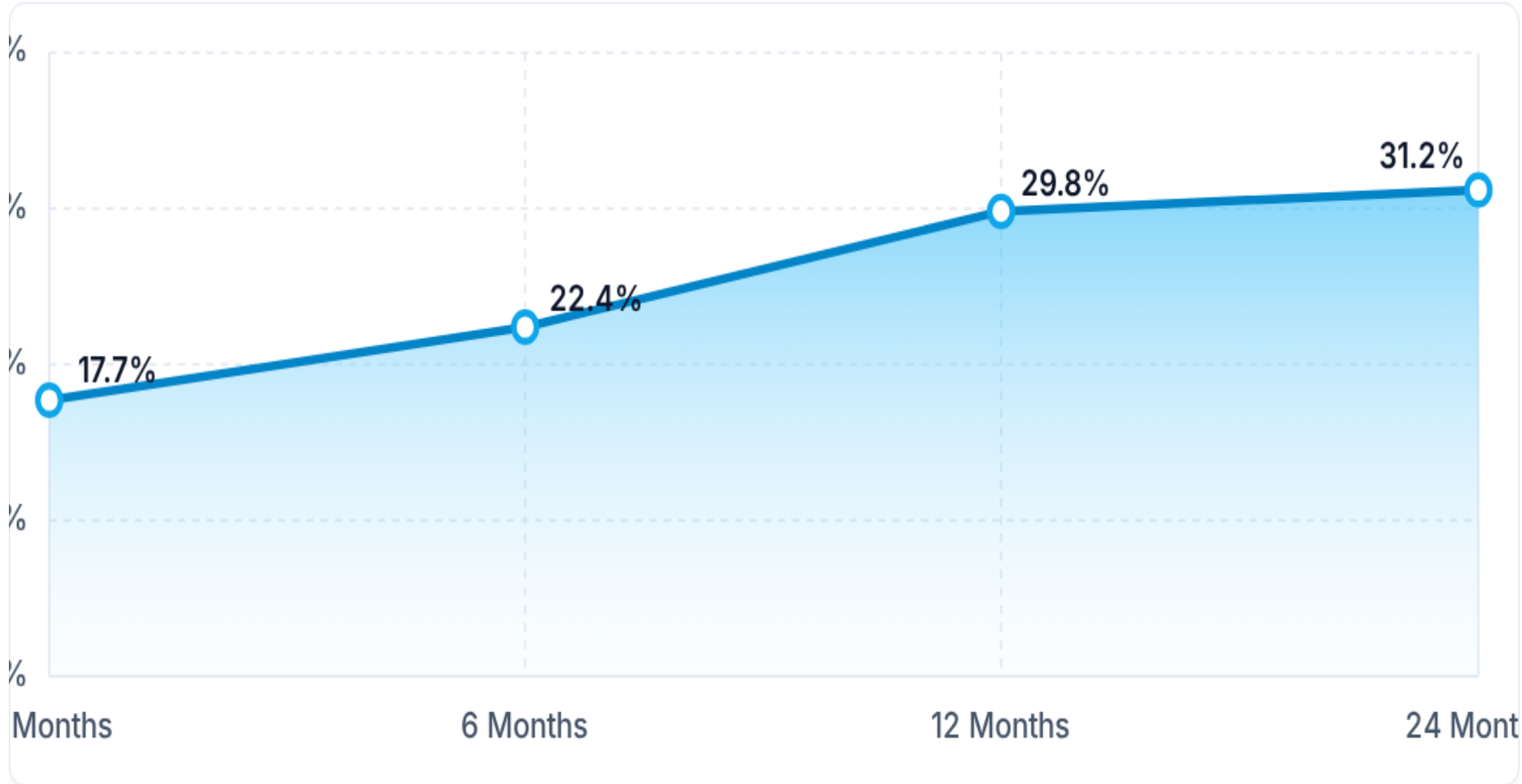
Symptoms	% of 58 patients	No. of patients
Hair fall	31.0%	18
Generalised weakness	20.7 %	12
Muscle cramps	13.8%	8
Unexplained fatigue	12.1 %	7
Nausea	8.6%	5
Constipation	8.6%	5
Repeated bowel movements	5.2%	3

Out of 58 patients identified protein inadequacy was the most common and prevalent.

Tele- counselling allowed for rapid, early intervention before severe clinical manifestations.



Clinical Outcomes: % Weight Loss



Traditional Follow up-
%weight loss

1yr —————> 2 yr
26.6 % —————> 29.2 %



Compliance & Co-morbidities



Nutritional Compliance

86% of patients
remained fully compliant



Physical Activity

Approximately 79%
of patients successfully
achieved and maintained
their targeted physical
activity goals.



Co-morbidity Remission

Consistent tracking at 6, 12, and 24
months showed high resolution
rates in HBA1c, HTN,
Hypothyroidism, OSA, and OA.



Conclusion & Take-Home message

A structured **tele-nutrition and tele-rehabilitation pathway** enabled regular monitoring of diet, protein and supplement intake, physical activity, weight trajectory.

Regular online follow-up helped patients **stay connected with the bariatric team.**

Nutritional problems were identified early, allowing timely correction.

- ✓ Digital multidisciplinary care can bridge the gap between surgery and lifelong weight, nutrition and lifestyle management.



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