

Il trattamento degli stati carenziali nella sindrome malassorbitiva post chirurgia bariatrica

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Treatment of nutritional deficiencies post bariatric malabsorptive procedures

ABSTRACT: Bariatric surgery is now considered the most effective treatment of morbidly obese patients with high mortality and morbidity risk, after non-invasive strategies to achieve or sustain significant weight-loss failure. Malabsorptive procedures result in more long-term weight loss than restrictive procedures and in comorbidities complete resolution or improvement, but also in greater risk of nutritional deficiencies.

Patients submitted to RYGB are at risk of developing iron, calcium, folate, vitamin B12 and vitamin D deficiencies; long-term protein and fat-soluble vitamin deficiencies are also seen in BPD. Thiamine deficiency is associated with frequent and persistent vomiting.

Potassium, magnesium, zinc and selenium deficiencies are also possible.

Nutritional deficiencies can be prevented and treated with careful and regular follow-up and adequate postoperative lifelong supplementation to prevent long-term malnutrition. (RINPE 2005; 23: 184-9)

KEY WORDS: Bariatric surgery, Nutrient deficiency, Morbid obesity, Roux-en-Y gastric bypass, Biliopancreatic diversion, Malabsorption

PAROLE CHIAVE: Chirurgia bariatrica, Deficit nutrizionali, Obesità severa, Roux-en-Y bypass gastrico, Deversione Bilio-Pancreatica, Malassorbimento