GP Aftercare of the Bariatric Surgery Patient

We know that weight loss surgery patients get much better results if they are seen regularly for accountability and help changing a lifetime of habits. Our multidisciplinary team provides intensive follow up for two years, but your assistance over this time will be of significant benefit, and ongoing care after this time will be essential for the longterm safety of all weight loss surgery recipients.

Procedure	What is done	How it works	Side effects	Short term problems	Long term complications	Supplements required	Blood tests required	Red flags
Gastric Banding	A silicone band is placed around the upper stomach. The inner balloon can be adjusted by injecting saline through the skin into a reservoir under the fat, on the abdominal wall.	Pressure of the balloon on vagal nerve fibres feeds back to the brain, causing earlier satiety and reducing hunger.	Patients should be able to eat solid proteins (meat, etc) through a band- it is not meant to be so restricted they vomit regularly. If this is the case, they need to be sent for a deflation and re-education	-Wound infection -Vomiting/ regurgitation as they learn to eat slowly and carefully (sometimes coffee ground vomit) -Thromboembolic disease (rare) -Shoulder tip pain	-Pouch formation/ band intolerance: always because the patient has been inflated too tightly and hasn't returned for deflation -Erosion- may present with pain or weight regain, or late port infection. Band needs removal	-Multivitamin	-Yearly full blood count, renal function, liver function and serum lipids	-Reflux, night cough, sinus issues or pneumonia may indicate a tight band -Epigastric pain, and loss of satiety may indicate erosion -Sudden dysphagia may indicate acute slippage which needs urgent investigation
Gastric Bypass **Loop gastric bypass**	The stomach is completely divided with a stapler to leave a 15 ml pouch . The small bowel is divided and brought up to the pouch. The small bowel is rejoined about a metre down from the stomach.	Initially a small gastric pouch means only small amounts can be eaten. This gets easier over time, and long term it works by increasing satiety and decreasing hunger	Symptomatic hypoglycaemia (dumping) often occurs with eating simple(refined) or just too much carbohydrate. The treatment is high protein diet and snacks and cut out the sugar. Blood pressure and glucose may normalise rapidly- check often	-Wound infection -Vomiting; if frequent may indicate stricture at the join -Thromboembolic disease (rare) -Bleeding, especially on anticoagulants -Leak: usually very early on (2-4 days) -Watch drug levels (e.g. warfarin, lithium)	-Nutritional deficiencies -Internal hernia: bowel twists through mesenteric spaces: severe abdominal pain = emergency -Gallstones -Steatorrhoea from pancreatic insufficiency -Ulcers	-Iron -Folic acid -Calcium -Multivitamin -Vitamin B12 -Give Losec with any anti-inflammatories	-Yearly full blood count, renal function, liver function and serum lipids -Calcium -Thyroid function tests -Folate and B12 -Iron studies - HbA1c - PTH - Zn, Cu	-Severe abdominal pain may indicate gallstones, internal hernia or perforated ulcer -Tiredness, lethargy or confusion may reflect vitamin or iron deficiency
Gastric Sleeve Resection	The stomach is completely divided by a stapler leaving a thin tube down to a normal outlet. The remaining stomach is removed through a slightly enlarged incision	This also creates a small volume pouch to eat into, but this can enlarge over time. Patients have longterm increased satiety and less hunger	Long term reflux can be a problem with a sleeve. Nausea can be a major issue early on and needs aggressive treatment with antiemetics Blood pressure and glucose may normalise rapidly- check often	-Wound infection -Vomiting as they learn to eat slowly and carefully -Thromboembolic disease (rare) -Nausea & reflux -Bleeding -Leak: can be delayed and present up to 6 weeks with pain and fever -Stricture at the incisura	-Weight regain as the pouch dilates -Nutritional deficiencies -Ulcers -Gallstones	-Multivitamin -Iron and Vitamin B12 as needed - Calcium -Give Losec with any anti-inflammatories	-Yearly full blood count, renal function, liver function and serum lipids Calcium -Thyroid function tests -Folate and B12 -Iron studies - HbA1c - Zn, Cu	-Severe abdominal pain may indicate gallstones or perforated ulcer -Weight regain may indicate tube dilatation -Tiredness, lethargy or confusion may reflect vitamin or iron deficiency

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