

Table 1 – Present Recommendations regarding care post bariatric surgery ( Barnsley CCG)

Type of procedure	Adjustable gastric banding (ABG)	Sleeve Gastrectomy ( LSG)	Gastric Bypass (RYGB)
Medicine - liquid form	first 4/52	first 4-6/52	first 4-6 /52
PPI Zoton fast tab 30 mg od	Not required	3/12	3/12
Oral multivitamins + mineral supplement (water soluble eg forceval Rx /otc	lifelong	Lifelong	lifelong
Vit B12 injections	Not required	3/12ly vit B12 injections 1 mg	3/12ly vit B12 injections 1mg
<u>Bloods</u> FBC/ferritin/transferrin/iron levels Vitamin B12, folate U+E ( Cr –muscle mass loss) LFT ( albumin- protein loss) TSH Glc ( HbA1c if diabetic) Lipids Ca/Mg/PTH/VitD Zinc Selenium	All investigations annually  Any deficiency- replace Recheck test in 3/12 May not need life long replacement  See replacement table	All investigations annually  Any deficiency- replace Recheck test in 3/12 Life-long replacement  See replacement table	All investigations annually  Any deficiency- replace Recheck test in 3/12 Life- long replacement  See replacement table
Blood pressure	Decrease meds if appropriate	Decrease meds if appropriate	Decrease meds if appropriate
Check weight	Refer if wgt gain to bariatric dietician/ change 4 life	Refer if wgt gain to bariatric dietician/ change 4 life	Refer if wgt gain to bariatric dietician/ change 4 life
Psycho- social – behavioural assessment	Refer if necessary to support group or change 4 life	Refer if necessary to support group or change 4 life	Refer if necessary to support group or change 4 life
Contraception- discuss LARC pregnancy plans- avoid for 18 months post bariatric surgery	√	√	decreased absorption of oral contraceptive pill

Table 2- Summary info regarding main symptoms / deficiencies post bariatric surgery and how to manage them

Complete avoidance of NSAIDs and oral bisphosphanates	High chance of anastomotic ulceration/ perforations
Abdo pain  Persistent and severe GI symptoms Nausea Vomiting abdo pain diarrhea constipation	US – check for gallstones if RUQ pain  <b>Refer or contact the Bariatric Centre for further advice management</b>
Excess skin problems- irritation/infection/discomfort/disfiguring	If weight stable at a BMI of 28kg/m <sup>2</sup> for 12 months -plastic surgeon referral for body contouring surgery
Dumping syndrome symptoms	Avoid fluid half hour before food  Avoid excess sugary/ fatty foods <b>Refer to bariatric centre</b>
<b>Iron</b> deficiency anaemia  If anaemia not resolving – consider other deficiencies Vit B12,folate Copper, zinc Selenium	Iron sulphate/fumerate 200/210 mg TDS Up to 200 of elemental iron daily  Vitamin C supplementation to aid iron absorption- ( both vitamin C and Calcium supplements should be taken at least 2 hours apart from the iron supplementation due to interaction with absorption)  Avoid tea  Iron infusion may be needed with severe intolerance to iron therapy/ or refractory deficiency due to severe iron deficiency

<b>Folate deficiency</b>	Folic acid 5mg/day
<b>Vitamin B12</b> deficiency	im 1 mg/ 3 monthly
Osteoporosis	Treatment only after appropriate therapy for calcium and vitamin D deficiency. Severe deficiency- Pro D3 20,000 U capsule once per week for 1 2weeks. Moderate deficiency- Adcal D3 caplet/Calcichew D3 forte/Calceos one tablet twice a day Mild deficiency- Vitamin D supplementation 800-1000IU (20-25mcg/day) eg. Fultium D3  If bisphosphonate treatment indicated ,then iv. Zolendronic acid 5mg /yrly Or ibandronate 3mg every 3 months
<b>Zinc</b> deficiency symptoms  Hair loss, pica, dysgeusia, Male – hypogonadism/ ED	Zinc replacement ( first ensure compliance with vitamin and mineral supplement )  Also add 1mg of copper for each 8-15 mg of zinc replaced. As zinc replacement may cause copper deficiency
<b>Copper</b> deficiency symptoms( not yet part of blood monitoring as yet- but see symptoms) Anaemia, neutropenia Myeloneuropathy Impaired wound healing	Mild deficiency treated by oral copper sulphate/gluconate 3-8 mg/day  For iv replacement if severe
<b>Thiamine</b> deficiency symptoms Consider if rapid wgt loss, protracted vomiting, excessive alcohol use Neuropathy/encephalopathy Heart failure	iv treatment  Then indefinite oral thiamine 100mg/day until risk factors resolved
<b>selenium</b>	First ensure multivit/mineral compliance THEN Selenase oral solution 50 micrograms(1ml) /day
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