

Management Protocols – Sleeve Gastrectomy



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 2 nd daily, otherwise needs aperients. 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 4 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.
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 12 months.
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
Weight loss	FBC
Reflux symptoms	LFTs
Food and texture intolerance	PTH
Dietary compliance, snack avoidance.	Vit D
Portion size (½ cup)	Folic acid
Vitamin regime and compliance	B12
Comorbidity resolution	Iron Studies
Medication adjustments	Cholesterol/lipids
Contraception	IF DM, also: HbA1c, Fasting glucose
Bowel habits	Thiamine (if indicated)
Heart rate (refer if bradycardic)	Vitamin A (if indicated)
BP if a history of hypertension	Zinc (if indicated)
BSL if a history of diabetes	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
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 \rightarrow 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 \rightarrow extend testing to q 6-12/12
- 4. After 2 normal results 6/12 apart \rightarrow extend testing to q 12/12