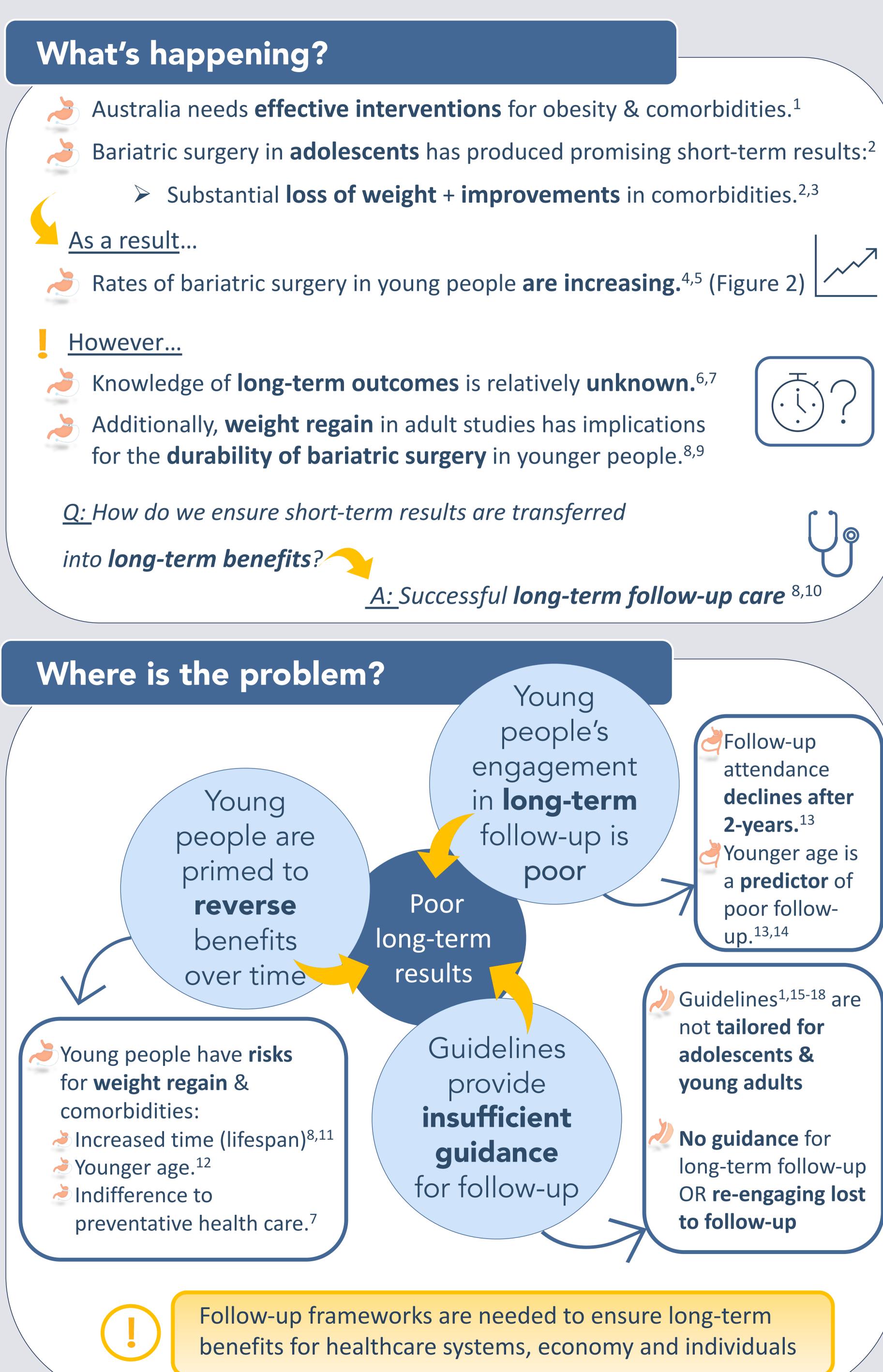


BARIATRIC SURGERY ON ADOLESCENTS AND YOUNG ADULTS: A call for guidelines on lifelong follow-up



Danielle Leithhead; dleithhead@deakin.edu.au Deakin University, School of Medicine; Geelong Clinical School

A: Successful long-term follow-up care 8,10 Follow-up attendance declines after **2-years.**¹³ Younger age is a **predictor** of poor followup.^{13,14} Guidelines^{1,15-18} are not **tailored for** adolescents & young adults No guidance for long-term follow-up OR re-engaging lost to follow-up

follow-up, young people are primed to reverse the individual & societal benefits gained from bariatric surgery: needed.

aged 24 years	5 (
Figure 1: Rates	3
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1200 ———	
1400	

Without successful long-term

- Frameworks are urgently

In fact...



Who can assist long-term follow-up?

As well as their surgeons, General Practitioners are well-placed to screen, assess, monitor and manage follow-up needs.²⁴ Additionally, they can screen & re-engage those lost to follow-up.

What do we need?

Recommendations:

- **1. National Frameworks** for long-term follow-up, including:
- **Responsibilities** of providers
- Processes to re-engage those lost to follow-up
- Tools for continuity of care & patient engagement
 - Surveillance guidelines

r of bariatric surgeries per year



of bariatric surgery in those or younger in Australia.^{4,5}

2014-15

ERENCES

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Literature and guidelines already recommend follow-up to be lifelong.^{1,19-23}

<u>Frameworks & guidelines adapted for young people, ensuring</u>. a) successful (>10-year) long-term follow-up, and **b)** those lost to follow-up are re-engaged in care.

