



Bariatric Surgery Guideline on vitamins, minerals and medication

This guideline aims to provide clear and easy to follow guidance on how to care for patients before and after bariatric surgery.

Prior to surgery

All patients awaiting bariatric surgery are advised to purchase one of the recommended complete multivitamin and mineral supplement containing iron, selenium, zinc and copper (e.g. Sanatogen A-Z Complete, Superdrug A-Z multivitamins and minerals, Tesco Complete multivitamins and minerals, Lloyds Pharmacy A-Z multivitamins and minerals).

Primary care clinicians are **not** expected to prescribe multivitamins; patients are expected to purchase their own.

After surgery

At the time of discharge patients will be issued with:-

- Tinzaparin (full supply provided by SaTH)
- Lansoprazole 30mg capsules **or** omeprazole 20mg capsules (initial 1-2 weeks supply issued by SaTH, to be continued in primary care for 3-6 months)

Patients will be advised to continue to purchase and take one of the recommended complete multivitamin and mineral supplement containing iron, selenium, zinc and copper (e.g. Sanatogen A-Z Complete, Superdrug A-Z multivitamins and minerals, Tesco Complete multivitamins and minerals, Lloyds Pharmacy A-Z multivitamins and minerals). A minimum of 2mg of copper per day is recommended post-surgery and as many over-the-counter preparations contain 1mg, patients will be advised to take two tablets daily (one twice daily)¹

After discharge from hospital patients can take solid dose formulations (i.e. tablets and capsules). Liquid formulations are NOT required.

After the 6 week outpatient appointment the bariatric team will write to the GP and request that the following are prescribed:

- Calcium and vitamin D combination product providing total daily dose of 800-1200mg calcium and 20mcg (800IU) vitamin D¹. CCG recommended products include Adcal D3 chewable



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tablets, Calceos and Accrete D3. Recommended dose = 1 twice daily unless PTH levels have been high in the past, in which case the patients may be prescribed a three times daily dose to maintain levels.

- Vitamin B12 injection 1mg once every 3 months, iron maybe recommended but this depends on blood results.

The patient will also be advised to continue to purchase and take one of the recommended complete multivitamin and mineral supplement for life. Patients are advised against taking additional vitamins and minerals for their hair and nails as this can upset the balance for copper and zinc and cause deficiencies.

Blood results and monitoring¹

The bariatric team will monitor bloods (as detailed below) for two years post-surgery. Primary care clinicians will be asked to accept annual monitoring responsibility after two years. Patients should be referred back into the bariatric service if support is required to correct levels.

Blood test	Frequency
U+E, LFT, bone profile, FBC, ferritin, folate, calcium, vitamin D and PTH	Annually
Thiamine	Routine monitoring is not required, however please be aware if the patient is suffering with prolonged vomiting an acute thiamine deficiency can occur and this requires urgent treatment
Vitamin B12	Annually, although no need to monitor if the patient has vitamin B12 injections
Zinc and copper	Annually
Vitamin A	Measure if concerns regarding steatorrhoea or symptoms of vitamin A deficiency
Vitamin E+K	Measure if concerns regarding unexplained anaemia or neuropathy
Selenium	Monitor if unexplained fatigue, anaemia, metabolic bone disease, chronic diarrhoea or heart failure
Vitamin D	Annually
PTH	Annually

The most common deficiencies found during blood monitoring are zinc and vitamin D. If such deficiencies are discovered, primary care clinicians may be asked to prescribe Solva zinc twice daily for 8 weeks only (for zinc deficiency) or Fultium D3 800IU once daily for 3 months (for vitamin D deficiency).

Pregnancy

Ladies who are pregnant or considering starting a family should be referred back into the bariatric service. Their vitamins and minerals will need changing and their bloods monitored much more closely.

Patients should be advised to change their standard multivitamin and mineral to a pregnancy specific one e.g Pregnacare or Seven Seas pregnancy



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It is also recommended that patients take 5mg folic acid after bariatric surgery¹ rather than the standard 400mcg/day.

Diet

All patients are advised to follow a modified consistency diet for 6 weeks after surgery.

Weeks 1-2: liquid diet (should be able to drink through a straw)

Weeks 3-4: puree diet (smooth puree with no lumps in)

Weeks 5-6: soft diet (food can be mashed down with a fork)

For further advice please contact:

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¹ BOMSS Guidelines on perioperative and postoperative biochemical monitoring and micronutrient replacement for patients undergoing bariatric surgery September 2014 <http://www.bomss.org.uk/wp-content/uploads/2014/09/BOMSS-guidelines-Final-version1Oct14.pdf>



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