



APOLLO SPECIALITY HOSPITALS - MADURAI

CASE PRESENTATIONS

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CASE -1

LAPROSCOPIC SLEEVE GASTRECTOMY

PATIENT DETAILS:-

AGE : 45 years

HEIGHT : 158cm

WEIGHT : 90 kg

BMI : 36

DIAGNOSIS : Type 2 Diabetes, Obesity, Hypertension

PROBLEMS : 140 units of insulin and medications.



PRE OPERATIVE ADVICE

- **One week prior to surgery in OP - Low calorie diet with 2 meal replacement formula advised (1200 kcal)**
- **Physical exercise-30 minutes daily**

PREVIOUS DAY OF SURGERY

- **Full liquid diet (1000 kcal)**



POST OPERATIVE STAGE

- **First POD –NBM**
- **Second POD- Started with clear liquids 30ml per hour – 300 ml intake -150 kcal**
- **Third POD –Full liquid diet 60ml per hour without sugar – 1000 ml intake - 1000 kcal**
- **Instructions for foods to be avoided :sugar, carbonated beverages, chocolate drinks, coffee, tea.**



DISCHARGE ADVICE ON 3RD DAY

LIQUID DIET ADVISED FOR 1ST WEEK

- 60-90ml per hour water is recommended
- High protein, low calorie formula prescribed – thrice a day 3 scoops in 100ml water.
- Other liquid feeds suggested
- Calories per day : 1100-1200 kcal
- Protein per day: 30gms



INSTRUCTIONS FROM 2- 4 WEEK

- **Maintain food record**
- **6 small meals per day prescribed**
- **Limit food to smaller quantity – approx-4 to 8 tablespoons**
- **Liquids should be sipped in between meals.**
- **Eat slowly and chew the food thoroughly**
- **Skimmed milk recommended**
- **Sugar to be avoided.**
- **Bakery items, Preserved, Fast food items to be avoided.**



INSTRUCTIONS FROM 4-6 WEEKS

- **4 Small meals per day prescribed**
- **Limit food to smaller quantity – approx-8 to 12 tablespoons.**
- **Food choices to be low in fat and calories**
- **Gradually introduce more food choices.**
- **Stop eating when you feel full**
- **Do not eat and drink at the same time**



NUTRITIONAL CONSIDERATIONS

- **Eat three meals and limit snacking in between meals – to prevent excess calorie intake**
- **Eat slowly & chew food well – to prevent pain nausea ,vomiting, irritation .**
- **Avoid concentrated sugar, canned foods, high fat foods like fried items, fast foods, cookies & pastries.**
- **Drink adequate fluids to prevent dehydration**
- **Choose food wisely at proper timings**
- **Exercise – at least 30 minutes every day**



LONG TERM MANAGEMENT

- **Success in bariatric surgery is how well the patient adheres to the specific post-operative diet guidelines.**
- **Low fat Low carbohydrate High protein diet is recommended.**
- **Closely monitor what is eaten.**
- **Maintain record of your weight.**
- **Avoid eating too much which will expand the stomach hereby undoing the effect of surgery.**



CASE 2 – IDDM ON INSULIN PUMP

PATIENT DETAILS:-

- **AGE** : 35 years
- **HEIGHT** : 160 cm
- **WEIGHT** : 50 kg
- **BMI** : 19.5
- **DIAGNOSIS** : IDDM on 40 units of Insulin per day.
- **PROBLEMS FACED** : Severe variations in blood glucose level ,several hypoglycemic events, long travelling person.



ADVANCED CHO COUNTING FOR PATIENT WITH INSULIN PUMP

AIM OF CHO COUNTING:

- To enjoy more Dietary Freedom
- To adjust insulin doses accordingly
- To maintain the blood glucose levels within target
- CHO counting skills determines the insulin dosage skill with insulin pump.



CHO COUNTING ASPECTS

- 15gm of CHO = 1CHO Serving /CHO choice
- Serving size is important
- Measuring cups for liquids & solids
- Measuring spoons
- Exchange lists
- Nutrition facts on food labels
- Find the number of CHO serving by dividing the total grams of CHO by 15



FOR SNACKS INBETWEEN MAIN MEALS

GRAMS OF CHO	COUNTING THE CHO SERVING
0-5 gms CHO	No need to count
6-10 gms CHO	½ CHO SERVING
11-20 gms CHO	1 CHO SERVING
21-25 gms CHO	1½ CHO SERVING
26-35 gms of CHO	2 CHO SERVING



PRIOR RECORD MAINTAINED BY THE PATIENT FOR 2 WEEKS

- **FOOD AND DRINK RECORD** - Name of the food/Liquid, portion size, total CHO
- **INSULIN DOSE RECORD** –Kind of Insulin, time of dose, amount of dose
- **SELF-MONITORING OF BLOOD GLUCOSE LEVEL** – Fasting, Pre- meal, Post-meal after 2 hours, Bedtime level.
- **OTHER FACTORS** – Physical activity, stress, Illness, Hypoglycemic events and its management.



INSULIN TO CHO RATIO

- **STUDYING THE TREND CHART – CGMS CHART**
- **CALCULATION OF INSULIN TO CHO RATIO:**
 - **Pre meal insulin dosage was 4 units and post meal glucose level is within target.**
 - **Total CHO in that meal is divided by the insulin dosage.**
 - **For eg:He ate 68 gms of CHO $68/4 = 17$ UNITS**
- **His insulin CHO ratio is 1:17**



INSULIN SENSITIVITY FACTOR – ISF

- ISF is the blood glucose (mg/dl) that is lowered by one unit of insulin for a particular patient.
 - 55mg/dl = ISF
- Calculation of correction dose or supplemental dose of insulin
 - Current pre-meal blood glucose minus Target pre-meal blood glucose divided by ISF
 - For eg: $249\text{mg/dl} - 100\text{mg/dl} = 149 / 50 = 2.98 = 3$ units of insulin is his correction dose.



POINTS TO REMEMBER

- **Carbohydrate counting helps the patient with more flexibility and better glucose control.**
- **Calorie reckoner can be replaced with Carbohydrate reckoner for usual recipes and healthy snacks.**

**MULTIDISCIPLINARY TEAM APPROACH HELPS THE
PATIENT TO A GREATER EXTENT**





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