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## **Nutritional Impact of Surgical Treatment of Obesity and the Evolution of Techniques Related to Micronutrient Deficiency**

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**B**ariatric surgery, as has been reviewed in other modules, has been the most effective strategy to produce a significant long-term weight reduction in patients with severe and morbid obesity, associated with an improvement in the pathologies associated with excess weight. However, the development of deficiencies of some micronutrients has been reported repeatedly in the literature, especially in restrictive malabsorptive surgeries such as biliopancreatic diversion, with and without duodenal change and Roux-en-Y gastric bypass. Exclusively restrictive procedures, such as laparoscopic adjustable gastric banding, are not exempt from complications of this nature, even when the number of affected complications is lower and the degree of compromise is also less. In the case of sleeve gastrectomy, a technique that was initially restrictive, there was also a compromise in the nutritional status of the micronutrients, although in a lower frequency and magnitude than in the gastric bypass. Among the nutrients affected in bariatric surgeries are iron, calcium, zinc, folate, vitamin B12 and vitamin D. The pathophysiology of vitamin and mineral deficiencies in bariatric surgery is multifactorial. One of the factors that have been highlighted in the last time, is the nutritional status with which patients face this type of surgery.

### **Biography:**

Dr. Ma Soledad Reyes is a Clinical Nutritionist in University of Chile. She completed her masters (clinical nutrition) in Pontificia Universidad Católica de Chile & Post degree and as a Clinical Research Associate at Barnett International-Parexel.