



Recommended Follow-Up After Bariatric Surgery for Patients

The following advice is intended for patients who have previously undergone bariatric surgery. It is intended for use with patients who have undergone either laparoscopic Roux-en-Y gastric bypass (LRYGB) or laparoscopic sleeve gastrectomy (LSG) surgery, who are at least one year out from their surgery, and who have completed the standard follow-up of their bariatric surgery program. This advice may not be suitable for patients who have undergone different bariatric operations, or in every circumstance. Additionally while every effort is made to keep current follow-up recommendations available at www.aspiringbariatrics.co.nz, guidelines do change.

Vitamins

All patients who have undergone bariatric surgery require life long vitamin supplementation with a multivitamin and calcium. There are a wide range of multivitamins available in New Zealand and unfortunately most are not sufficient for patients post bariatric surgery. Our current recommendations are either:

Option 1: Celebrate bariatric multivitamin at a dose of **one chewable/capsule daily** available through amsnutrition.co.nz.

or

Option 2: Centrum Advance multivitamin at a dose of **two tablets daily** (this is available from most supermarkets and pharmacies).

The difference between these is that Centrum Advance does not have enough vitamin B12 for most patients following LRYGB. Please note that the multivitamins available on prescription are not suitable for patients after bariatric surgery.

All patients also require **calcium carbonate** at a dose of 500mg of elemental calcium twice daily. This can be given on prescription. Please take these at least 2 hours apart from any iron supplements.

Vitamin B12 is required for patients who have had LRYGB and who are not taking Celebrate bariatric multivitamin. It is also required for others with low vitamin B12 on testing. It can be given as an intramuscular injection by your GP or practice nurse every 3 months, or alternatively as 1000mcg B12 oral drops once daily (available from amsnutrition.co.nz).

Iron will be required by most menstruating women. Iron will also be required by any patient with low or falling iron stores on testing. The usual maintenance dose is **Ferro-tab** once daily and can be given on prescription. For low iron stores, **Ferro-grad** once daily contains more iron and can also be given on prescription. For people who experience constipation we recommend the **self-funded Ferro-grad C** one tablet once daily, available over the counter from pharmacies.

Vitamin D may be required if testing reveals a deficiency. This will need to be given on prescription by your GP as over the counter vitamin D tablets are too low a dose.

Blood Testing

Patients who are a year or more out from bariatric surgery should only need laboratory blood testing once per year if they are nutritionally stable. Blood tests may be required more frequently for those with symptoms suggestive of a vitamin deficiency, pregnancy, or following supplementation of a deficiency. Please see your GP or practice nurse to arrange for these to be done. Blood test recommendations are available on www.aspiringbariatrics.co.nz.

Pregnancy

Risks of most pregnancy complications are reduced following bariatric surgery. However it can be difficult for bariatric patients who are pregnant to meet their increased nutritional needs and appropriate weight gain throughout pregnancy needs to be addressed. For this reason all women should be referred to a bariatric surgeon AND bariatric dietitian prior to conception, and should have their pregnancy managed in conjunction with a high risk obstetrician.

Recommended daily vitamin intake pre-conception and during pregnancy should be **1 celebrate chewable OR 2 centrum advance multivitamin**.

In addition to this **folic acid 0.8mg + iodine 150mcg** is necessary to increase the folate supplementation without exceeding vitamin A daily dose limits. Elevit with Iodine supplement can be given instead of the folic acid and iodine supplements, in addition to the multivitamin.

Other Issues

Rapid weight loss is a risk factor for the development of **gallstones**. Unexplained abdominal pains should be investigated by your GP, and referral to a surgeon is indicated if diagnosed. Gallbladder removal should ideally be performed by a bariatric surgeon who can check the anatomy of the bariatric procedure at the same time.

Bowel obstruction or anastomotic ulcer can occur after LRYGB and can be difficult to diagnose. **It is important that any unexplained abdominal pain is investigated by a bariatric surgeon.**

Lifelong **smoking cessation**, and **avoidance of non-steroidal anti-inflammatory drugs** (e.g. voltaren, naprosyn, ibuprofen) is important to prevent anastomotic ulcers, which can occur at any point after surgery.

Gastro-oesophageal reflux symptoms are common after LSG. These can usually be managed with over the counter reflux medications or a prescription from your GP. Persistent or severe symptoms should be investigated by a bariatric surgeon.

Excessive weight loss or significant weight regain can have surgical causes. Please contact a bariatric surgeon for further investigation.

Vomiting after meals is often the result of overeating or eating too fast, however can have a surgical cause. Please contact a bariatric surgeon or dietitian.

Excess skin is common after significant weight loss. Patients should delay any body contouring surgery until their weight is stable, preferably two years after their bariatric surgery. After this time, referral to a plastic and reconstructive surgeon should be requested.

When to see a Specialist

Please consider requesting referral to a specialist bariatric surgeon in the following circumstances:

- Unexplained abdominal pain
- Excessive weight loss or significant weight regain
- Significant or difficult to treat vitamin deficiencies
- Intractable reflux symptoms
- Pregnancy or pre-pregnancy planning
- Symptomatic gallstones
- Any other concerns

We also recommend a referral to a bariatric Dietitian in the following circumstances:

- Significant weight regain
- Pregnancy or pre-pregnancy planning
- Fatigue
- Increased energy requirements eg nutrition for increased activity/bariatric-specific sports nutrition

If you have any other questions about these guidelines please contact me via one of the above methods.

Yours sincerely,

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