



## Service Priorities and Programmes Electronic Presentations

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### **Multidisciplinary Program on Physical Capacity, Comorbidity, Diet Compliance and Self-Management Efficacy on Post-Bariatric Patients**

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#### **Introduction**

Bariatric surgery for morbidly obesity patients was launched in PWH since 2002. Morbid obesity is a multi-factorial disease which requires input from various healthcare professions. Since the establishment of the Multidisciplinary Clinic of Metabolic & Bariatric Surgery (MBS) in PWH in September, 2014, a multidisciplinary personalized management program for surgical management of obesity patients, including surgeon, dietitian, specialty nurse, physiotherapist and other professionals is currently provided. This is a one-stop service which enhance patients' attendance.

#### **Objectives**

To evaluate the effect of allied-health and nursing profession of multidisciplinary supervised management program on weight loss, comorbidity improvement, dietary compliance, and physical capacity.

#### **Methodology**

Between January and December 2015, all patients undergoing bariatric surgery in PWH were invited to participate in our multidisciplinary program. The contributions from the allied-health professions were recorded preoperatively and postoperatively 1 and 3 months. Physiotherapists assessed the patients' cardiovascular capacity (Incremental Shuttle Walk Test, ISWT) and body fitness (flexibility); Dietitian advised patients' diet. All patients received personalized self-exercise program, nutritional intervention from physiotherapist and dietitian respectively, and specialty nurse provided general education and trouble-shooting technique.

#### **Result**

In the study period, 34 patients underwent bariatric surgery. 6 patients (5 males, 1 female, mean age 39.5) completed our multidisciplinary program. At baseline, their mean body weight and BMI were 136.8kg and 47.4 respectively. At 3 months, all

patients showed reduction on their mean weight (17.0%) and BMI (16.8%). Upon physiotherapists' input, improvement in cardiovascular capacity (ISWT 33.6%) and flexibility (Sit & Reach Test 62.8%) was observed by 3 months. The daily medium nutritional intake decreased at 1 month (energy: 1930kcal to 500kcal; protein: 80g to 23g), which was below the protein intake recommendation (60g). Upon dietitians' input, their median protein intake increased to 50g by 3 months. All patients (100%) satisfied the one-stop multidisciplinary service from the post-service survey, confident in self-management to maintain the surgical effect and agreed that it is crucial to have dietitian follow-up to ensure adequate protein intake during energy-restricted diet to prevent wasting of lean body mass. 67% reflected the program was effective in reinforcing their self-discipline on regular exercise. Conclusion: Multidisciplinary personalized management program is helpful in achieving weight loss and health aspects of obesity patients. It is recommended to all patients to improve their compliance and confidence in self-regular exercise and balance diet for long-term success.