Good Practices Initiatives Consultation Sessions with Bariatric Surgery Patients: A Pharmacist Intervention at Zuyderland Hospital

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What was done?

- Pharmacist consultations for bariatric surgery patients on risk medication
- Developed a scoring list to identify patients eligible for consultation
- Survey to asses patient perceptions of the consultation



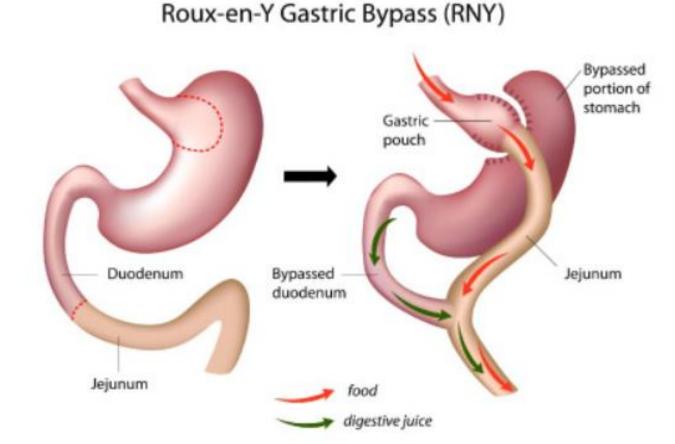
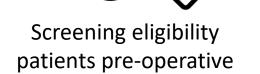
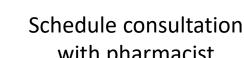


Figure 1: The normal digestive system, and the digestive system after a Roux-en-Y Gastric bypass (1).

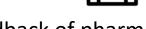




with pharmacist



Pharmacist consultation



Feedback of pharmacist recommendations to medical doctor

Why was it done?

- To address complex medication needs of bariatric patients
- Research shows bariatric surgery impacts medication absorption and efficacy
- Aimed to optimize medication, improve safety, and raise awareness

How it was done

- Created a screening list for risk medications (e.g., lithium, anticoagulants, antiepileptic's) (Figure 2)
- 10% of bariatric patients met consultation criteria
- Focus on impact of bariatric surgery on efficacy and toxicity of medication
- If relevant; medication related weight-gain, side effects, compliance and ingestion challenges

What was achieved

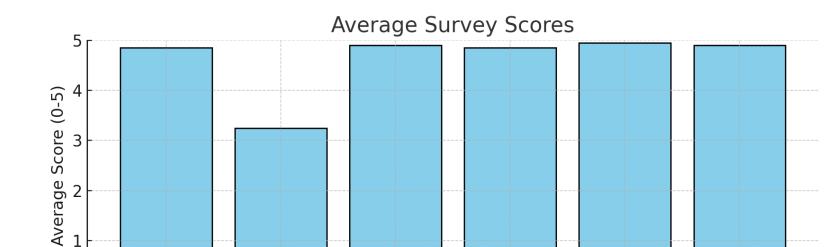
- Increased awareness of bariatric surgery's impact on medication among patients and staff
- High patient satisfaction (9.3/10), with improved understanding of their medication regimens

SCORING LIST MEDICATION CLINIC FOR BARIATRIC SURGERY

Item	Present?	Scoring
≥5 medications (excluding paracetamol and vitamin preparations)		1,0
Antidepressants		1,0
Oral antipsychotics		1,0
Lithium		2,0
Antiepileptics		2,0
HIV medication		2,0
Direct oral anticoagulants (DOAC)		2,0
Vitamin K antagonists		1,0
Methadone		1,0
Immunosuppressants		2,0
Azithromycin (chronic)		1,0
Methotrexate		1,0
Tamoxifen		2,0
Levothyroxine		1,0
Oral bisphosphonates		0,5
SGLT-2 inhibitors		0,5
Insulin		0,5
Sugar-containing syrups (e.g., noscapine syrup, amlodipine drink, methadone drink, magnesium gluconate drink, phenytoin suspension)		0,5
Patients with medication-related questions/issues		2,0
Standard Information/Instructions:	-22	1
NSAIDs: Patients are routinely informed.		
Antidiabetics: Inform the diabetes team.		
Antihypertensives: Generally reduced postoperatively based on blood pres	sure.	
Diuretics (as antihypertensives): Typically discontinued postoperatively.		
Oral contraceptives: Patients are routinely informed.		
Psyllium fibers, macrogol: These laxatives require a large intake of fluids fo	r optimal effe	ct.
Patients are routinely informed.		

Pharmacist consultation is recommended with a total score of 2.0 or higher

Figure 2: Scoring list with risk medication to select patient for the consultation with the pharmacist



Patients found consultations valuable for postoperative health management

What is next?

- This initiative serves as a model for personalized care in bariatric settings
- The success demonstrates the value of pharmacist involvement in optimizing medication therapy for complex patient populations

Figure 3: bar chart showing the average scores for each survey question (n=20) in the patient who had a consultation with the pharmacist. The x-axis represents the survey questions, and the y-axis shows the average scores (0-5)



References

1. UI Health. Available from: https://hospital.uillinois.edu/primary-and-specialty-care/surgical-services/bariatric-surgery-program/our-services/roux-en-y-gastric-bypass-rygb https://www.obesitaskliniek.nl/behandeling/de-operatie/gastric-bypass/ [25-11-2024]

