



Improve outcomes

The benefits of weight loss before bariatric surgery



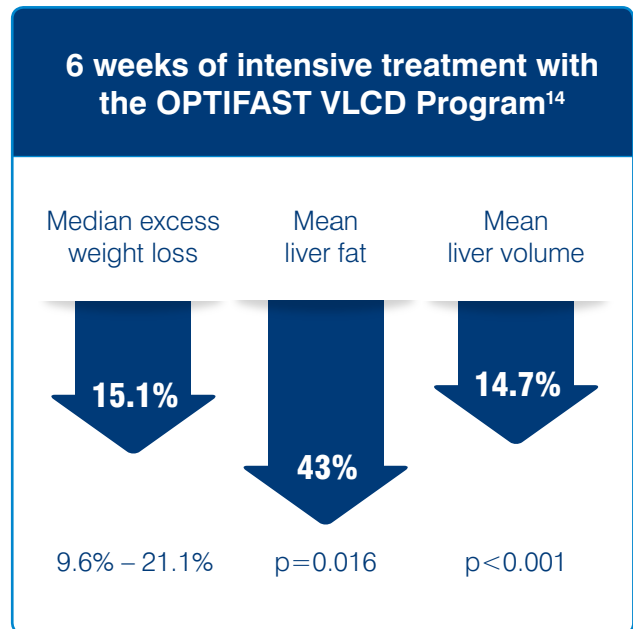
- ◆ Reduced visceral fat levels and liver size:¹⁻⁷
 - Leads to greater access for surgeon and less chance of conversion from laparoscopic to open procedure
 - Improves exposure and view of anatomical markers, reducing likelihood of damage to nearby vessels and structures, and assists in more accurate positioning of the laparoscopic band.
- ◆ Reduced pre-existing metabolic abnormalities.⁸⁻¹³
 - Weight loss has a strongly beneficial effect on co-morbidities such as hypertension, hyperlipidaemia, insulin resistance, hyperglycaemia and sleep apnoea
 - It also favourably alters clotting factors and may reduce risk of post-surgery deep venous thrombosis.

Scientifically formulated and proven to help deliver substantial and fast weight loss^{14–16}

- 18 morbidly-obese patients underwent MRI and spectroscopy to measure liver size and fat content before and after 6 weeks of Intensive Level with the OPTIFAST VLCD Program¹⁴ (see figure 01).

The reduction in liver fat and volume likely accounts for the perceived improved operability in patients undergoing laparoscopic adjustable gastric band.¹⁴

Figure 01



- 32 morbidly-obese patients followed the OPTIFAST VLCD Program for 12 weeks, with measurements including changes in liver volume and visceral/subcutaneous adipose tissue (VAT/SAT) taken at baseline and weeks 2, 4, 8 and 12.
- A 6-week duration of the OPTIFAST VLCD Program was recommended to achieve maximal liver volume reduction.¹⁷
- Majority of liver reduction seen after 2 weeks of use of a VLED.¹⁷
- The OPTIFAST VLCD Program can be used safely to help: ^{14,17,18}
 - Reduce liver size prior to bariatric surgery
 - Control blood glucose levels
 - Achieve sufficient weight loss to enable surgery for patients considered otherwise too obese (see figure 02).

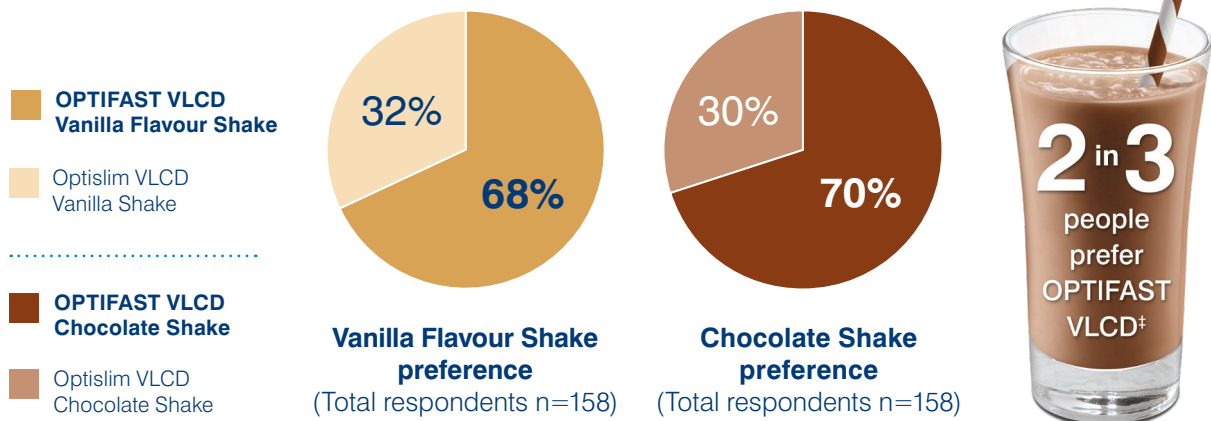
Figure 02

Average weight loss per week achieved on the Intensive Level of the OPTIFAST VLCD Program	
Males	1.5 – 2.5kg
Females	1.0 – 2.0kg

Benefits of OPTIFAST VLCD Program

- Great tasting range of products help improve compliance.

‡ OPTIFAST VLCD Vanilla Flavour and Chocolate Shakes were preferred to Optislim VLCD (Classic) Vanilla and Chocolate Shakes in blind sensory tests conducted by Colmar Brunton, April 2017. Testing was sponsored by Nestlé Health Science.



- Confidence in recommending a nutritionally complete total food replacement program.

On the Intensive Level of the program where all 3 meals are replaced, the OPTIFAST VLCD Program:

- Restricts energy intake to less than 800 calories a day
- Maintains patients' vital nutrition and health with:^{16,18,19}
 - A nutritionally complete diet
 - Carbohydrates and fatty acids
 - Essential vitamins and minerals
 - 20g of protein per serve
 - Source of fibre to support digestive/bowel health.

- Extensive range of flavours and products which means there is something for everyone.

- Flexible program that gradually introduces lifestyle modifications to help sustain weight loss post-surgery and includes free online support.

◆ Suitable patients.

Consider the OPTIFAST VLCD Program for any bariatric surgery candidates, particularly:

- Well-motivated patients who have acceptable operative risks and a strong desire to achieve substantial weight loss
- Obese patients with BMI >50
- Patients with BMI >40 and central obesity or android distribution of fat
- BMI >35 and high-risk co-morbid conditions or obesity-induced conditions that interfere with lifestyle
- Patients with obstructive sleep apnoea.

Available from pharmacy



For more information visit optifast.com.au

1. Busetto L *et al. Obes Surg* 2004;14:671–6. 2. Marks SJ *et al. Int J Obes Relat Metab Disord* 1997;21:274–9. 3. Marks SJ *et al. Int J Obes Relat Metab Disord* 1998;22:893–8. 4. Fris RJ. *Obes Surg* 2004;14:1165–70. 5. Tiikkainen M *et al. Diabetes* 2003;52:701–7. 6. Laaksonen DE *et al. Nutr Metab Cardiovasc Dis* 2003;13:349–56. 7. Li Y *et al. Exp Biol Med* (Maywood) 2003;228:1118–23. 8. Dixon JB and O'Brien PE. *Obes Res* 2002a;10:903–10. 9. Dixon JB and O'Brien PE. *Am J Surg* 2002b;184:S51–4. 10. Luyckx FH *et al. Int J Obes Relat Metab Disord* 1998;22:222–6. 11. Hankey CR *et al. Eur J Clin Nutr* 2002;56:1039–45. 12. Marckmann P *et al. Eur J Clin Nutr* 1998;52:329–33. 13. Folsom AR *et al. Arterioscler Thromb* 1993;13:162–9. 14. Lewis MC *et al. Obesity Surgery* 2006;16:697–701. 15. Drawert S *et al. Obes Res* 1996;4(Suppl 1):66S. 16. Delbridge E and Proietto J. *Asia Pac J Clin Nutr* 2006;15:49–54. 17. Colles SL *et al. Am J Clin Nutr* 2006;84:304–11. 18. Mustajoki P and Pekkarinen T. *Obes Rev* 2001;2:61–72. 19. OPTIFAST VLCD Approved Product Information, 2007.

OPTIFAST VLCD is a food for special medical purposes for the dietary management of obesity. Must be used under medical supervision.

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