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Dietitian Video Consultation (DVC) – The New Norm for Post-bariatric Dietetic Care?

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Background and aims:

Frequent dietitian follow-up appointments are critical for optimising weight-loss and dietary-compliance post bariatric-surgery. For example, it is recommended that patients see a dietitian fortnightly for the first 2 months post-surgery for texture grade-up and symptom management. However, poor attendance-rates have been noted since commencing bariatric services in 2019 (Chart 1). The significant patient burden associated with such intensive follow-up is a likely contributing factor to these poor attendance rates. We proposed that offering Dietitian Video Consultation (DVC) services would greatly reduce or eliminate the “costs” associated with seeing a dietitian (Fig. 1), while maintaining the benefits of quality, timely dietetics care. We aimed to evaluate the impact of DVC on attendance-rates, and patient’s acceptability towards such services.

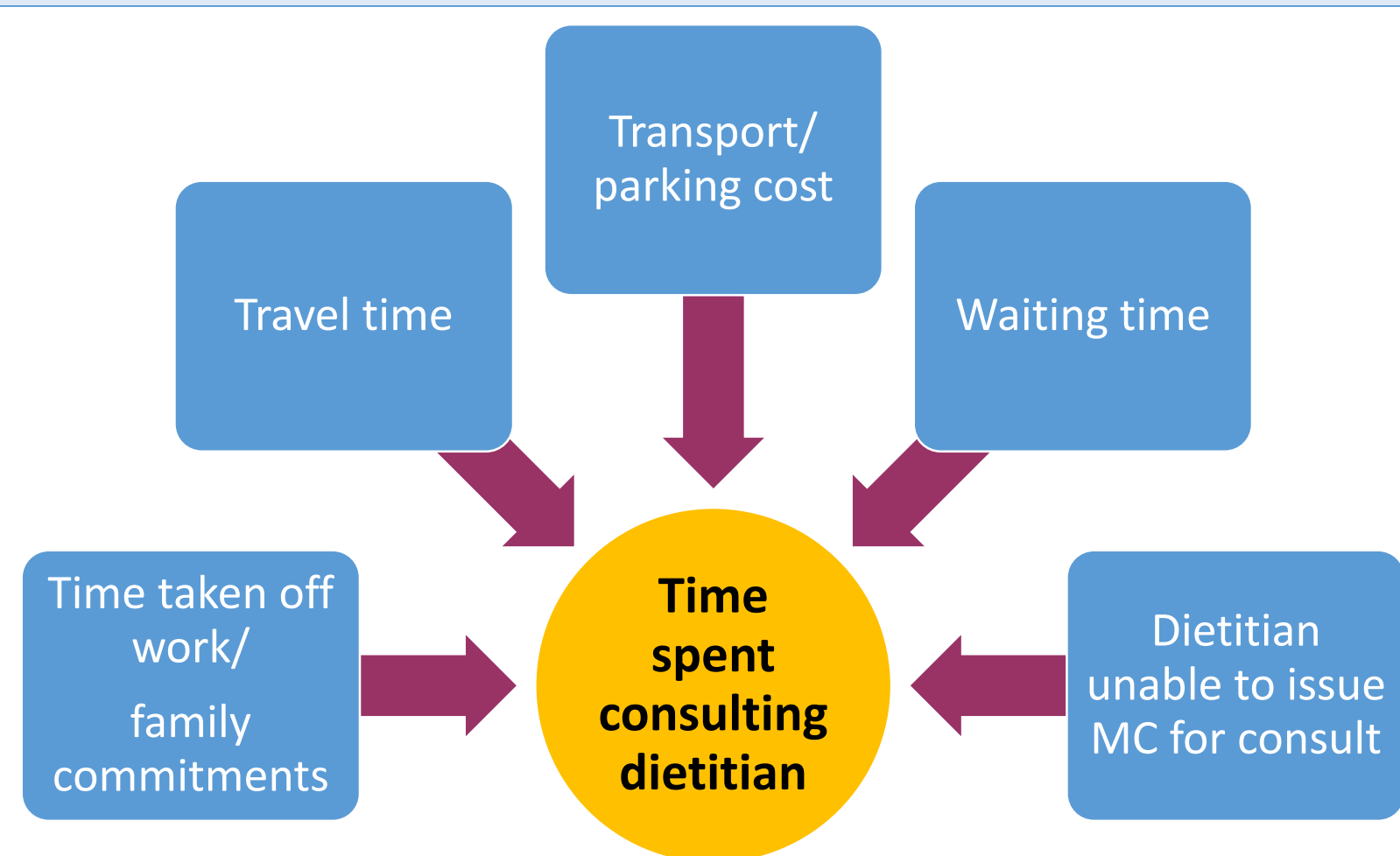


Fig. 1: “Costs” associated with face-to-face dietitian visits

Intervention:

Introduction of DVC as an alternative follow-up modality from May 2020 onwards at Sengkang General Hospital (SKH). At the first dietitian visit post bariatric surgery, patients were offered DVC for subsequent follow-ups if they were willing and able to use video-consultation software/technology.

Data collection and analysis:

Patients who underwent bariatric surgery at SKH and were referred to a dietitian post-surgery were included in the analysis (n=87). Patients were divided into 2 groups:

1. Pre-DVC (surgeries between January 2019 to May 2020) (n=49)
2. Post-DVC (surgeries between June 2020 to January 2021) (n=38)

Retrospective data-analysis was conducted, examining:

Overall dietitian follow-up attendance rates at week 4 and 8 post surgery: pre-DVC implementation vs post-DVC implementation

Follow-up modality (F2F vs DVC) and completion rate (defined as attending both week 4 and 8 visits) by follow-up modality in the post-DVC group

Patients who opted for DVC were surveyed after each session to assess their perceptions regarding service acceptability - including accessibility to care, technical-feasibility, and transport cost.

Results

Follow-up attendance rates improved markedly post-DVC introduction, increasing by 36% and 24% at weeks 4 and 8 respectively (Chart 1). Overall compliance to post-operation follow-up visits also improved appreciably, with the proportion of patients attending neither follow-up visit decreasing by 34% (Chart 2).

Chart 1: Dietitian follow-up attendance rates

Attended Not Attended

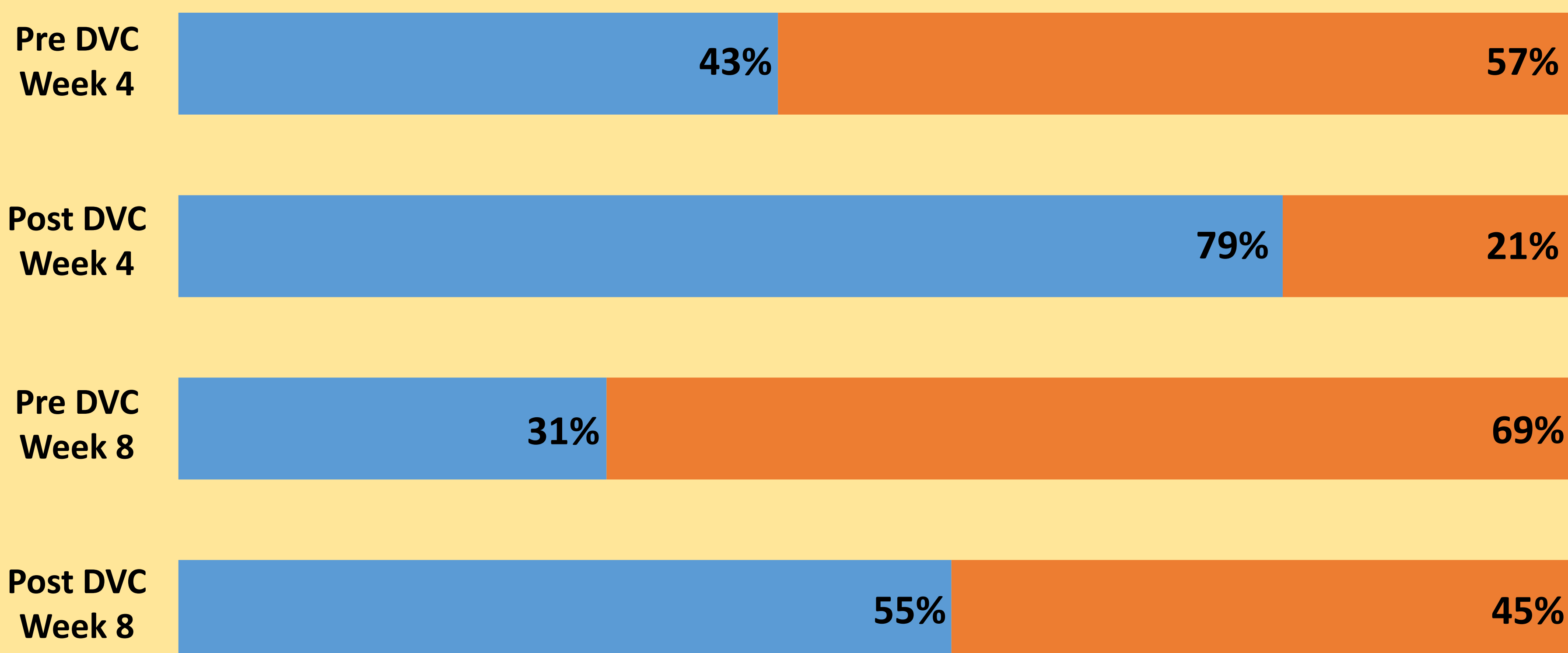
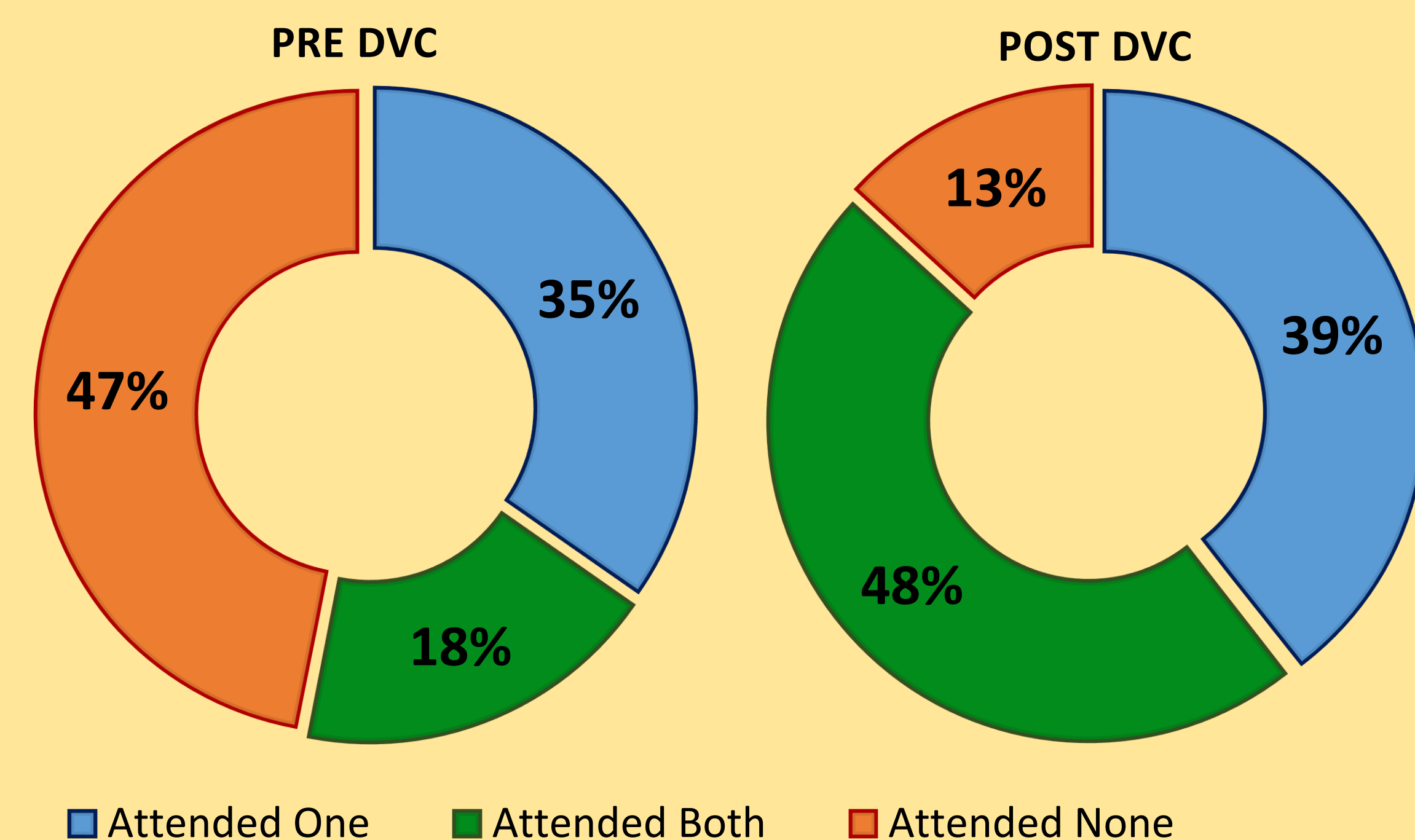


Chart 2: Proportion of patients attending none, one, or both follow-up appointments



DVC was the preferred follow-up modality, accounting for more than half of week 4 and week 8 attended visits (Chart 3). Completion rate was 33% higher in patients who opted for DVC (Chart 4).

Chart 3: Preferred Dietitian follow-up modality

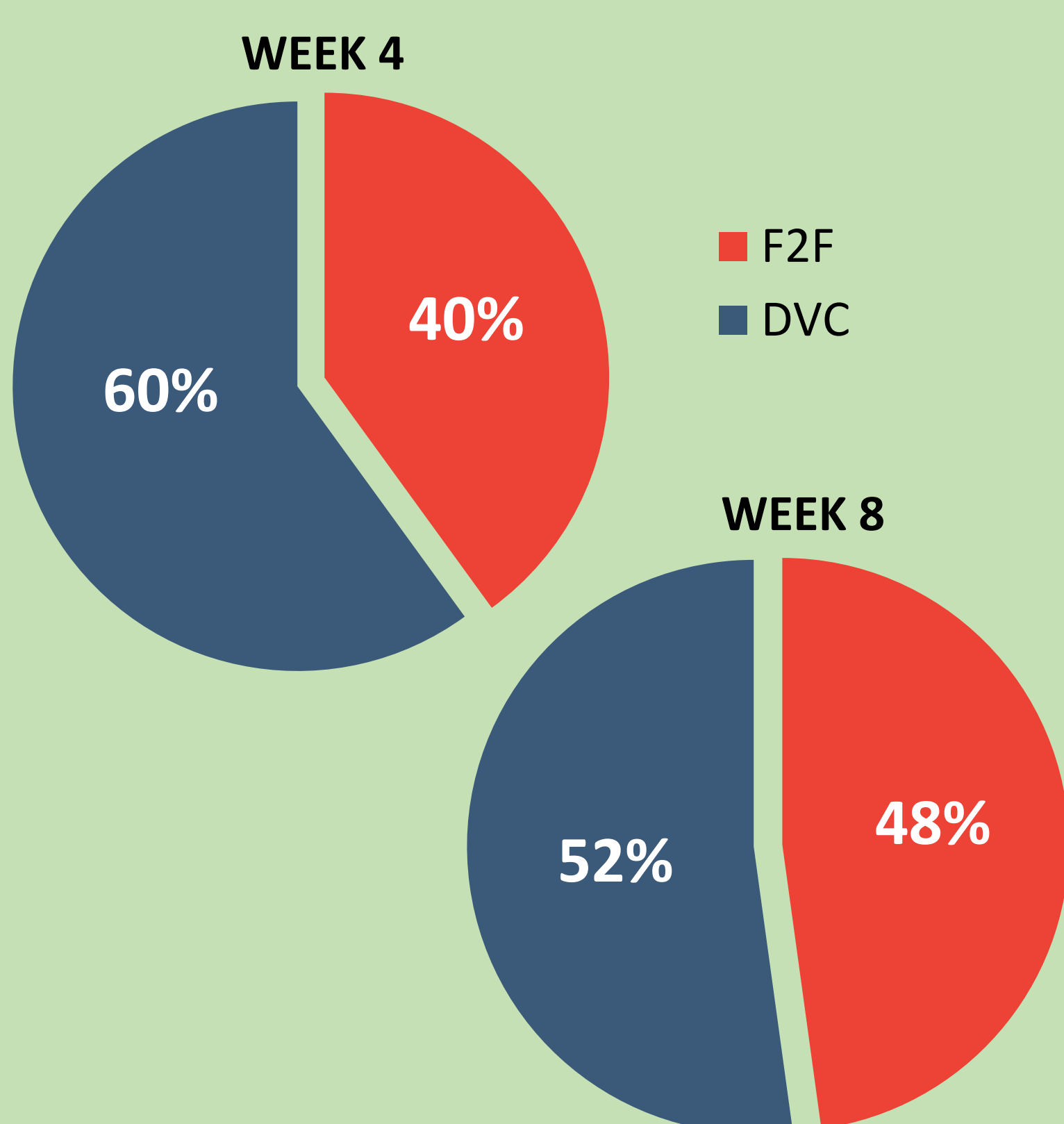
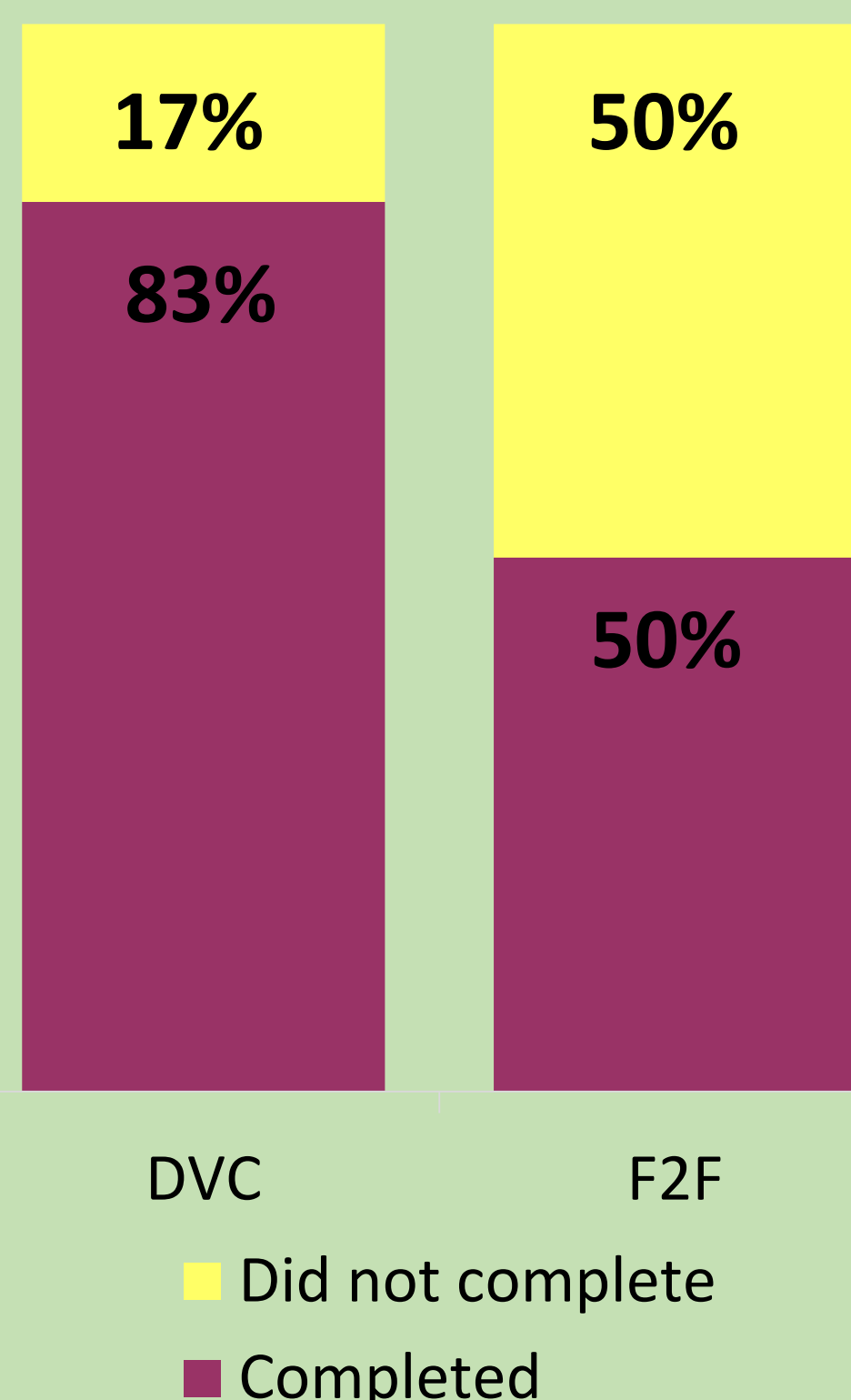
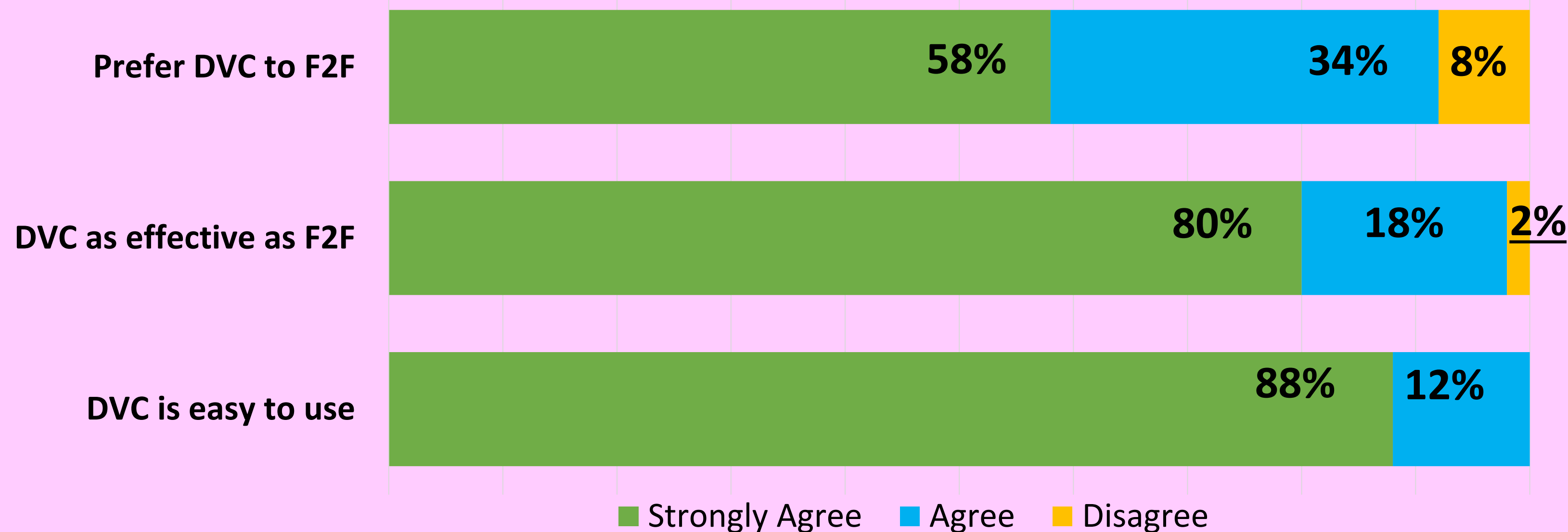


Chart 4 Completion rates by follow-up modality



More than 95% of patients perceived DVC to be both easy to use and effective, while 92% expressed a preference for DVC over F2F (Chart 5).

Chart 5: DVC Patient Survey responses (n=50)



In addition, 92% reported DVC reduced waiting time, with 76% saving at least 30 minutes. Other reported benefits included saving on transport costs (50%) and avoiding taking time-off work/school (79%).

Conclusion

This study showcases the considerable value and merits of DVC. DVC is not only a viable alternative to the traditional concept of face-to-face follow-ups, it has become the follow-up modality of choice for SKH bariatric patients, proving itself effective and easy to use, while simultaneously reducing barriers to attending follow-up appointments. Additionally, DVC has allowed dietitians to deliver care to a greater proportion of patients post-surgery, ensuring fewer patients are lost to follow-up. We strongly suggest the adoption of DVC as a new norm for post-bariatric dietetic care.