

Nutritional Management in Patients Receiving Obesity Management Medications (OMMs) After Metabolic & Bariatric Surgery (MBS)



Target Population

Patients who:

- Have previously undergone MBS (SG, RYGB, SADI-S, OAGB, BPD/DS, etc.)
- Experience Recurrent Weight Gain or suboptimal treatment response
- Patient who experience the recurrence of an associated disease



Key Nutritional Risks

Synergistic Effects of MBS + OMMs

↓Hunger/ Appetite → ↓ Food & beverage Intake



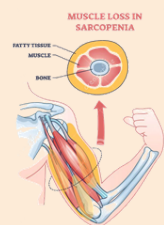
Protein malnutrition



Micronutrient deficiencies



Constipation with discomfort



Sarcopenia



Dehydration



Iron deficiency and anemia



Core Nutrition Principles

1. Protein First

(Target: 1.2-1.5 g/kg adjusted body weight/day)

Prioritize: Real food first, then protein supplements

(Lean meat, fish, eggs, dairy)



2. Meal Structure

Nutrient dense, high fiber, colorful and rich texture meals

(4-6 day)

Eat slowly and mindfully



3. Hydration

>1.5-2L/day

Separate fluids from meals (30-60 min rule)



4. Micronutrient Supplementation

Lifelong supplementation (individualized):

- Ensure MBS M&V* supplementation
- Iron
- Calcium + Vitamin D (A, D, E, K) if hypoabsorptive procedure

OMM-Specific Considerations

Appetite Suppression

- Schedule meals (not hunger-driven)
- Consider nutrient dense foods



Gastrointestinal Symptoms

Could appear: Nausea, early satiety

Strategies:

- Smaller portions
- Avoid high-fat foods
- Bland, easy-to-digest options (bland foods, small plates)



Risk of Sarcopenia

Ensure adequate protein + resistance or combined exercise



Monitoring & Follow-Up

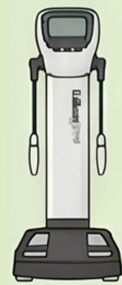
Clinical Monitoring:

- Monitor Strength and Functionality



Assess lean mass evolution:

- Body composition estimations (BIA)
- Healthy, tasty, enjoyable and sustainable diet (energy+protein)
- Gastrointestinal tolerance



Laboratory Monitoring: at baseline, and every 4-6 months, or as needed:

- Hematinics parameters
- Vitamin B12, RBC Folate
- Vitamin D, calcium, PTH
- Albumin/prealbumin



Bone Mineral Density

Monitor at 12 months and every 2 years, with closer follow-up in high-risk patients



Medication Adherence: Assessment & Barriers

Assess adherence to pharmacotherapy and explore barriers that affect health outcomes



Multidisciplinary Approach



Red Flags (Action Needed)

- Rapid weight loss (>1kg/week beyond expected)
- Persistent vomiting or severe nausea
- Signs of protein deficiency
- Refractory micronutrient deficiencies



Key Takeaways: OMMs post-MBS amplify nutritional risks. Prioritize protein, micronutrients, and structured eating. Monitor frequently and intervene early. Individualization is critical.



Practical Message: Ensure multidisciplinary long-term care to cover person's needs



References: Mozaffarian et al. AJCN 2025 · Sievenpiper et al. Obes Pillars 2025 · Spreckley et al. Int J Obes 2026 · Cohen et al. Br J Surg 2024 (consensus) · Cohen et al. Br J Surg 2024 (systematic review) · Elawa et al. Diabetes Res Clin Pract 2026 · Johnson et al. Front Nutr 2025 · WHO 2025 · Kim J et al. Surg Obes Relat Dis 2021

*Vitamin and mineral supplementation