Department of General Surgery The University Hospital Ayr Dalmellington Road Ayr KA6 6DX



Dear GP

Date:

Our Ref: PM/Ir

Enquiries to: Pam Lindsay

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Name: CHI:

Address:

Diagnosis: Weight: Treatment: Gastric Sleeve/Gastric Bypass/One BMI:

Anastomosis Gastric Bypass (OAGB) -

Performed (date)

The above patient has had a gastric sleeve/bypass/OAGB operation which aids weight loss by reducing stomach capacity.

The patient has been advised to follow the modified consistency diet as below for a period of 8 weeks following surgery to allow the digestive tract time to heal and avoid any trauma to the staple line:

Stage 1 – (2 weeks) smooth nourishing liquids (e.g. soup, milk, yoghurt, slimfast etc) approx 6 x 150ml/day. It is recommended patients add 60g skimmed milk powder to 1 pint of skimmed milk/day, this increases protein from 20g to 40g in 1 pint of skimmed milk.

Stage 2 - (4 weeks) smooth thick puree diet (e.g. thick soups, mince, casseroles, potatoes, fish in sauce, vegetables - all liquidised).

Stage 3 – (2 weeks) soft foods (stage 2 foods, but not liquidised) with small lumps in a sauce that can be easily chewed and broken down.

Stage 4 – lifelong normal mixed consistency diet. There may be certain foods some people may find difficult to tolerate.

Patients should be eating regular, balanced, small meals by about eight weeks post operatively (approximately three heaped tablespoons at each meal or the equivalent of 1 standard yoghurt pot amount of food-150-200g), aiming for 60-80g protein per day and approximately 800-1500kcals per day.

Medications and Monitoring Following Gastric Bypass Surgery

In the first 3-6months, blood pressure should be monitored monthly (approx) if the patient is being prescribed blood pressure medication as this may require to be altered if blood pressure reduces with weight loss.

The above patient has been discharged with a 2 week supply of Dalteparin (Fragmin 5000u SC OD) to self-inject as per Ayrshire and Arran's NHS Prophylaxis Protocol to avoid Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE). Patients have been taught how to self-inject at University Hospital Ayr and the District Nurse has been contacted as Platelet levels need to be monitored on day 3-4 (normally whilst in Hospital), day 8, and day 12 post op. Should these dates fall at the weekend it is acceptable to move the appointment by one day. Patients are also advised to wear surgical stockings for 2 weeks post operatively (day and night) and are given a supply to take home. They are also encouraged to keep mobile and aim to drink about 2 litres of sugar free, non-fizzy fluids per day (patients find it painful and difficult to tolerate the carbon dioxide gas in fizzy drinks).

Patients are supplied with a sharps box to dispose of needles and told to take it to their local Pharmacy or GP surgery once they are finished with it. The patient has been advised on how to use the sharps box.

The patient has been prescribed a proton pump inhibitor (PPI), 30mg Zoton Fastab per day for at least 6 months after bariatric surgery to help protect the stomach lining. Some patients may need to keep taking the PPI longer term dependant on symptoms.

The patient has also been discharged with pain relief, Paracetamol or Tramadol to take as required. Patients should avoid taking non-steroidal anti-inflammatory drugs (NSAIDS) after bariatric surgery as they can lead to an increased risk of stomach ulcers/bleeding.

Also prescribed is anti-emetic medication e.g. Buccastem (prochlorperazine buccal 3mg/day) and advised to take if symptomatic.

For the first 4 weeks after surgery all post-operative bariatric patients require to be on liquid/dispersible medications and supplements to avoid capsules/tablets interfering with internal healing. This patient has been discharged from University Hospital Ayr with a 4 week supply of these medications. After approximately 4 weeks they should be able to tolerate tablets and should no longer require medications/nutritional supplements in liquid/crushable format.

Please can the following nutritional supplements be prescribed life-long following gastric sleeve/bypass/OAGB surgery:

- Forceval Capsules od
- Adcal D3 bd for 4 weeks then Accrete D3 tablet bd
- 1mg IM hydroxocobalamin (vitamin B12) every 3 months
- 60-120 mg iron/day (200mg ferrous sulphate or 210mg ferrous fumarate or 300mg ferrous gluconate od or if menstruating bd)

Bloods should be monitored at 3 months, 6 months and annually life-long post operatively for the following:

- Full blood count
- Electrolytes
- Glucose
- HbA1C
- LFTs
- CRP
- PTH
- Ferritin
- Folate
- Lipid profile
- 25Hydroxyvitamin D (annually)
- Bone profile
- TFT's
- Magnesium
- Copper
- Selenium
- Zinc

The patient has been advised to increase their physical activity levels gradually after bariatric surgery. They have been advised they can go to the swimming pool once all incisions are healed. They are to avoid abdominal exercises e.g. sit-ups etc. for at least 6 months following surgery (to avoid incision hernias). Patients should contact their insurance company for advice on driving recommendations; this may be when they can safely do an emergency stop. In general most patients should take approximately 6 weeks off their work, especially if employed in a manual job; this timescale helps the patient focus on lifestyle change and recover from surgery.

The patient will be contacted by phone 1 week post op by the Bariatric Nurse and 2 weeks and 4 weeks post op by the Bariatric Dietitian from Ayrshire and Arran NHS (minimum contact). Patients will then be reviewed by the Bariatric Surgeon at University Hospital Ayr at approximately 8 weeks post op.

The patient will be monitored post bariatric surgery for 2 years by the Bariatric Dietitian.

Please contact if you have any queries regarding the above. Yours sincerely

Pam Lindsay

Bariatric Dietitian

Cc Consultant Surgeon, NHS Ayrshire & Arran

Cc Patient

Kevin McMahon

Bariatric Nurse Practitioner