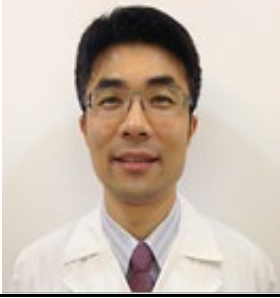


## CV of ASSMN 2024 Invited Faculty



### **Po-Jen Yang**

**Country**

Taiwan

**Position & Organization**

*Attending physician, Department of Surgery, National Taiwan University Hospital*  
*Clinical associate professor, College of Medicine, National Taiwan University*  
*CEO, Center for Obesity, Life Style and Metabolic Surgery, National Taiwan University Hospital*

**Major Field**

Bariatric surgery; Metabolic surgery; Gastrointestinal surgery; Obesity

**Short Bio (in 300 words)**

After finishing the resident training in the surgical department in National Taiwan University Hospital (NTUH). Dr. Yang focused on bariatric and metabolic surgery. He established the center for obesity, life style, and metabolic surgery in NTUH in 2015 and have been the CEO of the center since 2017.

In addition to the clinical performance, Dr. Yang also make efforts to achieve the clinical and basic researches to solve the unmet problems of obesity and bariatric surgery. He sets up the rat and mice models of several bariatric procedures. He got his Ph.D. in 2015 with the clinical and animal studies focusing on obesity and bariatric surgery. Besides, he has been a Postdoctoral fellow and clinical observer in Department of Surgery, Massachusetts General Hospital and Harvard Medical School. He is still taking charge of several projects about obesity and bariatric surgery now.

# Nutrition Management and ERAS for Bariatric Surgery

Po-Jen Yang, MD, PhD

*Division of General Surgery & Center for Obesity, Life Style and Metabolic Surgery,*

*Department of Surgery, National Taiwan University Hospital, Taipei, Taiwan*

Bariatric surgery is currently the most effective treatment for obesity and its associated comorbidities. This surgical approach reduces the stomach's volume and/or shortens the length of the small intestine, typically classified as either bypass or non-bypass procedures. In the initial 4-6 weeks post-surgery, patients must follow a three-phase dietary regimen before gradually transitioning back to solid foods. These phases consist of a clear liquid diet, followed by a full liquid diet, and finally a pureed/soft diet. Furthermore, different bariatric procedures result in varying levels of caloric intake, as well as differences in protein, macronutrient, and micronutrient absorption. Therefore, educating patients about their postoperative diet and nutrition is crucial to achieving optimal outcomes.

In recent years, Enhanced Recovery After Surgery (ERAS) has become a significant focus in advancing abdominal surgeries, including bariatric procedures. ERAS protocols incorporate evidence-based practices aimed at minimizing perioperative stress and preserving postoperative physiological function. Adherence to these updated ERAS guidelines has been linked to lower short- and long-term morbidity rates, improved recovery times, shorter hospital stays, and reduced healthcare costs, especially after major abdominal surgeries with minimal perioperative complications and quicker recovery. While several ERAS protocols have been developed specifically for bariatric surgery, the quality of evidence supporting many of these interventions remains relatively limited in this context. Additionally, bariatric patients with multiple comorbidities often experience more complex perioperative courses, requiring specialized ERAS protocols that differ from those used in other abdominal surgeries. Further high-quality clinical studies are needed to establish the most effective ERAS protocols for bariatric surgery.

**Keywords:** Bariatric surgery; Enhanced Recovery After Surgery; Nutrition; Obesity