



# Bariatric Surgery Support Group

Meeting Held online in the **ZOOM** Room

Date: 3.07.25 at 6:00pm

**Please save my cell number on your phone in order to receive any broadcast messages from me: 073 141 2580 – Bambine**

Bariatric Support Group - [bssgsouthafrica@gmail.com](mailto:bssgsouthafrica@gmail.com)

## Information and Notes

As noted down in my non-professional understanding of everything discussed at the meeting and being able to read my handwriting after. 😊

Please excuse the English / Afrikaans mixture in the notes, we have all sorts in our group and the questions come in all sorts of mish mashes and so our answer are also a bit of 'all sorts'!

Meeting attended by Dr. Potgieter, Judy and team member Bambine (073 141 2580).

**(11 members in the Zoom room.)**

Welcome to all new members!



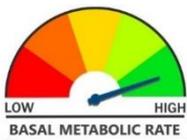
Just a few notes from our last meeting.

**Apologies if I missed anything.**



- 1. I would like to know if all bariatric patients eventually have their gall bladder removed? Is it necessary to do this before surgery or only have it removed when it starts giving issues?**

Dr. Potgieter discussed the management of gallbladders in bariatric patients, explaining that gallstones are more common after malabsorptive operations like BPD (67%) compared to restrictive operations like sleeve gastrectomy (10%) or gastric bypass (37%). He clarified that gallbladders are typically only removed if stones are present at the time of surgery, except for BPD patients where removal is routine due to the high risk of gallstones.



- 2. Regarding the Basel metabolic rate, how does this change post surgery, especially for a very tall person. And is it possible to build muscle in the early days post surgery with a calorie deficit?**

Dr. Potgieter explained that it increases due to hormonal changes and insulin resistance, and clarified that while muscle loss can occur initially, fat loss occurs more quickly from the intestinal tract than muscle loss from the body's somatic portion.

- 3. I had Roux en Y, 2021 - I want to asked about the prescription medication combinations that I take daily - Venlafaxine, co- morden and then Topled, Tripiline. The combination of all of these, will they do any damage to my stomach?**

Dr. Potgieter said that, that combination wouldn't be a problem, but to remember to take your pills with something like Yoghurt.

**4. SADI 3 months post op - Im just trying to understand the logic on how our bodies operate. I know very well that protein & fluids are VERY IMPORTANT. But there are days that I just can't get to all the proteins. I am especially battling getting enough fluids in. The scale or cm's aren't moving either, just wondering what does the body do to cope?**

Dr. Potgieter discussed strategies for managing protein and fluid intake after bariatric surgery, emphasizing the importance of protein consumption, particularly through eggs and protein shakes, for those who struggle with solid foods. He advised patients to focus on urine frequency as an indicator of adequate hydration rather than strictly adhering to fluid intake guidelines. He also reassured patients that weight loss and centimeter reduction are gradual processes, particularly for sleeve gastrectomy patients, and encouraged patience, as significant results are typically seen over 18 months.



Anaerobic Exercise Post-Bariatric Surgery – Dr Potgieter emphasizes the importance of anaerobic exercise for maintaining muscle mass and promoting weight loss after bariatric surgery. He explains that while cardiovascular exercise is beneficial for overall health, it doesn't significantly contribute to calorie burning or muscle preservation.

Doctor recommends strenuous, weight-based exercises, adequate protein intake, and possibly protein shakes to support muscle maintenance. He suggests that muscle building is more feasible after the first three months post-surgery, when the body has stabilized. Judy agrees with Doctor's assessment and adds that patients should be mindful of their energy levels during the initial recovery period.

**5. With regards to BMR. My understanding is that it reduces with age. For someone who had R&Y, will the BMR reduce more or at a faster rate than someone who never needed bariatric surgery? And to build on that question, is it considered healthy to be in a calorie deficit for long periods of time.**

Bariatric Surgery and Metabolic Balance- Dr. Potgieter discussed the effects of aging on metabolic rate and the importance of calorie balance after bariatric surgery. He explained that while metabolic rate decreases with age, appetite and activity levels also decline, maintaining a balanced state. He emphasized that bariatric surgery should not result in long-term calorie deficits, as this can lead to malnutrition. He advised that blood tests, particularly for vitamins and other nutrients, should be done a week before follow-up appointments to ensure all results are available for informed decision-making.

**6. Any tips or guidance how to claim back from gap cover for co payment of surgery? Admed declined my claim ,they state they don't cover obesity, I don't understand all the insurance terms used. Is there any way around this. I have 90 days to challenge the rejection.**



Challenging Gap Cover Rejection – Dr Potgieter discussed a situation where his gap cover claim for co-payment of surgery was rejected by the company Admit, citing obesity-related treatment exclusions. He expressed frustration with the terms of the insurance, which he believed contradicted the purpose of gap cover. He advised challenging the rejection within the 90-day window, suggesting that if the exclusion was

clearly stated in the contract, it might be difficult to overturn. He recommended escalating the issue to the Insurance Ombud if necessary, as he felt it was unfair for the company to deny coverage after selling the insurance for that specific purpose.

**7. Bariatric Surgery Success Rate Challenges and Factors**

Dr Potgieter explained that bariatric surgery is not 100% successful, citing a failure rate of around 30% due to incorrect procedures being performed on the wrong patients and inaccurate execution. He emphasized the importance of measuring the total length of the small intestine (biliopancreatic limb) and adjusting operations accordingly to achieve the correct ratio between the food-absorbing and

non-food-absorbing sections of the bowel. Doctor also noted that sleeve gastrectomies, which have been widely adopted globally, may not be effective in the long term as patients often regain weight after 5 years.

Dr Potgieter discussed the reasons for the failure of bariatric surgery, highlighting that patients often cannot tolerate solid proteins and resort to grazing throughout the day, consuming high-calorie liquids like alcohol and sweet drinks, which defeats the surgery's purpose. He emphasized the importance of eating solid foods to achieve satiety and prevent nutrient absorption issues. Doctor shared a personal story of a patient who regained weight after surgery due to excessive Coca-Cola consumption, stressing the role of individual decisions in surgical outcomes. He concluded by advocating for group support to strengthen resolve and provide moral support for those on the weight loss journey.



### Summary/Next steps

- Patients struggling with protein intake to consider drinking milk, eating cheese, yogurt, eggs, and using protein powders as alternative protein sources.
- Patients to do their blood tests a week before follow-up appointments to ensure all results are available.
- Patients to focus on eating solid foods rather than drinking high-calorie liquids to maintain proper satiety and calorie control.
- Patients to avoid excessive alcohol consumption as it hinders fat metabolism and adds unnecessary calories.
- Patients to maintain regular exercise, focusing on cardiovascular exercise in the first 3 months post-surgery, then incorporating anaerobic exercises after 3 months.
- Patients to monitor urine output (aiming for 3 times a day) as an indicator of adequate fluid intake.
- Patients to consider joining support groups to strengthen resolve and receive moral support in maintaining their post-surgery lifestyle changes.
- Encouragement to Newbies: Life-changing journey ahead. Stick with your medical team, stay connected, and ask questions.
- When sending questions to me (Bambine) ahead of time, remember to add what type of procedure you had as well as how far pre or post op you are. This will help doctors answer the question more to your specific need.

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Compliments and complaints, please contact:  
(Dr. Potgieter) Johanna Potgieter on 083 261 6207 or [pottie@kingsley.co.za](mailto:pottie@kingsley.co.za).  
(Dr. Swanepoel) Elizma - [capesurgeonreviews@gmail.com](mailto:capesurgeonreviews@gmail.com)



Judy Kotze Dietitian - 083 254 0919

Dr Chris Greyling – 021 595 0105 - a Specialist Physician (2017) and Endocrinology and Diabetes.  
<http://www.DIDE.co.za>

**Please note that you should ONLY complete the online form once you have had your first consult with one of our Doctors (Dr. Swanepoel & Dr. Potgieter).** Link to online google form: <https://forms.gle/2KNp2fPQVUarN7rGA>

**PLEASE**  
Do not reply

A friendly request please: Once I have sent out the notes or even messages regarding meetings etc, via the broadcast group. Please may I ask that you don't reply to them in any way. I understand it is good manners etc to just reply that you have received it, or a thumbs up or even a message to say that "you can't make the meeting" and I appreciate that, but truly it is not necessary, and I won't be offended at all. Only respond with a question if you have one.

UPCOMING  
meetings

## Next meeting dates to diarise:

- Please note, these dates may change due to holidays etc... advance notice will be given.

### Meeting dates 2025 (Meetings start at 6pm)



Regards Bambine 073 141 2580 [bssgsouthafrica@gmail.com](mailto:bssgsouthafrica@gmail.com)

## How it will work:

- A few days before the online meeting, I will send out a What's App reminder for people to please let me know of anything that they would like the doctors or Judy (dietitian) to address. This can be sent to me via What's App' and I will put your question on a general list. I will then at least have a list for the doctor/s to work with so that should they need to prepare any visuals or documents; we can get that ready by the time the meeting is held.
- We will then meet online from 6:00pm to about 7 or 7:30 pm on the given dates. The committee will welcome everyone, and we can all just have a good 'chat and chinwag' for a bit. We generally just start by introducing ourselves and just stating weather we are pre op, post op, considering surgery, in the process or even choose to have your camera off if you would like to remain anonymous for now. You can even tell everyone how much weight you have lost so far as this gives people motivation. Anything goes!
- Once the meeting has started, please refrain from sending me questions via Whats App. If you are online, then please feel free to ask the doctors yourself or message me later and I can add it to next month's questions if you would like to remain anonymous.
- **We ask that you keep your microphone on silent when you are not speaking especially if you are in a noisy environment.**
- The Doctors and dietitian (one or both) and Dr Greyling will then join us between 6:00pm and 6:30pm to answer any medical or dietary questions that we might have after that. They will generally be in the 'room' available to us for about 30 minutes and after that those who want to stay and chat can continue to do so.
- It is a relaxed environment to find out about others like you, personal experiences etc. You will be surprised that so many of us have had similar experiences and have asked the same question before. **No questions are silly questions.** PLEASE READ Previous notes though.

**SEE YOU IN THE ZOOM ROOM!**