

The Role of Pharmacy in Bariatric Surgical Assessment and Treatment Centre

The role of pharmacy in assessing and treating bariatric surgery patients is presently ill defined with little in the way of established models to emulate and sparse opportunities for structured training. It is, however, potentially broad, rich and rewarding. Pharmacotherapy after bariatric surgery is presently supported by at best a thin body of literature, a situation which exacerbates the role confusion, but creates tremendous opportunity. I will attempt to describe the role that a pharmacist has played on a bariatric assessment and treatment centre and the opportunities for future development. The present functions can be broadly divided into four separate areas, namely 1) Traditional pre-admission and medication reconciliation functions which hopefully relieve the surgical centre of some burden 2) Resolution of Drug Therapy Problems unique to bariatric surgery patients, such as changing long acting products to suitable regular release substitutes, avoiding medications which will exacerbate gallstone risk and arranging suitable NSAID alternatives before they arrive at the surgical centre 3) Patient education on what will likely change with their medications, especially changes in the need for diabetes therapy. This may include referral for upgrading of blood glucose meter training and training in insulin management. The likely changes in hypertension therapy and the need to avoid high sugar liquid medications which will aggravate dumping syndrome are further examples of educational needs. 4) The original research function is largely untapped and has potentially the greatest potential. Some relevant unanswered or partially answered questions involve the changes in absorption of common psychiatric medications after surgery and the evolution of this over time, and an assessment of the risk/benefit ratio of ASA for cardiovascular prophylaxis in this population.