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Bariatric Surgery Role Statement

Developed by members of the Bariatric Surgery Interest Group

Introduction

Accredited Practising Dietitians (APDs) are recognised professionals with the qualifications and skills to provide expert nutrition and dietary advice. APDs are qualified to advise individuals and groups on nutrition related matters.

APDs have university training accredited by Dietitians Australia, undertake ongoing professional development and commit to evidence-based practice. They comply with the Dietitians Australia Code of Conduct for Dietitians & Nutritionists and commit to providing quality service.

APD is the only national credential recognised by the Australian Government, Medicare, the Department of Veterans Affairs and most private health funds as the quality standard for nutrition and dietetics services in Australia. It is a recognised trademark protected by law.

Purpose of this role statement

- To define the role an APD may fulfil when working in the area of bariatric surgery
- To promote the knowledge and expertise of an APD, broadly and in the area of bariatric surgery and beyond National Competency Standards
- To advocate for dietetic services

Knowledge and skills in this area of practice

Entry level dietetic competencies ensure all APDs can conduct comprehensive assessments (assessment, diagnosis, intervention, monitoring and evaluation). Within a particular practice area, APD skills and knowledge will range from entry level to highly skilled. Within this continuum APDs can either fully manage the patient, seek support (clinical supervision, secondary consultation, mentor) to continue seeing the patient or choose to refer the patient on.

The following is a list of skills and knowledge required to work in the Bariatric Surgery area:

Knowledge

- Current national obesity management guidelines and the role of bariatric surgery on the weight loss continuum.
- Eligibility criteria to qualify for bariatric surgery, common types of surgery and the risks, complications and nutritional implications of each.
- Perioperative and post-operative dietary prescriptions including Very Low Energy Diets to reduce surgical risk, texture modifications, prevention of dumping syndrome, gastrointestinal healing, safe recovery, and addressing/preventing nutritional deficiencies.
- Aspects of long-term patient management such as management of post-operative pregnancy, maintaining nutritional status and prevention of late weight regain.[1]

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- Common mental health issues and their relationship with nutrition and eating behaviour, including an understanding of disordered eating in the development of morbid obesity.
- Recognise the impact of medications on weight management, such as psychotropics and steroids.

Skills

- Employ a patient-centred counselling approach that includes a non-judgemental attitude with respect to an individual's choice to undergo bariatric surgery.
- Determine appropriate and realistic bariatric surgery outcomes taking into consideration individual variables such as type of surgery, medical history and weight history.
- Identify barriers and enablers to post-operative adherence to nutritional recommendations that may jeopardise long-term weight loss and psychosocial outcomes and use this information to advise the care team on the appropriateness of surgical intervention and to inform a patient's decision to proceed with surgery.
- Identify history of disordered eating behaviours and address the re-emergence of disordered or maladaptive eating behaviours through management and referring on if needed.
- Employ behaviour change and counselling techniques to facilitate nutritional adequacy perioperatively and achieve longer term patient centred goals around health improvements postoperatively.
- Ability to recognise that mental health is a complicating factor in weight management and to seek regular clinical supervision with an appropriate clinician (either intra or inter-disciplinary).

Activities entry level APDs would conduct

- Apply the required skills and knowledge to the nutrition care process when working with bariatric surgery patients prior to and following bariatric surgery.
- Determine realistic healthy eating and weight goals in collaboration with the patient taking into consideration type of surgery, medical history and weight history.
- Provide appropriate nutritional education prior to and following surgery to support post-operative adherence to nutritional recommendations.

Activities APDs working at a higher level would conduct

- Provide comprehensive dietetic consultations with consideration of the psychosocial aspects of seeking surgical intervention, readiness for change and understanding emotional connections with food.
- Read and interpret body composition data and changes within this data over time.
- Implement advanced nutrition counselling skills such as motivational interviewing and cognitive behavioural therapy to engage patients in a long-term therapeutic relationship to enhance treatment outcomes.
- Management of post-operative nutritional complications associated with various surgeries
- Plan appropriate menus for bariatric patients in institutional food services relevant to perioperative or postoperative stage.

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Any individual practitioner should refer to the [Scope of Practice Decision Tool] to determine if a task is within their scope of practice.

Appendix 1 – Background

The prevalence of obesity and particularly clinically severe obesity has increased.[2,3] It is a chronic disease known to result in multi-organ disease to produce life-threatening problems and impair quality of life.[4,5] This has resulted in more individuals presenting for weight loss treatment. Bariatric surgery is widely recognised as an effective and safe intensive treatment.[6] Consequently, the rates of bariatric surgery have increased in Australia with figures from the Medicare Benefits Schedule showing that since 2006 in excess of 10,000 new bariatric surgery procedures have been performed each year, and over 15,000 were performed in the 2014/2015 financial year.[7,8]

Bariatric surgery is an evolving field requiring specialist knowledge. There are several different bariatric surgical procedures inducing distinct anatomical changes to the gastrointestinal tract to impact on nutrition and eating behaviours. Also, individuals presenting for surgery have higher rates of psychiatric illness than that of the general population, including affective disorders, binge eating, substance use disorders and suicidal ideation.[9–11] This necessitates expert knowledge to be coupled with advanced nutrition counselling skills to engage patients in a long-term therapeutic relationship to optimise care aimed at enhancing treatment success.

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