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Your Vitamin and Supplement Guide After Bariatric Surgery

WHY VITAMINS ARE REQUIRED FOR LIFE

After bariatric surgery, your stomach is smaller, your stomach acid is reduced, and depending on your procedure, parts of your intestine where nutrients are normally absorbed may be bypassed. This means your body can no longer get everything it needs from food alone, no matter how well you eat.

Without the right supplements, taken every day, you are at risk for serious health problems including anemia, bone loss, nerve damage, vision problems, and in rare cases, permanent brain injury.

These complications are preventable. Taking your vitamins every day and getting your labs checked on schedule is the single most important thing you can do to protect your long-term health after surgery.

THE SUPPLEMENTS EVERY BARIATRIC PATIENT NEEDS

The following supplements are required regardless of which procedure you had. Your surgical team may adjust doses based on your labs and your specific procedure.

BARIATRIC MULTIVITAMIN

-- Take 2 bariatric-specific multivitamins per day

-- Must contain iron, folic acid, and thiamine

-- Use chewable or liquid form in the first few weeks after surgery

-- A regular grocery store multivitamin is NOT enough

CALCIUM CITRATE (not calcium carbonate)

-- Sleeve and Bypass: 1,200 to 1,500 mg per day

-- Duodenal Switch / SADI-S: 1,800 to 2,400 mg per day

-- Take in divided doses (no more than 500 to 600 mg at a time)

-- Take SEPARATELY from iron (at least 2 hours apart)

-- Must be calcium CITRATE. Calcium carbonate is poorly absorbed after surgery because your

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stomach acid is reduced.

VITAMIN D

-- At least 3,000 IU per day

-- Duodenal switch patients often need 50,000 IU per week or more

-- Your doctor will adjust your dose based on blood levels

-- Goal: blood level above 30 ng/mL

VITAMIN B12

-- Sublingual (under the tongue), nasal spray, or monthly injection

-- Oral tablets at 350 to 500 mcg per day may also work

-- Especially important after gastric bypass and duodenal switch

-- Deficiency can take years to develop but can cause permanent nerve damage

IRON

-- 18 to 60 mg of elemental iron per day

-- Take with vitamin C (like a small glass of orange juice) to improve absorption

-- Take at a DIFFERENT time than calcium (at least 2 hours apart)

-- Menstruating women and patients with a history of anemia may need higher doses

-- If oral iron causes stomach upset or is not effective, IV iron infusion may be needed

FOLATE (FOLIC ACID)

-- 400 to 800 mcg per day

-- Critically important for women who may become pregnant

-- Usually included in your bariatric multivitamin

THIAMINE (VITAMIN B1)

-- 12 to 50 mg per day

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-- Your body only stores about 2 to 3 weeks of thiamine

-- If you are vomiting frequently after surgery, call your surgical team immediately. Thiamine depletion can cause a brain injury called Wernicke encephalopathy that requires emergency treatment.

ADDITIONAL SUPPLEMENTS FOR DUODENAL SWITCH AND SADI-S PATIENTS

If you had a duodenal switch or SADI-S, you need everything listed above PLUS the following:

VITAMIN A

-- 10,000 IU per day or more

-- Use dry or water-soluble form (oil-based vitamins are poorly absorbed)

-- Without supplementation, 50 to 69% of DS patients become deficient

-- Severe deficiency can cause night blindness and permanent vision loss

VITAMIN K

-- 300 mcg per day or more

-- Prevents bleeding and bruising complications

VITAMIN E

-- 400 to 1,200 IU per day

ZINC AND COPPER

-- These must be taken together

-- For every 10 to 15 mg of zinc, add 1 mg of copper

-- Taking zinc without copper can cause copper deficiency, which causes anemia and nerve problems that are often misdiagnosed

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PROCEDURE-SPECIFIC QUICK REFERENCE

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AFTER SLEEVE GASTRECTOMY:

-- 2 bariatric multivitamins per day

-- Calcium citrate 1,200 to 1,500 mg per day

-- Vitamin D 3,000+ IU per day

-- Vitamin B12

-- Iron 18 to 60 mg per day (with vitamin C, away from calcium)

-- Folate 400 to 800 mcg per day

-- Thiamine 12 to 50 mg per day

AFTER GASTRIC BYPASS:

-- Same as sleeve, with extra attention to:

-- B12 (sublingual or injection preferred)

-- Iron (higher risk of deficiency)

-- Calcium and vitamin D (higher risk of bone loss)

-- Zinc and copper monitoring

AFTER DUODENAL SWITCH OR SADI-S:

-- Same as bypass, PLUS:

-- Calcium citrate increased to 1,800 to 2,400 mg per day

-- Vitamin A 10,000+ IU per day (dry form)

-- Vitamin K 300+ mcg per day

-- Vitamin E 400 to 1,200 IU per day

-- Zinc with copper (1 mg copper per 10 to 15 mg zinc)

-- Higher vitamin D doses (often 50,000 IU per week)

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-- More frequent lab monitoring

TIMING TIPS

-- Take calcium and iron at DIFFERENT times (at least 2 hours apart)

-- Take iron with vitamin C to improve absorption

-- Take calcium in divided doses throughout the day (max 500 to 600 mg per dose)

-- Take fat-soluble vitamins (A, D, E, K) with a meal that contains some fat

-- Set a daily alarm or use a pill organizer to stay consistent

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YOUR LAB MONITORING SCHEDULE

FIRST YEAR AFTER SURGERY:

-- Blood work every 3 to 6 months

AFTER THE FIRST YEAR:

-- Blood work at least once per year, for life

WHAT WE CHECK:

-- Complete blood count (CBC)

-- Iron panel and ferritin

-- Vitamin B12

-- Folate

-- Vitamin D level

-- Parathyroid hormone (PTH)

-- Calcium

-- Albumin (protein status)

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-- Comprehensive metabolic panel

-- HbA1c and cholesterol

ADDITIONAL LABS FOR DUODENAL SWITCH / SADI-S:

-- Vitamin A

-- Zinc and copper

-- Vitamin E

-- INR (vitamin K status)

BONE DENSITY (DEXA SCAN):

-- Before or soon after surgery

-- Repeat every 1 to 2 years depending on your procedure and risk factors

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WARNING SIGNS: WHEN TO CALL YOUR SURGICAL TEAM

Contact your surgical team if you experience any of the following:

-- Persistent fatigue or weakness that is getting worse

-- Numbness or tingling in your hands or feet

-- Hair loss that is not improving after 6 months

-- Bruising easily or bleeding that takes longer to stop

-- Muscle cramps or spasms

-- Confusion, difficulty walking, or vision changes

-- Prolonged nausea or vomiting (especially in the first 6 months)

-- Bone pain or a fracture from a minor fall

These can be signs of a vitamin or mineral deficiency that needs immediate attention. Do not wait for your next scheduled appointment.

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THE BOTTOM LINE

Your vitamins are not optional. They are not temporary. They are part of your surgery.

Taking them every day, getting your labs checked on schedule, and reporting any symptoms to your team are the three most important habits you can build after bariatric surgery.

The surgery changed your anatomy. The vitamins protect your health. Together, they give you the best chance at a long, healthy life.

NOTES:

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Questions? Contact our office:

786-635-0400

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