

Revisélo y entréguelo a
Su Médico de Cabecera
en su primera cita programada.

Post Gastric Bypass Management

After the gastric bypass surgery, the Bariatric Surgeon will be scheduling immediate post-op care; however, the patient will need continued follow-up care with his/her primary care provider. It is recommended that the PCP schedule follow-up appointments in 2-3 weeks after surgery, then in 6 months, then yearly for 5 years, and then as needed to track weight loss and comorbidity improvement, to encourage diet compliance and to correct any metabolic or vitamin deficiencies.

Vitamins and Supplements

1. High potency multivitamins (100% of the daily value for iron and B vitamins) should be taken every day to prevent deficiencies.
2. Prophylactic Vit B12 to prevent deficiency is necessary. Vit B12 deficiency can result in nervous system damage. A sublingual form of Vit B12 that comes over the counter can be given at 1000 mcg/twice a week. Vit B12 deficiency can result from decreased contact of dietary B12 to gastric intrinsic factor. If B12 levels are low, start crystalline Vit B12 at 500-mcg PO/day sublingual until corrected and continue for maintenance. IM injections, 1000 mcg/month can be given if the sublingual form is not successful or cannot be taken.
3. Lifelong supplements of calcium at 1500-2000 mg/day are recommended post-op to prevent bone loss. Calcium citrate plus Vitamin D (chewable or pill form) is recommended. Vitamin D and calcium absorption may be reduced, since the duodenum and proximal jejunum, which are the preferential sites of absorption, are bypassed by this procedure.
4. Gastric bypass patients are at risk for iron deficiency due to lack of contact of dietary iron with gastric acid and subsequent reduced conversion of relatively insoluble ferrous to the more absorbable ferric form. In menstruating females or if iron levels are low, ferrous sulfate or gluconate 325-mg tablets with 60 mg elemental iron/day is recommended.

Clinical Follow-Up

1. Check vitamin B12/CBC/iron/TIBC at 6 months and then yearly for 5 years.

2. Electrolytes should be checked if chronic vomiting or severe diarrhea from dumping syndrome is occurring.
3. For patients with DM, check FBS and HgbA1C and adjust the medications. Type 2 diabetes greatly improves or even completely disappears within a short period of time after the surgery.
4. Check the patients BP and review the HTN medications every few months. Need in medications for these patients are markedly reduced.
5. For pain management, Acetaminophen, Trilisate or Vioxx are recommended. These medications usually cause a low occurrence of GI ulceration.
6. If the patient is on any psychotropic or anti-seizure medications, he/she needs to be seen by a psychiatrist to adjust the therapeutic doses of these medications due to the changes in absorption.
7. For patients who experience emotional and social difficulties coping with post-surgical changes, follow up with a licensed mental health therapist is recommended.
8. For patients with sleep apnea requiring a CPAP machine, it is recommended to reorder a sleep study procedure at 1 year post-op to reassess if the patient still has sleep apnea after significant weight loss.

Post-Op Gastric Bypass Patients SHOULD NOT:

1. Drink alcohol, smoke or use other recreational drugs.
2. Use Aspirin, Ibuprofen, Naproxen products or any other medications containing sugar, alcohol, fructose or sorbitol.
3. Have glucose tolerance test (usually for pregnant patients).