Management of patients, post-bariatric surgery, in primary care

*This guidance applies to patients from North of Tyne and Gateshead APC area who attend **Northumbria Healthcare NHS Foundation Trust** for bariatric surgery. For patients attending other Trusts out of area (e.g. Sunderland) please refer to their local recommendations*

An electronic version of this document can also be viewed / downloaded

from the North of Tyne, Gateshead and North Cumbria Area Prescribing Committee Website at:

http://www.northoftyneapc.nhs.uk/guidance/

<table>
<tr><td colspan="2">Endorsed for use within North Tyneside, Northumberland, Newcastle and Gateshead by the North of Tyne, Gateshead and North Cumbria APC
July 2021</td></tr>
<tr><td>Review date</td><td>Medicines Guidelines and Use Group recommended review date: June 2021</td></tr>
<tr><td>Membership of the guideline consultation group</td><td>The following were consulted on the development of this guidance:
• J. Brown – Consultant Upper GI and Bariatric Surgeon- NHCT
• N. Hamza – Consultant Upper GI and Bariatric Surgeon- NHCT
• T. Sergeant – Upper GI clinical Nurse specialist- NHCT
• C. King-Lewis – Bariatric Pharmacist, NHCT
• A. Dermody – Dietitian, NHCT
• C. Garside – Dietitian, NHCT</td></tr>
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Management of patients' post bariatric surgery in primary care

This guideline details the role of general practice in the management of patients following bariatric surgery and includes guidance on prescribing for these patients, nutritional supplementation and monitoring.
The specialist service is contracted to provide monitoring for **TWO** years post procedure after which routine monitoring should be undertaken in primary care.

General advice for ALL patients

The advice on diet and medications post operatively is discussed with the patient in the pharmacist and dietitian bariatric clinic pre-operatively and written information supplied to the patient.

- Large tablets should be avoided for 4-6 weeks following surgery.
- All medication should be crushed (where possible) or in soluble (although effervescent formulations should be avoided), chewable or liquid (sugar free) form until patient is eating normal textured food (further guidance can be found at: http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2020/01/Swallowing-difficulties-v2.0.pdf).
- Oral NSAIDs should be avoided lifelong.
- Lansoprazole 30mg (orodispersible usually immediately post surgery) once daily should be prescribed for 6 weeks post-operatively or longer if the patient is at risk of ulceration (e.g. smoking). Balloon patients will require treatment for the length of time the balloon is in situ. After an initial period of 6 weeks the patient should be able to tolerate solid dosage forms.
- These patients are at risk of micronutrient malnutrition and therefore require nutritional supplements. A-Z multivitamins and minerals should be **bought** over-the–counter (OTC) as outlined below.
- Annual blood monitoring is required for all patients. Details are given below according to procedure. Monitor HbA1c and lipids if necessary. Diabetes in remission requires monitoring.
- Thromboprophylaxis: patients will get routine thromboprophylaxis as follows if they are not on anticoagulation/no contraindication etc. Tinzaparin 3,500units Once Daily is given to patients – duration dependant on procedure (Gastric band- 7 days, Gastric balloon- 7 days, Sleeve Gastrectomy/Gastric Bypass- 7 days from discharge)
- Few bariatric patients lose more than 75% of their *excess* body weight, therefore usually have adequate calorie intake, however micronutrients may still be deficient and this is more prevalent in those achieving higher levels of weight loss.
- Loss of more than 100% of *excess* body weight is almost always associated with nutritional and surgical problems (BMI<25) and caution should be exercised in these patients.
- Patients who present with rapid weight loss, poor dietary intake, vomiting, alcohol abuse, oedema or symptoms of neuropathy, should have treatment for thiamine deficiency initiated immediately. Do not delay pending blood results.
- Women are advised to use effective contraception to prevent pregnancy until at least 18 months after surgery and until weight has stabilised. Oral contraceptives are not recommended as they may not be absorbed therefore alternative contraceptive methods should be advised. All women planning pregnancy should take a 400 micrograms folic acid supplement preconception and until the 12th week of pregnancy, those with a BMI >30 or with diabetes should be prescribed a 5mg folic acid supplement. Women who are pregnant or planning pregnancy should be referred back to the bariatric team for specific advice and monitoring

Gastric Balloon patients

Vitamin and mineral	Quantity
A-Z multivitamin and mineral (**OTC**)	x1 daily

Gastric Band patients

Vitamin and mineral	Quantity
A-Z multivitamin and mineral (**OTC**)	x1 daily

Bloods	
U+E, LFT, FBC, Ferritin, Folate	In first year: 3, 6, 12 months. **Then annually.**
Calcium and Vitamin D	In first year: 3, 6, 12 months. **Then annually.**

Sleeve Gastrectomy and Gastric Bypass

Vitamin and mineral	Quantity
A-Z multivitamin and mineral (**OTC**) - Lifelong	x2 daily
Evacal D3 - can be changed to Accrete D3 1BD after 4 weeks. To continue Lifelong	x2 daily
Colecalciferol 800units Capsules Lifelong- to start by GP 4 weeks after surgery	1 Daily
Vitamin B12 1mg – Hydroxocobalamin intramuscular injections (maintenance dose only necessary)	Up to every 3 months, depending on levels
210mg ferrous fumarate Lifelong	x1 daily for **men and non-menstruating women**
210mg ferrous fumarate Lifelong	x2 daily for **menstruating women**

Bloods	
U+E, LFT, FBC, ferritin, folate, calcium, Vit D, PTH	In first year: 3, 6, 12 months (bariatric service undertake) **Then annually**
Vit B12	In first year: 3, 6 and 12 months (bariatric service undertake) **Then annually**
Zinc	**Annually** Monitor more frequently if unexplained anaemia, hair loss or changes in taste
Copper	**Annually** Monitor more frequently if unexplained anaemia or poor wound healing
Selenium	**Annually** Monitor more frequently if unexplained fatigue, unexplained anaemia, metabolic bone disease, chronic diarrhoea or unexplained cardiomyopathy

Monitor if concerns:

Bloods	
Thiamine	Only if concern / prolonged vomiting
Vitamin A	If concerns re steatorrhoea, night blindness, protein malnutrition, pregnancy
Vitamin E, Vitamin K	Monitor if unexplained anaemia, neuropathy

Specialist nurse contacts:

For patients managed by the Northumbria Healthcare NHS Foundation Trust:

Sister Terry Sergeant - Terry.Sergeant@northumbria-healthcare.nhs.uk, 0191 293 4006

Hollie Hampson - Hollie.Hampson@northumbria-healthcare.nhs.uk, 0191 293 4006

References:

1. https://onlinelibrary.wiley.com/doi/full/10.1111/obr.13087