

Nutrient Deficiencies

- Most frequent in the malabsorptive surgeries – RYGB, BPD-DS and MGB
- Most common are Vit D, folate, iron, B12 and zinc
- Selenium, niacin, Vit B6, Vit C and Vit K are rare

High-risk Individuals

- Persistent nausea, vomiting, diarrhea and SIBO
- Excessive wt loss > 1-2 years
- Pervasive neurologic symptoms
- Pre-existing inappropriate eating behaviors and alcohol

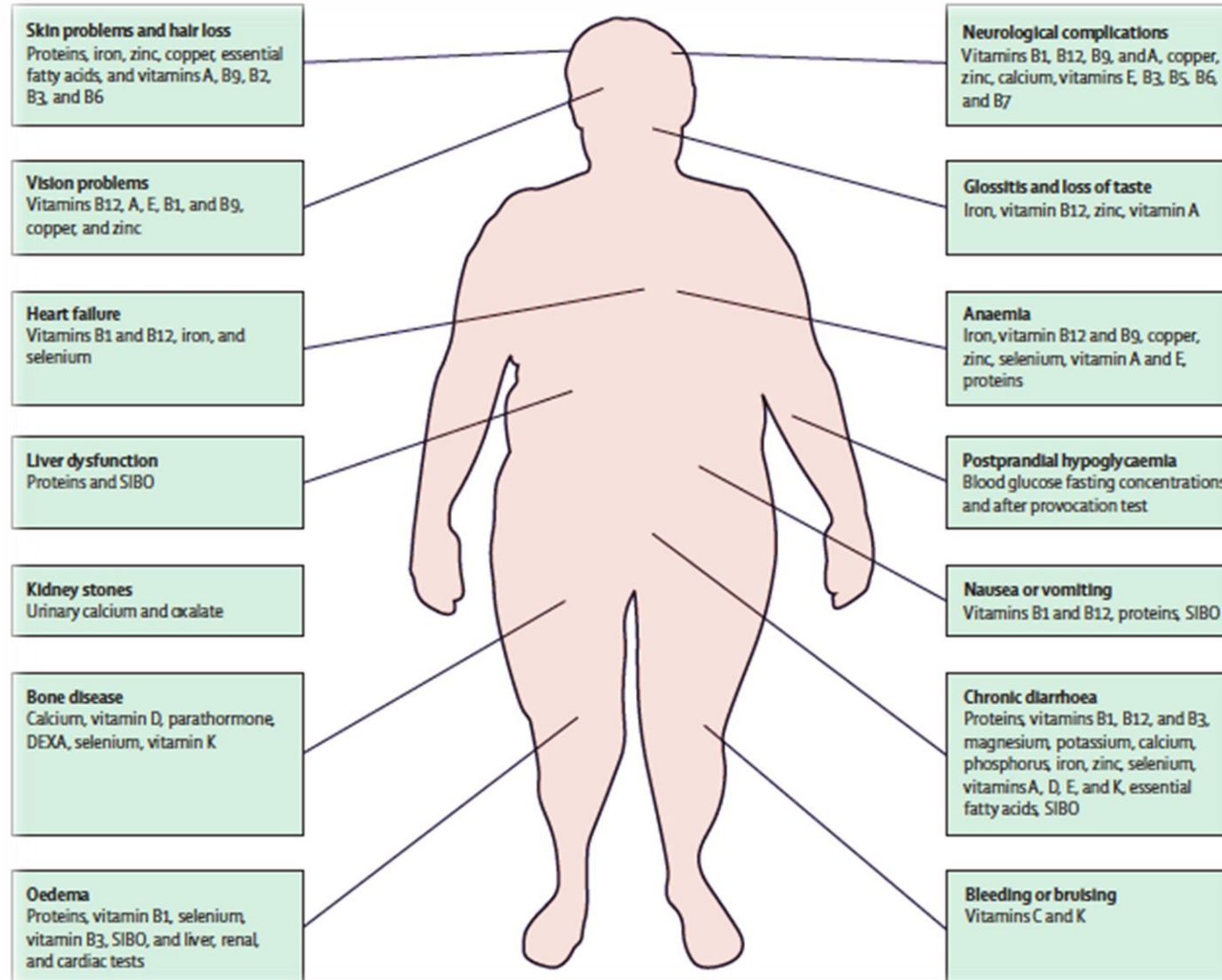
Nutritional Screening

- CBC, electrolytes – Mg, Phos, Ca+, B1, B12, Vit D, Folate, Zn, Selenium,
- Ferritin, Transferrin Sat.
- Bone densitometry testing and PTH q2 yrs
- Vit A & Retinol binding protein, Vit E, Copper, 24hr Ur Ca (BDP-DS* and MGB*)

Prevention and Treatment of Nutritional Complications after Bariatric Surgery (Part 2)

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Nutrient Deficiencies Post Gastric Bypass Surgery



Nutrient Supplementation

- **Calcium** (citrate): 1000-1500mg/day (↑ dose after BPD-DS)
- **Copper** (gluconate or sulfate): 1-2mg/day
- **Folate**: 400-800 µg/day
- **Iron**: 45-70mg elemental iron/day PO
- **Thiamine**: 12-50mg/day PO; symptomatic 500-1000mg x3-5days IV, then 100mg PO TID
- **Vit A**: 50,000 IU/week PO; deficient w/o corneal changes 10k-25K IU/day, if corneal changes 50K-100K IU/day IM x3 days and 50K IU/day x2wks
- **Vit B12**: 350 µg/day or 1000-2000 µg/week or 1000-3000 µg per 1-3months PO; if deficient 1000µg/day x10-15days orally or IM.
- **Vit D**: 800 IU/day PO or if deficient Vitamin D3: Oral 3000-6000IU/day or 50,000 1-2/week (IM if BPD-DS)
- **Vit E**: 500IU TID orally
- **Vit K**: 10mg orally for nl PT time.
- **Zinc**: 10mg/day; 16mg (BPD-DS)

