

DISCHARGE ADVICE FOLLOWING DUODENAL SWITCH

Lifestyle Measures after Bariatric Surgery:

I recommend the following general dietary advice – otherwise you are likely to regain weight:

1. You should restrict themselves to eating three small meals and take regular exercise of at least 30 minute sessions 3-4 times a week.
2. You should separate solids from liquids during your meals by at least half an hour.
3. You should eat one small mouthful a minute and chew it well
4. You should eat 3 meals including breakfast a day - your meals should consist of a maximum of 20 to 30 mouthfuls and taken over 20 to 30 minutes at least.
5. You must avoid consuming high energy foods or drinks (like fast food, crisps, chocolate, fruit juice, fizzy drinks or alcohol).
6. You must stop eating as soon as you feel full and not eat if you are not hungry.
7. You may find it difficult to take tablets or capsules – hence it is advisable that all oral medications you take are dispersible, liquid or crushed.
8. You may find it difficult to swallow bread, meat or other stringy food.
9. I also recommend that you attend our Bariatric Support Group evenings in order to help you remember lifestyle changes required for long term weight control.

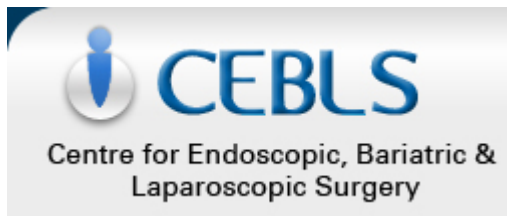
Nutritional Deficiency after Bariatric Surgery:

Please note that laparoscopic duodenal switch patients are **prone to nutrient deficiency**, in particular to **vitamin B12, Folic Acid, iron, calcium, vitamin B1** and sometimes other micronutrients like **zinc, magnesium, copper, selenium, vitamin C etc.** You can suffer from neurological, immunological, cardiovascular and other sequelae unless regular monitoring is performed and supplements prescribed. Hence, I would strongly recommend that your GP monitors your iron, calcium and vitamin levels on a 3-monthly basis.

Nutritional Supplements after Bariatric Surgery:

The following supplementation is considered minimum for duodenal switch patients:

1. **Chewable** multivitamin with minerals, x2/day
2. **Iron supplement**
Add vitamin C for absorption if not already included within the supplement
3. **Chewable or liquid** calcium citrate containing vitamin D, 2,000mg/day
4. **Vitamin B12: at least** 350–500 µg crystalline daily; might need vitamin B12 intramuscularly
5. **Fat-soluble vitamins: A, D, E, K**
High risk for fat-soluble vitamin deficiencies
 - A: 5,000–10,000 IU/day
 - D: 600–50,000 IU/day
 - E: 400 IU/day
 - K: 1 mg/dayAdvise ADEK tablets x 2/day
6. **Protein - approximately 90g**



Therefore I would recommend that your GP prescribes the following products and monitors your blood levels:

- ***Calcium supplements- 2000mg calcium / day. Liquid or effervescent tablets***
- ***Ferrous Sulphate/ ferrous fumarate or sodium ferredetate – drops, syrup or sugar free elixir. 50mg of iron/day***
- ***Hydroxocobalamin Vitamin B12 injections – 1mg every 3 months***
- ***Multivitamins containing the vitamins (A, D, E, K, B1, B2, B6) mentioned previously – Forceval, Sanatogen gold, Centrum and Well Kid Chewable contain these vitamins.***

You can also find more information on my websites www.obesitycliniclondon.co.uk and www.cebls.com.