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**Bariatric Surgery Lab Schedule by Procedure**

**YOUR LAB SCHEDULE AFTER BARIATRIC SURGERY**

What Gets Checked, When, and Why

Patient name: _____ Surgery date: _____

Procedure: _____

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**Why labs matter after bariatric surgery**

Your surgery changes how your body absorbs vitamins, minerals, and nutrients. Some of these changes are subtle. You will not feel a deficiency developing until it is already advanced. Hair loss, fatigue, numbness, bone thinning, and vision problems can all result from deficiencies that a simple blood test would have caught months earlier.

Labs are not optional. They are how we catch problems before they become serious.

The schedule below is based on the latest guidelines from the AACE/TOS/ASMBS (2019) and the ASMBS Postoperative Care Pathway (2025). Your surgeon may adjust the timing based on your individual results.

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**CLINIC VISIT SCHEDULE (ALL PROCEDURES)**

Month 1, Month 3, Month 6, Month 12, then annually for life.

Labs are drawn at these visits. If a value is abnormal, we recheck it more frequently until it is stable.

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**SLEEVE GASTRECTOMY**

The sleeve is the least malabsorptive standard bariatric procedure, but deficiencies still develop. In a study of 340 women after sleeve gastrectomy, folate dropped by more than two thirds within 40 days, ferritin declined continuously across every interval, and zinc dropped sharply and stayed low, all before patients had any symptoms.

**At every visit (months 1, 3, 6, 12, then annually):**

- Complete metabolic panel (CMP)

- Complete blood count with platelets (CBC)

- HbA1c (if diabetic or prediabetic, until stable)

**Every 3 to 6 months in the first year, then annually:**

- Iron panel (serum iron, ferritin, TIBC). Screen within 3 months of surgery.

- Vitamin B12. Serum level at minimum. If low or borderline, add methylmalonic acid (MMA).

- Folate

- 25-hydroxyvitamin D

- Intact PTH (parathyroid hormone)

- Calcium (included in CMP, but note separately if ionized calcium is needed)

**Annually starting year 1:**

- Lipid panel

- TSH (if on thyroid medication or if clinically indicated)

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- Zinc (if hair loss, poor wound healing, taste changes, or protein-calorie malnutrition)

- Albumin (included in CMP)

**As clinically indicated (not routine):**

- Vitamin A: only if symptomatic or if other fat-soluble deficiencies are found

- Copper and ceruloplasmin: only if symptomatic (anemia unresponsive to iron, neurological symptoms)

- Thiamine (B1): if persistent vomiting, rapid weight loss, or neurological symptoms

- Selenium: if unexplained anemia, cardiomyopathy, or persistent diarrhea

- Vitamins E and K: only if symptomatic

**Bone density (DXA scan):**

- Baseline or within the first year, then every 1 to 2 years based on risk factors

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**ROUX-EN-Y GASTRIC BYPASS (RYGB)**

The bypass creates more malabsorption than the sleeve because the duodenum and proximal jejunum are bypassed. Iron, calcium, B12, and folate absorption are all reduced. The lab schedule is broader and the monitoring intervals are tighter.

**At every visit (months 1, 3, 6, 12, then annually):**

- Complete metabolic panel (CMP)

- Complete blood count with platelets (CBC)

- HbA1c (if diabetic or prediabetic, until stable)

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**Every 3 months until stable, then every 6 to 12 months:**

- Iron panel (serum iron, ferritin, TIBC)

- Vitamin B12 (plus MMA if low or borderline)

- Folate

- 25-hydroxyvitamin D

- Intact PTH

- Thiamine (B1)

- Copper and ceruloplasmin

- Zinc

- Selenium

"Until stable" means normal values on two consecutive checks. If a value is falling or below target, it stays on the 3-month interval regardless of how many years out you are.

**Every 6 to 12 months:**

- Vitamin A

- Lipid panel

- TSH (if on thyroid medication or clinically indicated)

- Albumin and prealbumin (if malnutrition suspected)

**As clinically indicated (not routine):**

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- Vitamins E and K / INR: only if symptomatic (bleeding, bruising, neurological or ophthalmologic symptoms)

- Creatine kinase: only if rhabdomyolysis is suspected

**Bone density (DXA scan):**

- Baseline or within the first year, then every 1 to 2 years based on risk factors

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**DUODENAL SWITCH (BPD/DS AND SADI-S)**

The duodenal switch creates the most malabsorption of any standard bariatric procedure. The common channel is short (100 to 150 cm for Roux DS, 250 to 300 cm for SADI-S), and the duodenum is completely bypassed. Fat-soluble vitamin deficiencies (A, D, E, K), protein malnutrition, zinc deficiency, and copper deficiency are significantly more common than after sleeve or bypass.

The SADI-S is not separately addressed in current guidelines. Because it shares the same duodenal division and intestinal bypass anatomy, most programs monitor it on the BPD/DS schedule. Your surgeon will confirm.

**At every visit (months 1, 3, 6, then at least annually):**

- Complete metabolic panel (CMP)

- Complete blood count with platelets (CBC)

- Albumin and prealbumin (protein status at every visit, not just when suspected)

- HbA1c (if diabetic or prediabetic, until stable)

**Every 3 months in the first year, then at least annually:**

- Iron panel (serum iron, ferritin, TIBC)

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- Vitamin B12 (plus MMA if low or borderline)

- Folate

- 25-hydroxyvitamin D

- Intact PTH

- Vitamin A (screen within the first year regardless of symptoms. Deficiency reaches up to 70% within 4 years.)

- Zinc (deficiency reaches up to 70% even with supplementation)

- Copper and ceruloplasmin (deficiency reaches up to 90%)

- Thiamine (B1)

- Selenium

**At least annually:**

- Vitamins E and K / INR (low threshold to check given fat malabsorption. Vitamin E deficiency 50 to 69% at 1 to 4 years.)

- Lipid panel

- TSH (if on thyroid medication or clinically indicated)

**As clinically indicated:**

- 24-hour urine calcium and oxalate (if kidney stone history or symptoms)

- Creatine kinase (only if rhabdomyolysis suspected)

**Bone density (DXA scan):**

- Baseline or within the first year, then every 1 to 2 years. Higher priority than after

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sleeve or bypass given greater calcium and vitamin D malabsorption.

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**WHAT EACH TEST CHECKS AND WHY IT MATTERS**

**CMP (complete metabolic panel):** kidney function, liver function, blood sugar, electrolytes, albumin. Checked at every visit for every procedure.

**CBC (complete blood count):** red blood cells, white blood cells, platelets. Catches anemia early.

**Iron panel (iron, ferritin, TIBC):** iron stores. Low iron causes fatigue, weakness, shortness of breath, and anemia. Common after all procedures because stomach acid (needed for iron absorption) is reduced.

**Vitamin B12:** nerve function and red blood cell production. Deficiency causes numbness, tingling, memory problems, and a specific type of anemia. Can take years to develop because the body stores B12.

**MMA (methylmalonic acid):** a more sensitive marker of B12 deficiency than serum B12 alone. Ordered when B12 is low or borderline.

**Folate:** cell growth and red blood cell production. Critical for women who may become pregnant. Deficiency causes anemia and birth defects.

**25-hydroxyvitamin D:** bone health and calcium absorption. Deficiency is nearly universal without supplementation after bariatric surgery.

**PTH (parathyroid hormone):** rises when calcium or vitamin D is low. An early warning sign of bone thinning before the bones themselves change.

**Vitamin A:** vision, immune function, skin health. Deficiency can cause night blindness and, if severe, permanent vision loss. Most important after duodenal switch.

**Zinc:** immune function, wound healing, taste, hair growth. Deficiency causes hair

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loss, poor wound healing, and taste changes.

**Copper:** nerve function and red blood cell production. Deficiency mimics B12 deficiency and can cause irreversible nerve damage. Always check when supplementing zinc, because zinc depletes copper.

**Thiamine (B1):** nerve and brain function. Deficiency can develop rapidly with vomiting or poor intake and can cause permanent neurological damage (Wernicke encephalopathy) if missed.

**Selenium:** thyroid function, antioxidant defense. Deficiency can cause a specific type of heart disease (cardiomyopathy) and unexplained anemia.

**Vitamins E and K:** E protects nerves and red blood cells. K is needed for blood clotting. Both are fat-soluble and poorly absorbed when fat absorption is reduced.

**Albumin and prealbumin:** protein status. Low levels indicate protein malnutrition, which is the most serious nutritional complication after duodenal switch.

**HbA1c:** average blood sugar over 3 months. Tracked until diabetes is in remission or stable.

**Lipid panel:** cholesterol and triglycerides. Monitored because medication doses often change as weight drops.

**TSH:** thyroid function. Absorption of thyroid medication can change after surgery.

**DXA scan:** bone mineral density. Detects bone thinning before a fracture happens.

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**WHAT HAPPENS IF A LAB IS LOW**

If any value comes back below target, three things happen:

1. We increase your supplement dose or change the form (for example, switching from oral B12 to injections)

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2. We recheck the value in 1 to 3 months to confirm it is improving

3. We keep it on the shorter interval until it is normal on two consecutive checks

**A low lab is not a failure.** It is the system working exactly as designed. The entire point of checking is to catch and correct before you ever feel symptoms.

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**YOUR RESPONSIBILITY**

- **Show up for your lab appointments.** Every one. For life.

- **Take your vitamins every day.** Labs only work if you are taking your supplements consistently. If you stop taking them, tell us honestly so we can adjust.

- **Bring your lab results if you get blood work done elsewhere.** We need to see every result, not just the ones drawn in our office.

- **Tell us if you notice symptoms** such as unusual fatigue, hair loss, numbness or tingling, bruising, night vision problems, muscle weakness, or bone pain. These may indicate a deficiency that needs urgent attention.

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**THE SHORT VERSION**

- **Sleeve:** Core labs every 3 to 6 months in year 1, then annually. Fewer micronutrients checked routinely. Expand testing if symptoms or deficiencies appear.

- **Bypass:** Broader panel. Every 3 months until stable, then every 6 to 12 months. More micronutrients checked routinely, including copper, zinc, thiamine, selenium, and vitamin A.

- **Duodenal switch:** Broadest panel. Every 3 months in year 1, then at least annually.

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Fat-soluble vitamins, protein markers, zinc, and copper checked routinely at every interval. Lowest threshold to add or intensify testing.

- **All procedures:** CMP and CBC at every visit. DXA scan at baseline and every 1 to 2 years. Labs are for life.

**Deficiencies develop silently. Labs catch them before you feel them. That is the entire point.**

**Real science. Real surgery. Real results.**

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