

Bariatric Surgery Program
SADI Orientation Class



Welcome!

Please keep yourself muted. The class will
start shortly.

Group Guidelines

- This session is approximately 1 hour. Please make sure to attend the entire session
- Please make sure you are in an environment where you can minimize distraction
- Please ensure that you respect the privacy of fellow attendees and maintain confidentiality

Group Guidelines

- Please use the '**Raise Hand**' function in MS Teams to ask questions
- You may also type your questions in the '**Chat**'
- When called upon, please un-mute yourself and then lower your hand
- Save personal questions for your 1:1 appointments with a clinician
- **Please keep yourself muted** at all other times

Group Guidelines

- Please leave your camera on.
- Appropriate attire is required (ie: dress as you would for an in-person medical appointment)
- If you have a friend/family member with you, please ensure they follow the same rules (ie: maintain confidentiality, wear proper attire, and stay muted)

Overview

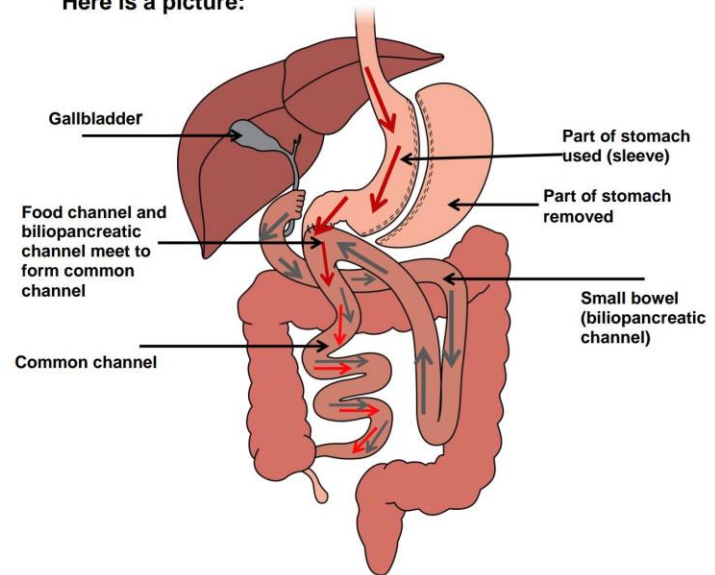
- Understanding the SADI procedure
- Benefits and risks of surgery
- Dietary guidelines
- Vitamin and mineral supplement guidelines
- Mental Health
- How you will be assessed for surgery
- Next steps

This presentation was developed by the Toronto Western Hospital Bariatric Surgery Program and is adapted from education materials from St. Joseph's Healthcare Hamilton Bariatric Surgery Program. It intended to be used with instruction by a bariatric program clinician (09/2023).

What is the SADI?

- **First stage: Sleeve Gastrectomy**
 - Creating a smaller stomach means you feel full sooner
 - Hormonal and metabolic changes reduce your appetite
- **Second stage: Small intestine is re-routed**
 - Common channel is where your food, stomach enzymes and acids mix.
 - You will not absorb all calories and nutrients consumed, leading to further weight loss.

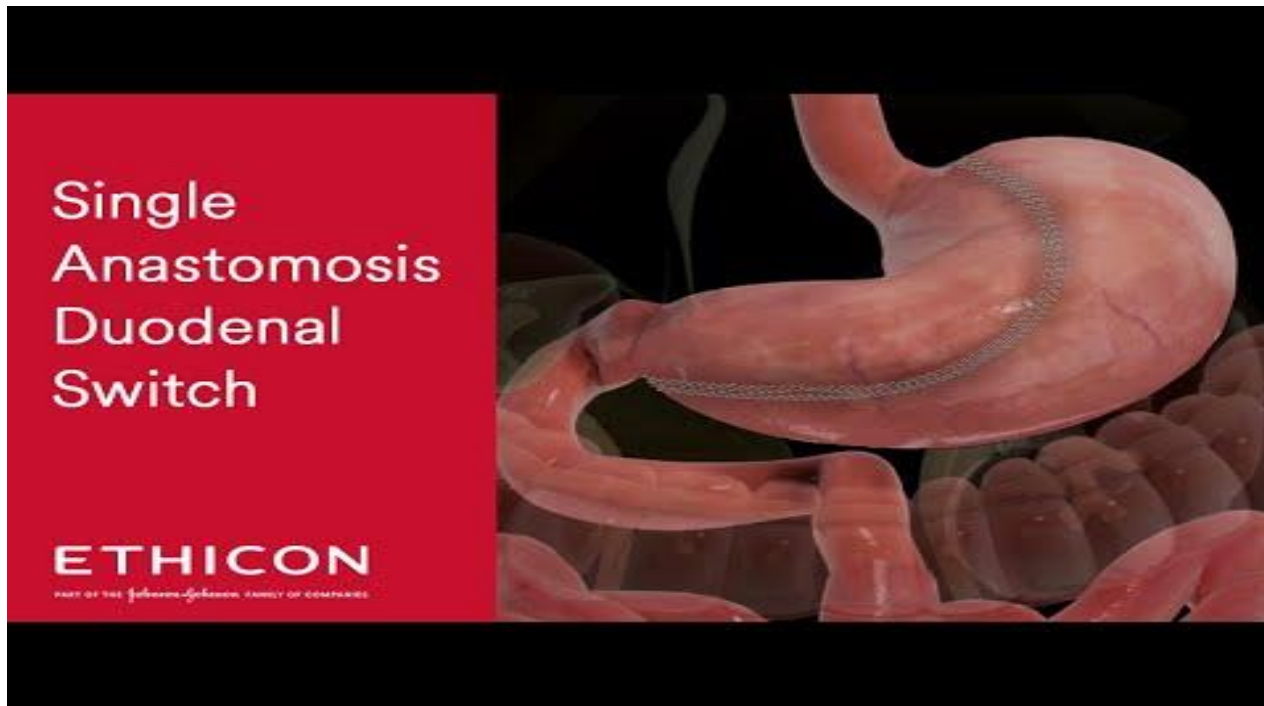
Here is a picture:



- ↓ Food moving through the stomach and common channel.
- ↓ Bile moving through the biliopancreatic channel and common channel.

What is the SADI?

- Single Anastomosis Duodeno-Ileal Bypass (SADI)



Eligibility

- Patients living with obesity-related conditions that are difficult to manage (e.g. diabetes, mobility issues).
- Patients who have had a sleeve gastrectomy and could benefit medically from more weight loss.
- Patients who have demonstrated adherence to post-op guidelines and follow-up appointments, including routine bloodwork.
- It will be a team decision to determine your readiness and eligibility for having the SADI.

Who may not be eligible for the SADI?

- People with the following health conditions:
 - History of inflammatory bowel disease (e.g. Crohn's disease, ulcerative colitis)
 - On-going frequent / severe diarrhea
 - Unmanaged psychiatric illness
 - Currently pregnant or wanting to get pregnant in the next 2 years
 - Recently diagnosed with a major illness (e.g. cancer)
 - Current smokers
 - Very severe GERD
- Patients who have not demonstrated adherence to post-op guidelines and follow up appointments, including bloodwork.
- There could be other reasons to rule out having a SADI – everyone is different!

Possible risks or complications

Risk	%	#
Mortality (death)	0.1 - 0.2 %	Approx 1 - 2 in 1000
Reoperation (ie: leak, abscess, internal hernia)	2.9 - 5 %	Approx 3 - 5 in 100
Leak	1 – 2 %	Approx 1 - 2 in 100
Infection	1 %	Approx 1 in 100
Ulcer	0.1 %	Approx 1 in 1000

Health Outcomes

Percentage of patients with resolved obesity related health conditions:

Obesity related condition	SADI
Type 2 Diabetes	80%
Hypertension (high blood pressure)	60%
Sleep Apnea	70%

Please Note: Data was taken from the Canadian Adult Obesity Clinic Practice Guidelines 2020

Weight Loss Outcomes

- Estimated Total Weight Loss 30-40%
 - Example: If your highest weight is 350 lbs, your total weight loss after having both the sleeve and SADI would be 105 - 140 lbs
- Everyone is different. Some people lose more, some people lose less
- Weight loss after having the SADI is typically slower than with the Sleeve Gastrectomy and Roux-En-Y Gastric Bypass
- Try to focus on non-scale victories
 - e.g. Improvement in health, mobility, energy level, etc

Weight Regain

- A small amount of weight regain over time is normal
- Significant weight regain is still possible after having the SADI
- Lifestyle changes are very important to maintain weight loss long-term

Possible Side effects

- High risk of nutrient deficiencies
 - You will need to eat more & take vitamin and mineral supplements for life
- Some people experience frequent and foul smelling gas
 - Can worsen with consumption of simple sugars
- Many people have more frequent bowel movements
 - Bowel movements may be 2 to 5 times per day for the first 1 to 2 years
 - Greasy and/or deep fried foods can cause oily diarrhea

Nutrition Guidelines

- Protein Goal: 120 grams per day
 - Protein requirement is higher as you will not absorb all of it after having the SADI
 - Eat protein rich foods 5-6 times per day
 - May need to include 1-2 protein shakes and/or bars daily
- You will need to eat more calories
- Include healthy fats in your diet (ie: fish, nuts / seeds, olive & canola oil, etc)
- Include fibre rich foods in your diet (e.g. fruits, vegetables, some plant-based protein rich foods, whole grains, starchy vegetables)

Typical Day of Eating

Breakfast: 1 cup of 2% greek yogurt + 1 handful of nuts + ½ cup frozen berries

AM snack: 1 boiled egg + 1 cheese stick + 4 whole wheat saltine crackers

Lunch: tuna salad wrap (4oz canned tuna, regular mayo, green onions, celery, tomatoes, cucumber, whole wheat tortilla)

PM snack: 2 turkey pepperettes + 1 piece of fruit

Dinner: 4oz chicken + ½-¾ cup roasted vegetables + 2 tbsp-¼ cup brown rice

Evening snack: 1 protein shake or 1 protein bar

Total protein intake: 120-135 grams

Vitamin Mineral Supplements

Sample Vitamin Schedule

Time	Option 1: Bariatric Advantage (USA)	Option 2: Over-the-counter products
Breakfast	ADEK Multivitamin x 1	Prenatal Multivitamin x 2 Vitamin A 10,000 units B12 1000 mcg
AM Snack	Calcium Citrate 600 mg	Calcium Citrate 600 mg Vitamin D 1000 units
Lunch	Calcium Citrate 600 mg	Calcium Citrate 600 mg Vitamin D 1000 units Vitamin E 400 units
PM Snack	Calcium Citrate 600 mg	-
Dinner	ADEK Multivitamin x 1	Calcium Citrate 600 mg Vitamin K 300 mcg
Bedtime	Iron 45mg	Iron (as per bloodwork)

****Do NOT take gummies or extended time release vitamins or minerals.***

Physical Activity

- Improves mental health and well being
- Protects muscle mass during rapid weight loss
- Protects bone mass and strength
- Improves blood glucose management
- Improves fitness and mobility
- **Improves weight maintenance long-term**

Physical Activity

- Choose activities you enjoy and can maintain
 - Eg: Walk with family or friend, Aqua Fit, Hiking Trails, Dance, Bike, Stairs, Resistance bands, etc
- Start low and slow. Increase gradually, as tolerated.
- Increase the amount, strength, or length of activity

Mental Health

Your mental health is an integral part of the bariatric journey:

- Some people struggle with untreated or undertreated mental health concerns, such as depression, anxiety, eating disorders, body dysmorphia, substance misuse, or other significant psychiatric conditions.
- Stability and proper symptom management is highly recommended. For some patients this may be a requirement to proceed to surgery.
- Consider developing a post-surgery mental health care plan or enhancing your current mental health supports

Stress Management

- Ask yourself:
 - How well do you manage stress through different life events?
 - Are your eating patterns influenced by increased stress?
 - What are some of the significant stressors you have dealt with in the past? What strategies did you use to reduce or manage these stressors?
 - Do you have enough support from members of your family and your social circle? If not, are you able to ask for additional support?

Before Surgery

- Attend SADI Orientation
- Nursing Assessment & Medical Documents
- Social Work Assessment
- Psychology / Psychiatry Assessment
- Nutrition Assessment & Food Journal
- Surgeon Assessment
- Pre-surgery follow-up appointments may be required
- Pre-surgery investigations, tests, and bloodwork maybe required
- Appointments will be via MS Teams video conference, unless otherwise notified

Attendance Policy

- Please login to MS Teams 15-min prior to appointment start time, to ensure your technology is working properly.
- Your appointment may be cancelled and rescheduled if you connect more than 15 minutes late.
- If you miss 3 appointments or tests arranged by the clinic without giving us 48 hours' notice you will be discharged from the program.

Before Surgery – SADI Assessments

- Assess the risks and benefits of you having a SADI
- Assess your understanding about the SADI
- Answer any questions you may have about the SADI

After Surgery

- You will see the Nurse, Dietitian, and Social Worker
- Routine follow-up appointments will be scheduled for 1, 3, 6, 12, and 18-months after your SADI
- A blood requisition will be provided to complete your bloodwork prior to routine appointments
- Additional appointments will be booked as needed

What if you don't want a SADI?

- Alternative options:
 - 1:1 follow-up care with bariatric clinicians up to 10-years after your sleeve gastrectomy
 - Bariatric Medical Program (ie: Medi Meal® or Anti-obesity Medication)
 - Psychosocial Interventions (ie: 1:1 or group classes)
 - Supports in your community
 - Re-refer in the future when you are ready

Next Steps ...

- Review the SADI Materials provided through your myUHN Portal
- Let the TWH Bariatric Team know whether you wish to proceed with the SADI assessments
- Attend all pre-surgery assessments and follow-up appointments
- Submit all required documents

Questions?

