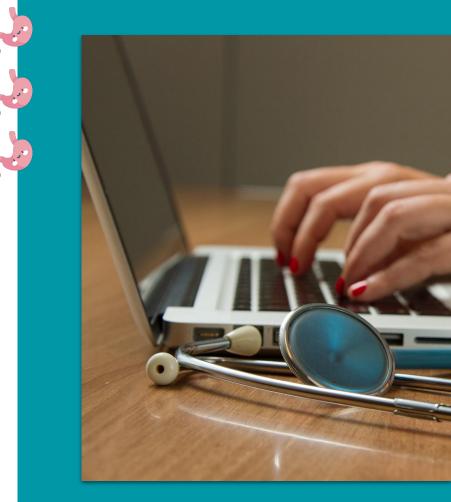
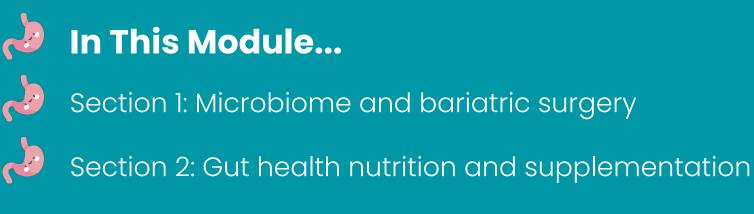


Katie Chapmon

How to address Gut Health after Bariatric Surgery

Katie Chapmon, MS, RD





Section 3: Case study



Section 3: Case study

What is the gut microbiome?

Harvard School of Public Health 2020; Ursell et al 2012

- Made up of trillions of microorganisms including bacteria, archaea, eukaryotes, and viruses that inhabit the gastrointestinal tract
- Endocrine organ involved in conversation and connection with the body
- Functions

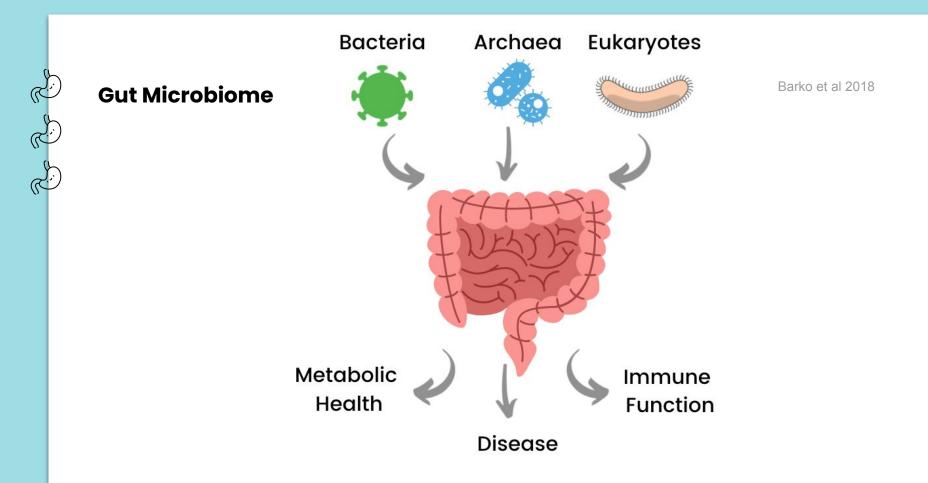
- Maintenance of homeostasis
- Stimulate the immune system
- Synthesize and activate vitamins and hormones
- Contain enzymatic properties that breakdown food components
- Secrete metabolites

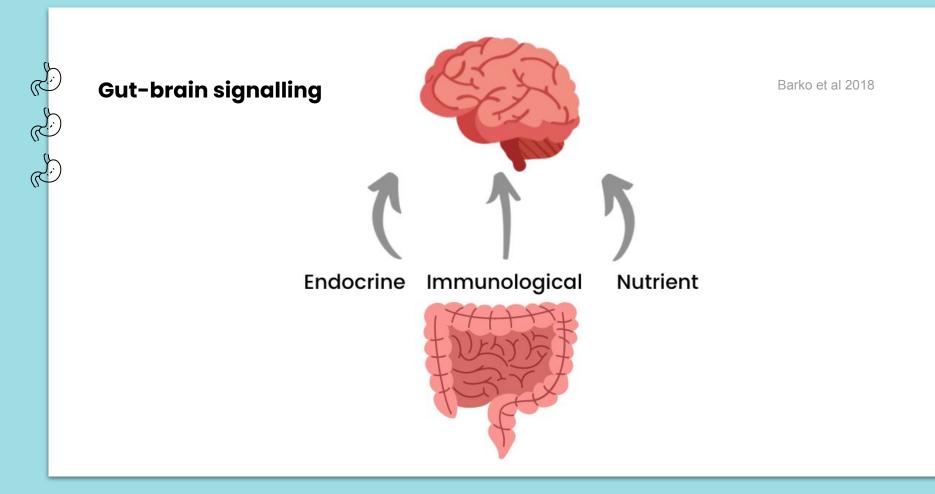
What is the gut microbiome?

• Alternative terms

- Gut microflora
- Gut microbiota
- Up to 100 trillion cells and 1,000 species inhabit the microbial community
- Composed of 5 different families of microbiota
 - Bacteroidetes
 - Firmicutes
 - Actinobacteria
 - Proteobacteria
 - Verrucomicrobia

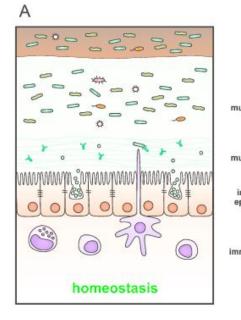
Lv et al 2019; Sheyte et al 2022

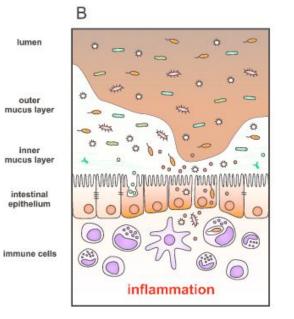




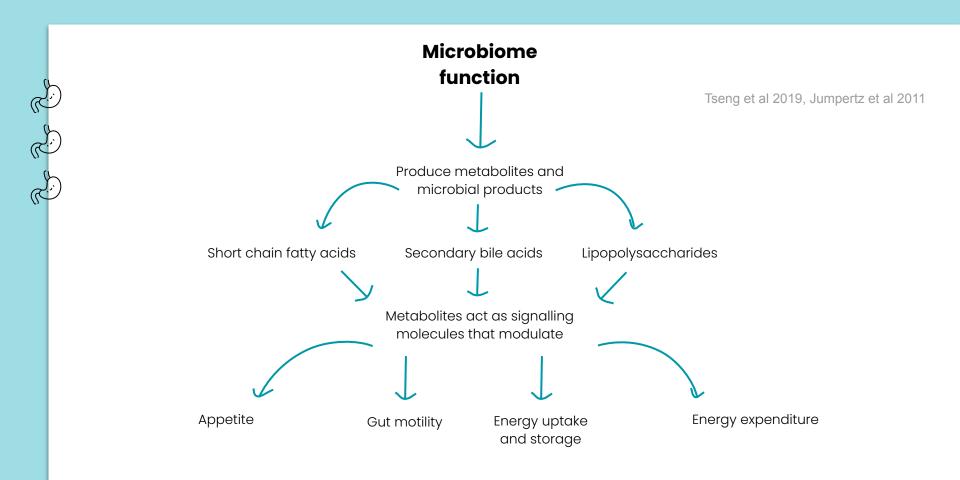
Microbiome lining

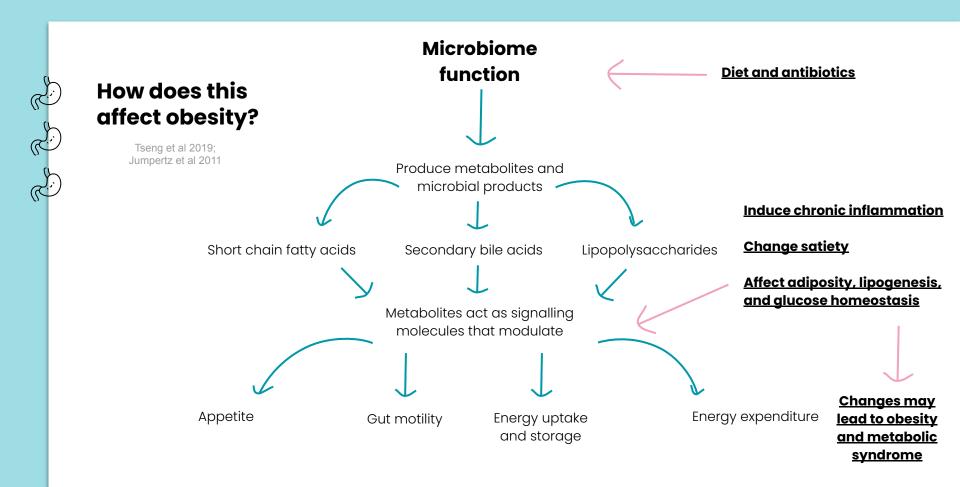
Matijasic et al 2016





0 0	commensal bacterial species
(~ ()	pathobionts and pathogen species
000	antimicrobial peptides
r	secreted IgA
00	toxins





Causes

Diet and lifestyle Microbiome Some Imbalance medical **Systemic** conditions inflammation and medical history

Microbiome after bariatric surgery

Pournaras et al 2009; Zhang et al 2009; Patel et al 2017

- Changes in hormones
 - Gut-brain axis
 - Insulin secretion
- Double impact

- \circ Nutrient absorption changes \rightarrow leads to changes in microbiota composition
 - Changes in surface area for absorption also contribute
- Nutritional intake / recommendations after surgery

Specific microbiome changes after surgery

Sabate et al 2017; Zhang et al 2009; Koulas et al 2021; Dietary Guidelines After Bariatric Surgery, 2022; Al-Akwaa 2010; Küper et al 2010; Giacolone 2019

)	Positive benefits	Possible conditions
)	 Statistically significant decrease in Firmicutes to Bacteroidetes ratio 	 Overgrowth / SIBO may precipitate Found in 15-40% of patients after surgery
	 Decrease in Methanogens As species is primarily undetected in 16S rDNA stool samples in normal weight / post surgical patients 	 H. Pylori Preoperative prevalence 8.7% (German cohort) - 85.5% (Saudi cohort) with series of intermediate values May show up post op as well
	Increase in Gammaproteobacteria	
	 By 52-fold after RYGB 	• IBS
		 Prevalence ranges from 8-31% in patients with obesity

Gut health after bariatric surgery

Dietary Guidelines After Bariatric Surgery, 2022

Possibly review for post surgery

ن کی کی

- Slow peristalsis right after surgery
 - Bowel movements change depending on surgery type
- Eating behaviors to prevent GI distress
 - Slow eating
 - Food mastication
 - Bite size
 - Food texture
 - Sugar, fat, fiber content



Section 3: Case study

Standard Information for Gut Health

Nutrition

- Increase Fiber or Fiber supplement
- Use of fermented foods
 - Yogurt, sauerkraut, kimchi
- Manage stress, increase physical activity, get adequate sleep

Supplementation

- Prebiotics
- Probiotics
- Saccharomyces boulardii

5 R's of Gut Health

1. Remove:

Remove all the foods, which cause a reaction, intolerance, or other sensitivity

2. Replace:

Replace digestive enzymes or fiber that may be missing Lessen dysbiosis to create space to reinoculate

3. Reinoculate:

AKA rebuilding the gut flora with beneficial bacteria and an environment to support growth

4. Repair:

Repair the gut lining with products to support gut lining integrity.

5. Rebalance:

Emphasize lifestyle along the way because of the high impact of stress on the gut.

Microbiome evidence - Mediterranean or plant-based diet

Kim et al 2019; Najjar & Feresin 2019

- Research shows plant-based dietary patterns are effective in:
 - Achieving weight loss

ني ني ني نيد ايني

- Maintenance of healthy weight
- High-fiber fruits, vegetables, whole grains, legumes, nuts and seeds
 - Decreased meat and meat product consumption
 - Avoidance of high-sugar, high-fat processed foods
- Foods contain lower caloric density and improved nutritional value
- Fiber increases satiety and improves microbiota composition through fermentation

Microbiome evidence - Low FODMAPs

- Fermentable Oligosaccharides, Disaccharides, Monosaccharides And Polyols
 - Fermented in the lumen of the colon producing distention and GI symptoms
- Diet regime low in these sugars for 4-8 weeks followed by a reintroduction phase
- Short term studies have been successful in diagnosis of symptom inducing foods and decrease in gas producing GI symptoms

Potential downfalls:

- Nutritional adequacy
 - May decrease fiber intake and contain low amounts of iron, B vitamins, and calcium
- Difficult to teach and follow elimination diet
- Difficulty of reintroduction of eliminated foods may lead to unnecessary avoidance
- Potentially expensive

Microbiome evidence - SCD

Vincenzi et al 2017; Kakodkar et al 2017

- Specific carbohydrate diet by restricts all sugars except for monosaccharides (glucose, fructose, galactose)
- Diet is supplemented with homemade yogurt, fermented for 24 hours to free it of lactose
- Hypothesized to reduce GI symptoms in IBD patients due to minimal digestion

Downfalls:

- Nutritional adequacy
 - Iron, calcium, folic acid, zinc, magnesium, vitamin A, D, B12 deficiencies may occur
- Very restrictive and difficult to follow
- Studies show low FODMAP diet more successful in symptom reduction

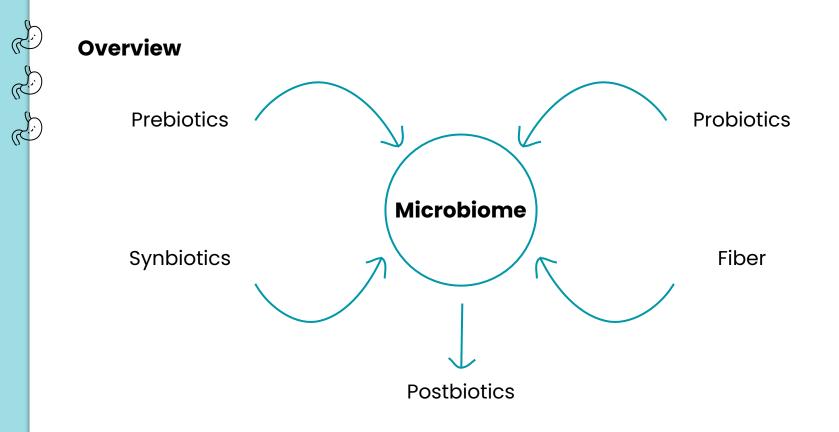
Microbiome evidence - GAPS Diet

Khan and Richter 2020

- Gut and Psychology Syndrome (GAPS) and used as natural treatment for brain disorders like autism, ADHD, depression, schizophrenia, bipolar disorder, etc.
- Most often used for children and may assist with intolerances or allergies
- Strict elimination diet that involves restriction of
 - Grains
 - Pasteurized dairy
 - Starchy vegetables
 - Refined carbohydrates

Potential downfalls:

- Nutritional adequacy
 - May decrease intake of B vitamins, folate, and minerals
- Difficult to teach and follow elimination diet, especially in children
- Difficulty of reintroduction of eliminated foods may lead to unnecessary avoidance
- May take years to get to reintroduction phase



Terms to define

Lindshield 2018; Herman 2020

Prebiotics

- Food components that are not digested and promotes growth of good bacteria
- Plant fibers found in fruits, vegetables, whole grains, powders or capsules
 - Garlic, onions, leeks, asparagus, barley, oats
- "Food for microbes" as it feeds the healthy bacteria in the gut and supports growth of probiotics
- Plant fibers found in fruits, vegetables, whole grains, powder, or capsule
- Capsules contain inulin, fructo-oligosaccharides, galacto-oligosaccharides, mannan-oligosaccharides, and polydextrose

Probiotics

- Live microorganism that is eaten and populates in the digestive tract
- Yogurt, kefir, kimchi, sauerkraut, kombucha
- "Good microbes" used to repopulate a damaged microbiome or after the use of antibiotics
- Capsule form look for at least 1 billion colony forming units containing Lactobacillus, Bifidobacterium or Saccharomyces boulardii strains

Terms to define

<u>Fiber</u>

- Non-digestible component of food that travels to the large intestine to be fermented
- Essential for gut health and feeds the GI tract
- Fermented to form postbiotics
- Found in fruits, vegetables, whole grains, nuts, seeds, & legumes, pill or powder supplementation

Postbiotics

- Products secreted by the microbes using prebiotics as fuel
- Postbiotics can be used to feed other microbes
- Examples: short-chain fatty acids, functional proteins (butyrate or pickled foods)
- Support the immune system and improve gut barrier function



Supplements to support healthy digestion

Markowiak & Slizewska et al 2017; Takakura & Pimentel 2020; Kelesidis & Pothoulakis 2012; Zang et al 2016

Synbiotics			Ginger
•	Mixture of both probiotics and prebiotics		Flowering plant used as a spice available as an extract, tea, or capsule form
•	Used to populate in the digestive tract with a prebiotic component that favors the probiotic strains	•	' Soothes digestive tract, improves symptoms of digestive distress
•	Look for combination of <i>Bifidobacterium</i> or <i>Lactobacillus</i> genus bacteria with fructooligosaccharides	•	Look for an organic form Functional medicine form of soothing digestion used for 100s of
•	May survive the digestive tract better than probiotics alone		years

Parikh et al 2019; Piuri et al 2021

Supplements to support healthy digestion

Ground flax		Grapefruit seed extract
healthful fat, antioxidants, and	:	Liquid extract derived from the seeds, pulp, and white membranes of grapefruit
composition and also works to		Contains antibacterial and antifungal properties
high lipids		Liquid concentrate or capsules around 150 mg
U		-
,	•	Helps to support digestive balance
Also aids in estrogen metabolism		
	Ground flax Plant-based food that provides healthful fat, antioxidants, and soluble fiber May help improve of microbiome composition and also works to decrease constipation and lowers high lipids Ensure it is ground, not whole flaxseed and there is a robust nutty smell Also aids in estrogen metabolism	 Plant-based food that provides healthful fat, antioxidants, and soluble fiber May help improve of microbiome composition and also works to decrease constipation and lowers high lipids Ensure it is ground, not whole flaxseed and there is a robust nutty smell

Weiss & Hennet 2017

Supplements to support healthy digestion

R R G

Digestive enzymes Magnesium Enzymes to support protein, Essential mineral carbohydrate, fat, fiber, and dairy digestion Assists with chronic constipation by . promoting healthy microbiota Facilitates breakdown of food composition and decreasing inflammation components to ease GI distress and replace missing enzymes Best form is Magnesium Citrate for Comprehensive blend of enzymes constipation while Magnesium including proteases, lipases, amylase, Glycinate is used for hormonal balance and lactase and stress Look for a product without Betaine if H. Use in conjunction with probiotic Pylori is suspected or patient has Hx of supplementation H. Pylori

Weiss & Hennet 2017

Dysbiosis

- Imbalanced gut microbiota composition
- Reduction of diversity
- Contributing factors include diet, antibiotics, immunity, intestinal barrier, and oxidative stress

Sabate et al 2017

- Abnormal increase in the overall bacterial population in the small intestine
- Diagnosed via breath test, but limitations exist

SIBO

- No standardized testing procedures leading to high variability
- Tests only pick up if in high amounts
- Does not specify overgrowth in one section of the GI tracts
- May be accompanied by symptoms ranging from loss of appetite or fullness to abdominal pain, nausea, bloating, and diarrhea
- Surgery may facilitate SIBO and related symptoms

Dysbiosis and SIBO Supplementation

રંગ્ને કંગ્ને કંગ્ને

Guillamon et al 2021; Braun & Cohen 2015; Mahady et al 2005; Chen et al 2014; Kaiser Permanente 2015

Allium	Oregano Oil
 Organosulfur plant compounds within the onion family 	 Wild-growing herb part of the mint family that is crushed and blended with oil
Anti-bacterial and help restore	
dysbiosis of species in GI tract	 Anti-bacterial/fungal and filled with antioxidants
 Dietary consumption of onion, leeks, chives, and garlic 2-5 g/day but also through a dried power capsule supplementation 0.4-1.2g/day 	 Crushed leaves blended with oil that can be consumed up to 200 mg/day or applied topically
 Beneficial to overall gut health, dietary consumption may increase fiber intake 	 Treat digestive symptoms like cramping, bloating and H. pylori infection

Dysbiosis and SIBO Supplementation

Guillamon et al 2021; Braun & Cohen 2015; Mahady et al 2005; Chen et al 2014; Kaiser Permanente 2015

Berberine	Sweet wormwood
Alkaloid plant extract	 Perennial herb native to Asia and Europe
 Contains antimicrobial, antimotility, and antisecretory properties 	 Promotes secretion of saliva, gastric juices, and proteins
 Tablets or capsules, doses of 0.2–1.0 g/day 	 Bitters are generally taken by mixing 1–3 ml tincture into water and sipping 10–30
 May be beneficial in the treatment of diarrhea, 	minutes before eating
gastroenteritis and other chronic diseases like diabetes	 May be beneficial in relieving indigestion, heartburn, symptoms of IBS

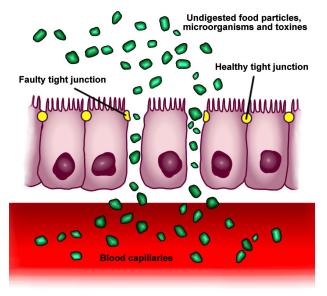
Intestinal permeability

P. P

R. Q

- Opportunistic bacteria may degrade protective gut barrier potentially leading to translocation of gut species into the general circulation
- Increased permeability associated with obesity
 - Decreased tight junction cohesion
 - High exposure of the liver to metabolites and inhibition of pro-inflammatory pathways

Koutoukidis et al 2022



INFLAMMATORY, IMMUNOLOGICAL, AUTOIMMUNE AND NEOPLASTIC REACTIONS

Koutoukidis et al 2022

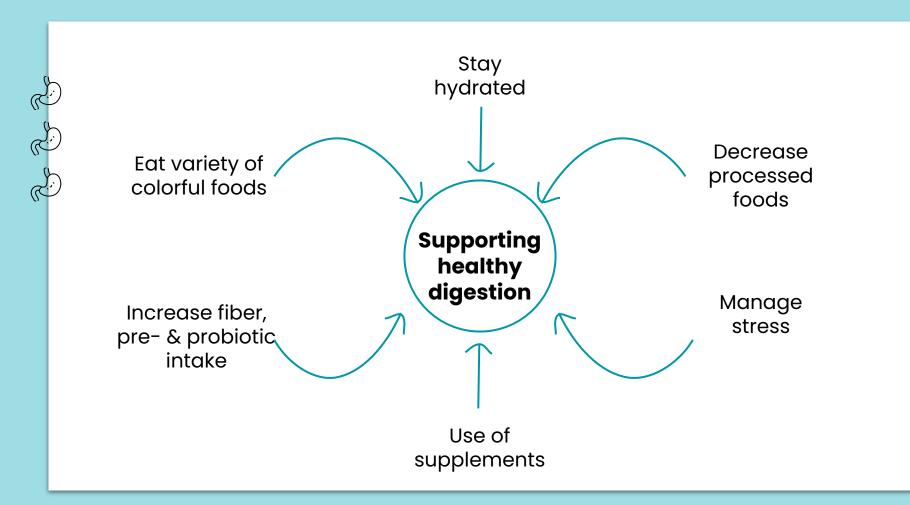
Intestinal permeability supplementation

	Immunoglobulins	S. Boulardii
•	Derived from serum of adult cows	 Probiotic Saccharomyces boulardii, live yeast found in capsule form
•	Used to strengthen the immune barrier and in treating diarrhea, loose stools, and maintaining the lining of the GI tract	 Used for treating and preventing diarrhea
•	Look for a variety of immunoglobulin forms (A, B, etc) in a product	 Lyophilized (freeze-dried, no refrigeration needed) or heat-dried (refrigeration needed) preparations from a GMP certified facility
•	Use for enteropathy and similar symptoms post op	Use for diarrhea flare ups

I.

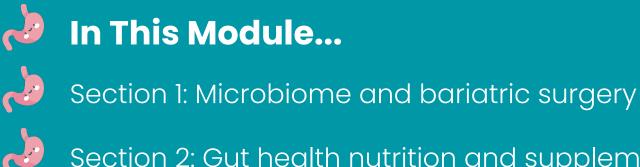
Supporting healthy digestion

Hydration	Movement	Manage Stress
 Water intake from drinking and eating foods with high water content Supports gut motility by softening stools, helps breakdown foods/absorb nutrients Aim for ~100 oz liquid intake and high water content foods like spinach, cucumber, apples and melons 	 Daily exercise and body movement Increases blood flow to the digestive tract, reduces stress, increases diversity of microbiome Get 30 minutes of enjoyable exercise 5+ days a week ranging from simply walking to more intensive training 	 Stress may delay stomach emptying from decreased blood flow to digestive tract Assists gut-brain axis functioning, helps maintain normal digestive functions Deep breathing, exercise, perform self-care, minimize screen time during eating



Supplementation Summary

Healthy digestion		Con	nstipation Dia		ea	Bloating / Gas
Synbiotic		Ground flax, fiber,		S. Boulardii		Dysbiosis Support
Omega-3s		probiotic Mg Citrate		Mucus membrane support		Digestive Enzymes
	Dysbiosis	;	SII	BO	Intestii	nal permeability
	Single use or blend following: Allium/C Oil/Berberine/S wormwood	regano weet	Single use or blend of the following: Allium/Oregano Oil/Berberine/Sweet wormwood		Immunoglobulins S. Boulardii	
	Digestive Enzyr			prane support		



Section 2: Gut health nutrition and supplementation

Section 3: Case study

• Height: 5'3"

- Weight: 185 lbs (#). Weight gain has been gradual over the past 6-7 years
- Medical diagnosis (Dx): Diabetes Mellitus dx 4 yrs ago.
- Medications: Metformin 500 mg BID (twice a day)
- Supplements: has tried several probiotics and they haven't seemed to help. Tried fiber supplements and those felt worse (bloating and didn't help diarrhea)

Patient (Pt) reports:

- Difficult time eating and feels worse when trying to eat "healthy".
- Vegetables are really difficult to digest and will usually result in stomach pains and diarrhea. Overall has diarrhea after eating.
- Sometimes will not eat during the day because pt. is concerned with having diarrhea at work
- Pt has been evaluated with colonoscopy and ultrasound with no results found

Case #1 - 35 y/o F

Food log:

Day	Time	Description of food	
Day 1	8:15 AM	Coffee	
	12:00 PM	Chips/packaged snack	
	3:00 PM	Protein granola bar	
	5:30 PM	Frozen microwave meal with chicken, broccoli, and cheese sauce	
Day 2	8:45 AM	Coffee	
	12:30 AM	Packaged strawberry yogurt cup with granola	
	6:15 PM	Fast food hamburger and fries	
		Fast food french fries	
Day 3	7:50 AM	Coffee	
	1:00 PM	Protein granola bar	
	4:00 PM	Chocolate covered peanut candy	
	5:45 PM	2 slices of pizza	
		2 breadsticks	

Bowel movements

- Vary between constipation and diarrhea
- 0-10 x / day
- Some urgency and dull cramping throughout the day

Bloating

- Wakes up fine but begins postprandial
- Gets worse and increases throughout the day
- Everyday occurrence



Normal flora

Enterococcus spp.	1.02e5	Low	1.9e5 - 2.00e8
Escherichia spp.	2.21e7		3.70e6 - 3.80e9
Lactobacillus spp.	<dl< th=""><th></th><th>8.6e5 - 6.20e8</th></dl<>		8.6e5 - 6.20e8
Clostridia (class)	1.22e4	Low	5.00e6 - 5.00e7
Enterobacter spp.	6.19e5	Low	1.00e6 - 5.00e7
Akkermansia muciniphila	<dl< th=""><th></th><th>1.00e1 - 5.00e4</th></dl<>		1.00e1 - 5.00e4
Faecalibacterium prausnitzii	<dl< th=""><th></th><th>1.00e3 - 5.00e8</th></dl<>		1.00e3 - 5.00e8
Phyla Microbiota	Result		Normal
Bacteroidetes	2.05e11	Low	8.61e11 - 3.31e12
Firmicutes	2.25e9	Low	5.70e10 - 3.04e11

Case #1 - 35 y/o F

Additional Dysbiotic/Overgrowth Bacteria	Result		Normal
Bacillus spp.	1.51e4		<1.50e5
Enterococcus faecalis	<dl< td=""><td></td><td><1.00e4</td></dl<>		<1.00e4
Enterococcus faecium	<dl< td=""><td></td><td><1.00e4</td></dl<>		<1.00e4
Morganella spp.	<dl< td=""><td></td><td><1.00e3</td></dl<>		<1.00e3
Pseudomonas spp.	2.85e1		<1.00e4
Pseudomonas aeruginosa	<dl< td=""><td></td><td><5.00e2</td></dl<>		<5.00e2
Staphylococcus spp.	2.12e3		<1.00e4
Staphylococcus aureus	3.62e2		<5.00e2
Streptococcus spp.	2.80e3	High	<1.00e3
Methanobacteriaceae (family)	4.81e6		<5.00e9
Immune Response	Result		Normal
Secretory IgA	3412	High	510 - 2010 ug/g
Anti-gliadin IgA	158	High	0 - 157 U/L
	Bacillus spp. Enterococcus faecalis Enterococcus faecium Morganella spp. Pseudomonas spp. Pseudomonas aeruginosa Staphylococcus spp. Staphylococcus aureus Streptococcus spp. Methanobacteriaceae (family) Immune Response Secretory IgA	Bacillus spp.1.51e4Enterococcus faecalis <dl< td="">Enterococcus faecium<dl< td="">Morganella spp.<dl< td="">Pseudomonas spp.2.85e1Pseudomonas aeruginosa<dl< td="">Staphylococcus spp.2.12e3Staphylococcus spp.3.62e2Streptococcus spp.2.80e3Methanobacteriaceae (family)4.81e6Immune ResponseResultSecretory IgA3412</dl<></dl<></dl<></dl<>	Bacillus spp.1.51e4Enterococcus faecalis <dl< td="">Enterococcus faecium<dl< td="">Morganella spp.<dl< td="">Pseudomonas spp.2.85e1Pseudomonas aeruginosa<dl< td="">Staphylococcus spp.2.12e3Staphylococcus aureus3.62e2Streptococcus spp.2.80e3Methanobacteriaceae (family)4.81e6Immune ResponseResultSecretory IgA3412High</dl<></dl<></dl<></dl<>

• Initial visit:

- Goal of plant forward Mediterranean diet.
- First focus with less eating out and dinner at home. Practice adding in some vegetables
- Trial run with protein supplementation during the day
- Supplementation
 - Polyphenols
 - Synbiotic
 - S. Boulardii
 - Allium blend
- 1 month later
 - Bowel movement (BM): still diarrhea, but less frequent
 - Bloating is lessened but still present
 - Dinner has been going ok and protein supplement is working
 - Continue supplementation
 - Continue to focus on dinner and having more interest on vegetables

• 2 months later

- BM are more regular with some diarrhea.
- Bloating really isn't present
- 4# weight loss
- Continue supplementation
- Nutritional changes are adding in anti-inflammatory foods and eat throughout the day
- 3 months later
 - Able to eat w/o diarrhea and having regular BM
 - Able to add in veggies, able to have frequency in eating
 - 13# weight loss
 - Continue supplementation
 - Nutritional changes anti-inflammatory and now focusing on approx 1500 kcals daily and 80g protein

• 6 months later

- Feels great and more energetic
- BM are regular, daily
- Able to consume vegetables daily and eat throughout the day
- Is mostly following anti-inflammatory / Mediterranean, but could use some fine tuning
- 32# weight loss

Review



Addressing the gut microbiome may be a useful and additional tool in bariatric surgery management



A quick assessment of gut and digestive health during a visit is an easy way to evaluate if the microbiome is part of the obesity picture



Nutritional changes and supplementation should be considered to assist in healthy microbial function







kchapmon@gmail.com

Thank you!

- Reach out if you have any questions
- For Healthcare Professionals: Check out BariatricNutritionPro.com

Harvard School of Public Health. (2020). The Nutrition Source - The Microbiome. Accessed May 19, 2022. https://www.hsph.harvard.edu/nutritionsource/microbiome/#future-microbiome-research.

Ursell, Metcalf, J. L., Parfrey, L. W., & Knight, R. (2012). Defining the human microbiome. Nutrition Reviews, 70(8), S38–S44. https://doi.org/10.1111/j.1753-4887.2012.00493.x

Lv Y, Qin X, Jia H, Chen S, Sun W, Wang X. The association between gut microbiota composition and BMI in Chinese male college students, as analysed by next-generation sequencing. Br J Nutr. 2019;122:986–995. doi: 10.1017/S0007114519001909.

Shetye, Hamilton, F. R., & Bays, H. E. (2022). Bariatric surgery, gastrointestinal hormones, and the microbiome: An Obesity Medicine Association (OMA) Clinical Practice Statement (CPS) 2022. Obesity Pillars, 2. https://doi.org/10.1016/j.obpill.2022.100015

Barko, P. C., McMichael, M. A., Swanson, K. S., & Williams, D. A. (2018). The Gastrointestinal Microbiome: A Review. Journal of veterinary internal medicine, 32(1), 9–25. https://doi.org/10.1111/jvim.14875

Matijašić M, Meštrović T, Perić M, Čipčić Paljetak H, Panek M, Vranešić Bender D, Ljubas Kelečić D, Krznarić Ž, Verbanac D. Modulating Composition and Metabolic Activity of the Gut Microbiota in IBD Patients. Int J Mol Sci. 2016 Apr 19;17(4):578. doi: 10.3390/ijms17040578. PMID: 27104515; PMCID: PMC4849034.

Tseng CH, Wu CY. The gut microbiome in obesity. J Formos Med Assoc. 2019;118 Suppl 1:S3-S9. doi:10.1016/j.jfma.2018.07.009

Jumpertz R, Le DS, Turnbaugh PJ, et al. Energy-balance studies reveal associations between gut microbes, caloric load, and nutrient absorption in humans. Am J Clin Nutr. 2011;94(1):58-65. doi:10.3945/ajcn.110.010132

Pournaras DJ, le Roux CW. Obesity, gut hormones, and bariatric surgery. World J Surg. 2009;33(10):1983-1988. doi:10.1007/s00268-009-0080-9

Zhang H, DiBaise JK, Zuccolo A, et al. Human gut microbiota in obesity and after gastric bypass. Proc Natl Acad Sci U S A. 2009;106(7):2365-2370. doi:10.1073/pnas.0812600106

Patel, J. J., Mundi, M. S., Hurt, R. T., Wolfe, B., & Martindale, R. G. (2017). Micronutrient Deficiencies After Bariatric Surgery: An Emphasis on Vitamins and Trace Minerals. Nutrition in clinical practice : official publication of the American Society for Parenteral and Enteral Nutrition, 32(4), 471–480. <u>https://doi.org/10.1177/0884533617712226</u>

Sabate JM, Coupaye M, Ledoux S, et al. Consequences of Small Intestinal Bacterial Overgrowth in Obese Patients Before and After Bariatric Surgery. Obes Surg. 2017;27(3):599-605. doi:10.1007/s11695-016-2343-5

Koulas, S. G., Stefanou, C. K., Stefanou, S. K., Tepelenis, K., Zikos, N., Tepetes, K., & Kapsoritakis, A. (2021). Gut Microbiota in Patients with Morbid Obesity Before and After Bariatric Surgery: a Ten-Year Review Study (2009-2019). Obesity surgery, 31(1), 317–326. https://doi.org/10.1007/s11695-020-05074-2

Dietary Guidelines After Bariatric Surgery. University of California San Francisco Website. <u>https://www.ucsfhealth.org/education/dietary-guidelines-after-bariatric-surgery</u>. Accessed Jan 7, 2022.

Al-Akwaa AM. Prevalence of Helicobacter pylori infection in a group of morbidly obese Saudi patients undergoing bariatric surgery: a preliminary report. Saudi J Gastroenterol. 2010;16:264–267.

Küper MA, Kratt T, Kramer KM, Zdichavsky M, Schneider JH, Glatzle J, Stüker D, Königsrainer A, Brücher BL. Effort, safety, and findings of routine preoperative endoscopic evaluation of morbidly obese patients undergoing bariatric surgery. Surg Endosc. 2010;24:1996–2001.

Giacolone, j. (2019). Bariatric Surgery and Irritable Bowel Syndrome. Bariatric Times. 2019;16(2):12-15. https://bariatrictimes.com/bariatric-surgery-ibs/

Kim B, Choi H-N, Yim J-E.Effect of Diet on the Gut Microbiota Associated with Obesity. J Obes Metab Syndr. 2019;28(4):216-224.10.7570/jomes.2019.28.4.216

Najjar RS, Feresin RG.Plant-Based Diets in the Reduction of Body Fat: Physiological Effects and Biochemical Insights.Nutrients. 2019;11(11):2712.10.3390/nu11112712

Bellini M, Tonarelli S, Nagy AG, Pancetti A, Costa F, Ricchiuti A, de Bortoli N, Mosca M, Marchi S, Rossi A. Low FODMAP Diet: Evidence, Doubts, and Hopes. Nutrients. 2020 Jan 4;12(1):148. doi: 10.3390/nu12010148. PMID: 31947991; PMCID: PMC7019579.

Vincenzi M, Del Ciondolo I, Pasquini E, Gennai K, Paolini B. Effects of a Low FODMAP Diet and Specific Carbohydrate Diet on Symptoms and Nutritional Adequacy of Patients with Irritable Bowel Syndrome: Preliminary Results of a Single-blinded Randomized Trial. J Transl Int Med. 2017 Jun 30;5(2):120–126. doi: 10.1515/jtim-2017-0004. PMID: 28721345; PMCID: PMC5506412.

Kakodkar S, Mutlu EA. Diet as a Therapeutic Option for Adult Inflammatory Bowel Disease. Gastroenterol Clin North Am. 2017 Dec;46(4):745-767. doi: 10.1016/j.gtc.2017.08.016. PMID: 29173519; PMCID: PMC5821251.

Khan, N., Richter, A. The GAPS Diet: An Evidence-Based Review. Healthline. Updated July 14, 2020. Accessed September 6, 2022. https://www.healthline.com/nutrition/gaps-diet

Lindshield, Brian, "Kansas State University Human Nutrition (FNDH 400) Flexbook" (2018). NPP eBooks. 19. https://newprairiepress.org/ebooks/19

Hermann, M. (2020). Discover the World of Postbiotics—Today's Dietitian Magazine. Today's Dietitian. https://www.todaysdietitian.com/newarchives/JJ20p20.shtml

Markowiak P, Śliżewska K. Effects of Probiotics, Prebiotics, and Synbiotics on Human Health. Nutrients. 2017 Sep 15;9(9):1021. doi: 10.3390/nu9091021. PMID: 28914794; PMCID: PMC5622781.

Takakura, W., & Pimentel, M. (2020). Small Intestinal Bacterial Overgrowth and Irritable Bowel Syndrome - An Update. Frontiers in psychiatry, 11, 664. https://doi.org/10.3389/fpsyt.2020.00664.

Kelesidis, & Pothoulakis, C. (2012). Efficacy and safety of the probiotic Saccharomyces boulardii for the prevention and therapy of gastrointestinal disorders. Therapeutic Advances in Gastroenterology, 5(2), 111–125. <u>https://doi.org/10.1177/1756283X11428502</u>

Zeng, Cisalpino, D., Varadarajan, S., Hellman, J., Warren, H. S., Cascalho, M., Inohara, N., & Núñez, G. (2016). Gut Microbiota-Induced Immunoglobulin G Controls Systemic Infection by Symbiotic Bacteria and Pathogens. Immunity (Cambridge, Mass.), 44(3), 647–658. https://doi.org/10.1016/j.immuni.2016.02.006

Parikh, M., Maddaford, T. G., Austria, J. A., Aliani, M., Netticadan, T., & Pierce, G. N. (2019). Dietary Flaxseed as a Strategy for Improving Human Health. Nutrients, 11(5), 1171. https://doi.org/10.3390/nu11051171

Piuri, G., Zocchi, M., Della Porta, M., Ficara, V., Manoni, M., Zuccotti, G. V., Pinotti, L., Maier, J. A., & Cazzola, R. (2021). Magnesium in Obesity, Metabolic Syndrome, and Type 2 Diabetes. Nutrients, 13(2), 320. <u>https://doi.org/10.3390/nu13020320</u>

Weiss GA, Hennet T. Mechanisms and consequences of intestinal dysbiosis. Cell Mol Life Sci. 2017 Aug;74(16):2959-2977. doi: 10.1007/s00018-017-2509-x. Epub 2017 Mar 28. PMID: 28352996.

Sabate, J. M., Coupaye, M., Ledoux, S., Castel, B., Msika, S., Coffin, B., & Jouet, P. (2017). Consequences of Small Intestinal Bacterial Overgrowth in Obese Patients Before and After Bariatric Surgery. Obesity surgery, 27(3), 599–605. https://doi.org/10.1007/s11695-016-2343-5

Guillamón E, Andreo-Martínez P, Mut-Salud N, Fonollá J, Baños A. Beneficial Effects of Organosulfur Compounds from Allium cepa on Gut Health: A Systematic Review. Foods. 2021 Jul 21;10(8):1680. doi: 10.3390/foods10081680. PMID: 34441457; PMCID: PMC8392556.

Braun, L, Cohen, M., Herbs and Natural Supplements, Volume 2 An Evidence-Based Guide. (2015). Churchill Livingstone Australia. 4th ed.

Mahady GB, Pendland SL, Stoia A, et al. In vitro susceptibility of Helicobacter pylori to botanical extracts used traditionally for the treatment of gastrointestinal disorders. Phytother Res. 2005;19(11):988-991.16317658

Chen C, Yu Z, Li Y, Fichna J, Storr M. Effects of berberine in the gastrointestinal tract – a review of actions and therapeutic implications. Am J Chin Med. 2014;42(5):1053–70. doi: 10.1142/S0192415X14500669. Epub 2014 Sep 3. PMID: 25183302.

Kaiser Permanente. Wormwood. (2015). https://wa.kaiserpermanente.org/kbase/topic.jhtml?docld=hn-2187003 Accessed July 15, 2022.

Koutoukidis DA, Jebb SA, Zimmerman M, Otunla A, Henry JA, Ferrey A, Schofield E, Kinton J, Aveyard P, Marchesi JR. The association of weight loss with changes in the gut microbiota diversity, composition, and intestinal permeability: a systematic review and meta-analysis. Gut Microbes. 2022 Jan-Dec;14(1):2020068. doi: 10.1080/19490976.2021.2020068. PMID: 35040746; PMCID: PMC8796717.