

GP Guidance for the long term follow-up and management of patients who have had Bariatric Surgery.

Large tablets should be avoided for 4-6 weeks following surgery. All medication should be crushed or in soluble or liquid form until patient is eating normal textured food. Oral NSAIDs should be avoided lifelong.

These patients are at risk of micronutrient malnutrition and therefore require prescribed and over-the-counter (OTC) supplements, and annual blood monitoring.

Nutrient Supplement Required for ALL patients who have had Bariatric surgery procedures lifelong:

Patients should be advised to buy: A - Z Multivitamin and Mineral

For patients who have had a **GASTRIC BYPASS** they will **also** require a lifelong prescription for:

Calcium (800-1200mg) + Vitamin D (20mcg (800iu)) – One twice a day

Vitamin B12 injection – every 3 months

Lansoprazole 30mg capsules should be prescribed for **ALL bariatric surgery procedures** lifelong

Annual blood monitoring required for **ALL patients who have had bariatric surgery** procedures lifelong:

- FBC, U+Es, LFTs
- Magnesium

Additional annual blood monitoring required for **patients who have had sleeve gastrectomy/gastric bypass/duodenal switch:**

- Ferritin, folate, calcium, vitamin D
- Vitamin B12 – only if not receiving intramuscular vitamin B12 injections

Additional monitoring may be considered as detailed below:

For all bariatric surgery patients:

- HbA1c and/or FBG in patients with preoperative diabetes – monitor as appropriate
- Lipid profile – monitor in those with dyslipidaemia

For gastric band patients:

- Serum 25 hydroxy vitamin D – monitoring usually not required unless the patient has symptomatic vitamin D deficiency

For sleeve gastrectomy/gastric bypass/duodenal switch patients:

- Thiamine – monitoring not required but clinicians should be aware that patients with prolonged vomiting can develop acute thiamine deficiency which requires urgent treatment

For gastric bypass/duodenal switch patients:

- Zinc, copper – monitor zinc annually if unexplained anaemia, hair loss or changes in taste acuity. Monitor copper if unexplained anaemia or poor wound healing. Note that zinc levels affect copper levels and vice versa
- Vitamin A – monitor annually if concerns regarding steatorrhea or symptoms of vitamin A deficiency e.g. night blindness. May need to monitor more frequently in pregnancy
- Vitamin E, K – monitor vitamin E if unexplained anaemia, neuropathy. Consider measuring INR if excessive bruising/coagulopathy as may indicate vitamin K deficiency
- Selenium – monitor if unexplained fatigue, anaemia, metabolic bone disease, chronic diarrhoea or heart failure