

Management Protocols – Gastric Bypass/Mini Gastric Bypass



Appointment	This Appointment Check
0-2 Weeks	Hydration and fluid intake Textural compliance Analgesia should be tapering to zero. Wound healing High protein liquids, ensure compliance with multivitamins. Bowels open at least 2nd daily, otherwise needs aperients (Lactulose, Movicol). Diabetic medical therapy will need to be reduced or ceased except perhaps Metformin. Antihypertensive meds will likely need to be reduced or ceased. Remain on PPI.
2-6 Weeks	Textural compliance Fitness to return to exercise Multivitamin compliance Protein first with meals Medication review. PPI can cease after 12 weeks unless patient has reflux.
8 Weeks	Dietary and multivitamin compliance. Regular meals, avoidance of snacks and liquid calories.
3 Months	Protein and vegetable based diet. Snack and liquid calorie avoidance. Daily multivitamin. Medication review. Consider blood tests depending on clinical requirements. Now is a good time to consider escalation of exercise, discuss weight loss goals. Blood panel if patient has multiple co-morbidities.
6 Months	Bloods, full panel including vitamins and iron levels. Daily multivitamin. Consider exercise physiologist if not exercising > 2-3 hours per week. Goal setting, as further weight loss unlikely beyond 18 months. Vitamin B12 injection 6 monthly lifelong. Consider abdominal Ultrasound for gallstones.
9 Months	Lifestyle review. Focus on changes achieved. Daily multivitamin.
12 Months	Bloods. Daily multivitamin. Discuss weight maintenance strategies. Recommend tracking weight on a weekly basis lifelong.
Annually	Bloods. Daily multivitamin. Weight management and exercise strategies. To return for review if regains > 5kg. Consider DEXA BMD 2-3 yearly.

At Every Appointment Check	Bloods every 6 – 12 months
Weight loss Abdominal pain (esp epigastric and right sided). Food and texture intolerance Dietary compliance, snack avoidance. Portion size (½ cup) Vitamin regime and compliance Comorbidity resolution Medication adjustments Contraception Bowel habits Heart rate (refer if bradycardic) BP if a history of hypertension BSL if a history of diabetes Avoid NSAIDs, alcohol or smoking as these cause GI ulcers frequently. Patients with these risks need ongoing PPI prescription.	FBC LFTs PTH Vit D Folic acid B12 Iron Studies Cholesterol/lipids IF DM, also: HbA1c, Fasting glucose Thiamine (if vomiting and poor compliance) Vitamin A and E for “long limb bypass” Zinc/Selenium for “long limb bypass” Copper (if indicated)

Common Vitamin Adjustments Post Bariatric Surgery

Calcium <2.1	1200mg daily in citrate form (not PO4 or CO3 form)
Vitamin A <1.0 >3.0	10,000IU daily for 2/52 then 5000IU daily for 3/12 Refer back to Upper GI Surgery
Vitamin D <20 <50 50-75	Refer back to Upper GI Surgery for injection Ostevit-D 7000IU daily for 60 days, or injection 3000IU daily 3/12, or injection 600,000IU annually
PTH	If elevated, check Vit D and correct as above. If Vit D normal, refer back to Upper GI Surgery.
Iron Ferritin <30 Saturation <16%	FerroGrad-C for 3/12 OR iron infusion (consider alternative reasons for low iron)
Zinc <10	30mg tablet daily for 1/12
B12 <300	Injection 6 monthly or 1000mcg daily as spray or sublingual wafer

3 or more deficiencies = multiple micronutrient deficiency syndrome. Please refer back to Upper GI Surgery.

1. Abnormal result → treat and repeat bloods in 3/12
2. If normalised result → continue maintenance vitamin and repeat bloods 3-6/12
3. After 2 normal results 3-6/12 apart → extend testing to q 6-12/12
4. After 2 normal results 6/12 apart → extend testing to q 12/12