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Standard Annual Labs

After Sleeve Gastrectomy

STANDARD ANNUAL LABS AFTER SLEEVE GASTRECTOMY

Routine (obtain at least annually; every 3 months during year 1):

- CBC with platelets
- Comprehensive metabolic panel (SMA-21)
- Iron studies: serum iron, TIBC, transferrin saturation, ferritin
- Vitamin B12 (add methylmalonic acid +/- homocysteine if equivocal)
- Folate
- 25-hydroxyvitamin D
- Lipid panel (every 6-12 months based on risk/therapy)
- Hemoglobin A1c
- TSH

Imaging:

- DXA bone density at 2 years

NOT routine after sleeve gastrectomy - order only if clinically indicated:

- Copper and ceruloplasmin
- Zinc
- Selenium
- Thiamine (vitamin B1)
- Vitamin A
- Vitamin E, vitamin K
- Intact PTH (optional adjunct to vitamin D)
- 24-hour urinary calcium (BPD/DS only)

Notes:

- B12 monitoring should be more frequent in chronic users of metformin, proton pump inhibitors, colchicine, neomycin, nitrous oxide, or seizure medications.

- The broader micronutrient panel (copper, zinc, selenium, thiamine, vitamin A) applies routinely to Roux-en-Y gastric bypass and BPD/DS, not sleeve gastrectomy.

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After Roux-en-Y Gastric Bypass

Routine (every 3 months until stable during year 1, then every 6-12 months / at least annually):

- CBC with platelets
- Comprehensive metabolic panel (SMA-21)
- Iron studies: serum iron, TIBC, transferrin saturation, ferritin
- Vitamin B12 (add methylmalonic acid +/- homocysteine if equivocal)
- Folic acid (RBC folate optional)
- 25-hydroxyvitamin D
- Intact PTH
- Copper and ceruloplasmin (at least annually after RYGB, even if asymptomatic)
- Zinc
- Selenium
- Vitamin A (initially and every 6-12 months; optional per AACE checklist, may be evaluated every 6-12 months per ASMBS RYGB pathway)
- Lipid panel (every 6-12 months based on risk/therapy)
- Hemoglobin A1c
- TSH (particularly in patients on thyroid supplementation)

Imaging:

- DXA bone density at 2 years

NOT routine - order only if clinically indicated:

- Thiamine (vitamin B1) - evaluate with specific findings (vomiting, rapid weight loss, protein-calorie malnutrition, neurologic symptoms); note the ASMBS RYGB pathway includes thiamine in serial micronutrient surveillance
- Vitamin E - if hemolytic anemia or neuromuscular/ophthalmologic symptoms
- Vitamin K - if excessive bleeding or bruising
- 24-hour urinary calcium (BPD/DS only)

Notes:

- B12 monitoring should be more frequent in chronic users of metformin, proton pump inhibitors, colchicine, neomycin, nitrous oxide, or seizure medications.

- Compared with sleeve gastrectomy, RYGB adds routine folic acid/iron/25-OH-D/iPTH as a bundled panel, copper, zinc, selenium, and vitamin A.

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After Biliopancreatic Diversion with Duodenal Switch

Routine (every 3 months during year 1, then at least annually):

- CBC with platelets
- Comprehensive metabolic panel (SMA-21), including albumin/prealbumin for protein-calorie malnutrition
- Iron studies: serum iron, TIBC, transferrin saturation, ferritin
- Vitamin B12 (add methylmalonic acid +/- homocysteine if equivocal)
- Folic acid (RBC folate optional)
- 25-hydroxyvitamin D
- Intact PTH
- Vitamin A (initially and every 6-12 months thereafter)
- Copper and ceruloplasmin (at least annually, even if asymptomatic)
- Zinc
- Selenium
- 24-hour urinary calcium at 6 months, then annually
- Lipid panel (every 6-12 months based on risk and therapy)
- Hemoglobin A1c
- TSH

Imaging:

- DXA bone density at 2 years

Order only if clinically indicated:

- Thiamine (vitamin B1) - with specific findings: vomiting, rapid weight loss, protein-calorie malnutrition, neurologic symptoms
- Vitamin E - hemolytic anemia, neuromuscular or ophthalmologic symptoms
- Vitamin K / INR - excessive bleeding or bruising

Notes:

- BPD/DS is the only procedure for which 24-hour urinary calcium is a routine checklist item, and the only one for which vitamin A is routine rather than optional.

- Fat-soluble vitamin (A, D, E, K) deficiency and protein malnutrition are substantially more common after BPD/DS than after sleeve or gastric bypass.

- B12 monitoring should be more frequent in chronic users of metformin, proton pump inhibitors, colchicine, neomycin, nitrous oxide, or seizure medications.

- Calcium requirement is higher after BPD/DS: 1,800-2,400 mg/day elemental calcium as citrate in divided doses, versus 1,200-1,500 mg/day for sleeve and RYGB.

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