

DISCHARGE ADVICE FOLLOWING SLEEVE GASTRECTOMY

Lifestyle Measures after Bariatric Surgery:

We recommend the following general dietary advice – otherwise patients are likely to regain weight:

1. Patients should restrict themselves to eating three small meals and take regular exercise of at least 30 minute sessions 3-4 times a week.
2. Patients should separate solids from liquids during their meals by at least half an hour.
3. Patients should eat one small mouthful a minute and chew it well
4. Patients should eat 3 meals including breakfast a day - their meals should consist of a maximum of 20 to 30 mouthfuls and taken over 20 to 30 minutes at least.
5. Patients must avoid consuming high energy foods or drinks (like fast food, crisps, chocolate, fruit juice, fizzy drinks or alcohol).
6. Patients must stop eating as soon as they feel full and not eat if they are not hungry.
7. Patients may find it difficult to take tablets or capsules – hence it is advisable that all oral medications are dispersible, liquid or crushed.
8. Patients may find it difficult to swallow bread, meat or other stringy food.
9. I also recommend that you attend our Bariatric Support Group evenings in order to help you remember lifestyle changes required for long term weight control.

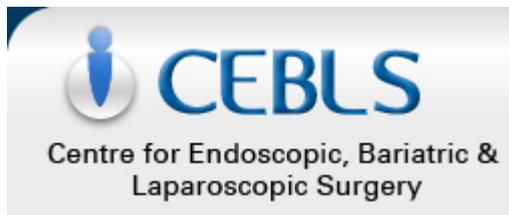
Nutritional Deficiency after Sleeve Gastrectomy:

Please note that laparoscopic sleeve gastrectomy patients are **prone to nutrient deficiency**, in particular to **vitamin B12, Folic Acid, iron, calcium, vitamin B1** and sometimes other micronutrients like **zinc, magnesium, copper, selenium, vitamin C etc.** Patients can suffer from neurological, immunological, cardiovascular and other sequelae unless regular monitoring is performed and supplements prescribed. Hence, I would strongly recommend that patients' GP monitor their iron, calcium and vitamin levels on a six-monthly basis.

Nutritional Supplements after Sleeve Gastrectomy:

There are 3 nutrients that are of particular concern following sleeve gastrectomy.

1. **Absorption of iron** is compromised by decreased food intake (especially red meat) and lack of gastric acid. Menstruating women will be at higher in risk of deficiency. The incidence of deficiency is between 25-52%. It is recommended that a total of 50mg of elemental iron is taken a day.
2. The lack of gastric acid and the smaller food intake also **compromises absorption of calcium and vitamin D**. The incidence of deficiency is between 10-50%. 1000-1500mg / day of calcium are required.



3. **Vitamin B12** levels are also compromised due to decreased gastric acid, a lack of intrinsic factor and decreased red meat intake. The incidence of deficiency is 37%. It is most efficiently used in the body if given intramuscularly.

Therefore I would recommend that your GP prescribes the following products and monitors your blood levels:

- **Calcium supplements- 1000mg calcium / day. Liquid or effervescent tablets**
- **Ferrous Sulphate/ ferrous fumarate or sodium ferredetate – drops, syrup or sugar free elixir. 50mg of iron/day**
- **Hydroxocobalamin Vitamin B12 injections – 1mg every 3 months**
- **Multivitamins containing the vitamins (A, D, E, K, B1, B2, B6) mentioned previously – Forceval, Sanatogen gold, Centrum and Well Kid Chewable contain these vitamins.**

You can also find more information on my websites www.obesitycliniclondon.co.uk and www.cebls.com.