

Summary of recommendations following bariatric surgery

(Sleeve Gastrectomy (SG), Roux en Y Gastric Bypass (RYGB), One Stage Anastomosis Gastric Bypass (OAGB)/'mini' bypass).

Review and blood tests - 3-monthly for the 1st year post-op, 6-monthly for the 2nd year post-op and annually thereafter, or sooner if there are any concerns.

- **Review** includes checking for GI symptoms such as reflux and constipation (the latter is common within first 6 months when intake of adequate fibre and hydration is difficult to achieve).
- **Blood tests** monitor for recurrence of metabolic complications and/or development of nutritional deficiencies. The following are recommended: FBC, U&E, LFTs, Calcium, Vit D, Vit B12, Folate, Iron profile, Ferritin, TSH, HbA1c, Lipid profile.

Blood pressure is monitored, and review of the need to reduce or stop BP medication. Diabetes, if present pre-operatively, can improve or even go into 'remission', with **reduction or discontinuation of diabetes medication as indicated**. Diabetes can recur with time, particularly with weight regain, so ongoing screening is important. **Obstructive sleep apnoea** can improve or resolve, but this may take several months to a year or more, and many patients will still need CPAP therapy despite weight loss. We recommend a **repeat sleep study** when weight loss plateaus, to assess if CPAP is still needed.

Life-long nutritional supplementation is recommended as follows:

Nutrient	Suggested supplement	Dose	Content per recommended dose
Iron*	Ferrograd C	1 tab/day	325mg ferrous sulphate/500mg Vit C
Calcium /Vit D	Calcichew D3 Forte Double Strength	1 tab/day	1000mg Ca + 800IU D
Multi-vitamin	Centrum (Advance/Women/Men/50+) or Boots A-Z	2 tabs/day	A-Z multivitamin/mineral including: Copper 1000ug, Zinc 10mg
Vit B12 IM	Neocytamen	1mg 3-mthly	1mg hydroxycobalamin chloride

*Iron can be held for a period of time, if constipation is a problem, and Iron profile/Ferritin are monitored

Dietetic review is needed if protein intake is inadequate, constipation is a problem that is not resolving with usual measures, and/or the patient is struggling to adhere to a regular meal pattern. Adequate water intake should be assessed regularly and intake of 1.5-2L/day should be encouraged, if possible, particularly emphasising the influence on reducing constipation, and potential for increased appetite or reduced satiety when dehydrated.

At each visit we encourage a **gradual increase of movement and physical activity**, appropriate to individual fitness and limitations. Regular physical activity is a key factor in preventing or reducing weight regain, which can occur from 12-18 months following surgery, or sometimes sooner than that.

We **screen for low mood or increase in symptoms of depression and/or anxiety**, and monitor for any new, or recurrence of old, alcohol use disorders. Patients with a history of childhood trauma, who have not engaged in psychology intervention before bariatric surgery, have increased risk of anxiety and other mental health disorders following substantial weight loss.

Pregnancy is not recommended for 12-18 months following surgery, in view of risk of nutritional deficiencies during a period of rapid weight loss and associated increased maternal and foetal risks.

Oral contraception is not considered reliable following bariatric surgery. Many patients will not be aware of this, so it should be flagged to women of reproductive age. We recommend use of IUD if appropriate.

Currently there is insufficient evidence for efficacy/absorption of DOACs following bariatric surgery, and the current recommendation is to use Warfarin for **anticoagulation** following surgery. However, clinical advice may vary between cardiologists, neurologists and haematologists on this, so patients should see the specialist who initiated anticoagulation, to assess and discuss anticoagulation plan.

Smoking and use of NSAIDs increase the risk of ulceration following bariatric surgery, so should be avoided.

Baseline and 2-3 **yearly DXA scans** as appropriate, are recommended.