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Normoproteic Diet In Bariatric Patients

Introduction: The aim of this study was to evaluate the use of normoproteic-amino acid treatment (NPAT) in obese patients with 1) high operative risk, 2) failure of previous bariatric procedures, 3) contraindications or refusal to surgical treatment.

Method: 10 patients (F:M = 1:1, mean age 48.6 years, mean BMI 43.79 ± 3.05 kg /m²) were enrolled in the study. 3 had a weight regain after bariatric surgery (2 sleeve gastrectomy, 1 gastric banding) and were candidate for revisional surgery. In 5 cases the duration of the diet was 21 days (50% protein foods low in fat and 50% amino acid supplement). In 5 cases the duration was 10 days (only amino acid dietary supplement). Abdominal ultrasound was performed (see Table 2) for the evaluation of the liver, spleen and abdominal wall (ultrasound Esa-ote My lab-70 XVG probe Convex CA 431), before and after 2-4 days from the end of normoprotein-amino acid treatment.

Results: One patient suspended diet therapy on the second day due to weakness and subjective impossibility to follow the protocol, 2 patients were partially adherent to the prescription. The weight loss was 8-10% of initial body weight (final BMI 40.77 ± 3.41 Kg/m²). The degree of steatosis was ameliorated after NPAT (p <0.001) and the longitudinal diameter axis of the liver (pre-NPAT 17.9 ± 1.9 cm and post-NPAT 16.5 ± 1.8 cm) and portal vein diameter (pre-NPAT 12.7 ± 1.4 mm and post-NPAT 11.5 ± 1.4 mm) were reduced (respectively p=0,001 and p<0,01). Decrease (of 1.1 ± 1.2 cm) of thickness of the abdominal wall and perivisceral fat tissue (pre-NPAT 2.0 ± 0.8 cm and post-NPAT 1.4 ± 0.5 cm) were registered, with conservation of the muscle thickness (p<0,001)

CONCLUSIONS

Our study shows that NPAT leads to improvement of main ultrasound parameters of severity in obesity. Therefore, NPAT improves preparation of patients to surgery, reducing initial operative risk.