Your Lifelong Commitment to Follow-Up After Bariatric Surgery

YOUR LIFELONG COMMITMENT TO FOLLOW-UP AFTER BARIATRIC SURGERY

Why Follow-Up Never Ends and What Happens at Every Visit

Patient name: _____ Surgery date: _____

Procedure: _____

Why this guide matters

Bariatric surgery is not a one-time event. It is the beginning of a lifelong relationship with your health, your body, and your surgical team.

The operation takes about an hour. The follow-up lasts the rest of your life.

That is not an exaggeration. It is not a scare tactic. It is the single most important fact in this entire guide.

The patients who maintain their weight loss, keep their diabetes in remission, avoid nutritional deficiencies, and protect their long-term health are the patients who show up. Year after year. Decade after decade.

The patients who disappear are the ones who regain weight, develop preventable vitamin deficiencies, miss early warning signs of complications, and lose the results they worked so hard to achieve.

The single strongest predictor of long-term failure after bariatric surgery is loss to follow-up. Not the procedure. Not the starting weight. Not the genetics. Loss to follow-up.

This guide explains exactly what happens at every visit, why each visit matters, and what we are looking for at each stage of your journey.

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PART 1: THE FOLLOW-UP SCHEDULE

Year 1: The foundation year

Year one is the most intensive follow-up period. Your body is changing rapidly. Your medications are being adjusted. Your nutritional status is shifting. And your habits are being established.

2-week visit

- Wound check and incision assessment

- Review of diet progression (you should be on full liquids)

- Hydration assessment. Are you tolerating at least 64 ounces of fluid daily?

- Symptom check: nausea, vomiting, pain, fever, difficulty swallowing

- Medication review and adjustments (especially diabetes and blood pressure medications)

- Reinforce protein targets, vitamin compliance, and activity goals

- Address any early concerns or questions

6-week visit

- Weight and vital signs

- Diet progression review (you should be transitioning to soft foods or early solids)

- Protein intake assessment. Are you hitting 60 grams per day?

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- Vitamin and supplement compliance check

- Activity level review. Are you walking daily? Ready for structured exercise?

- Lab work if not drawn recently

- Medication adjustments as needed

- Body composition testing (baseline InBody or DEXA if not done preoperatively)

- Emotional check-in. How are you feeling? Any mood changes?

3-month visit

- Weight and vital signs

- Comprehensive lab panel (see your procedure-specific lab guide for details)

- Review lab results and adjust vitamin doses as needed

- Diet quality assessment. Are you eating protein first? Any food intolerances?

- Exercise assessment. Are you progressing toward 150 minutes per week?

- Medication review. Many patients are reducing or eliminating diabetes and blood pressure medications by this point.

- Body composition testing

- Emotional and psychological check-in

- Hair loss discussion (this is the most common time for hair thinning to begin; it is temporary and related to the rapid weight loss and caloric deficit, not a vitamin emergency in most cases)

6-month visit

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- Weight and vital signs

- Lab work (comprehensive panel)

- Body composition testing

- Diet and nutrition assessment

- Exercise assessment

- Medication review and adjustments

- Psychological check-in

- Discussion of weight loss trajectory. Are you on track? Any plateaus?

- For sleep apnea patients: discuss timing of repeat sleep study

- For diabetes patients: HbA1c review and medication status

- Reinforce long-term habits

9-month visit (if indicated)

- Some practices schedule a 9-month visit; others move directly to the 12-month visit

- Weight, labs, body composition, and clinical assessment as above

- This visit is particularly important for patients who are plateauing, struggling with food tolerance, or experiencing emotional difficulty

12-month visit

- Weight and vital signs

- Comprehensive lab panel

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- Body composition testing (compare to baseline and 6-month results)

- Full dietary assessment with registered dietitian

- Exercise and activity review

- Medication reconciliation. What have you eliminated? What remains?

- Comorbidity status review. Diabetes, blood pressure, sleep apnea, reflux, joint pain. What has improved? What has resolved? What needs continued monitoring?

- Repeat sleep study for patients with preoperative sleep apnea (if not already done)

- Psychological assessment

- Discussion of year 2 expectations: weight loss will slow or stop, small rebound is normal, maintenance phase begins

- Reinforce that follow-up continues annually for life

Year 2: The transition year

Year two is when the shift from active weight loss to weight maintenance occurs. This is a psychologically vulnerable time. The rapid changes of year one slow down. The compliments decrease. The novelty fades. And the lifelong habits either solidify or start to erode.

6-month visit (18 months post-op)

- Weight and vital signs

- Lab work

- Body composition testing

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- Diet and nutrition review. Has protein intake been maintained? Any drift toward processed foods or grazing?

- Exercise review. Has activity been maintained or has it declined?

- Weight trajectory discussion. Most patients reach their nadir (lowest weight) between 12 and 18 months. A small rebound of 5 to 10 pounds is normal.

- Emotional check-in. Body image, relationships, mood, alcohol use

- Reinforce maintenance strategies

12-month visit (24 months post-op)

- Comprehensive annual assessment (see annual visit template below)

- This is a critical checkpoint. Two-year data strongly predict long-term outcomes. Patients who are maintaining their weight loss, following their vitamin regimen, exercising regularly, and attending follow-up at 2 years have the best long-term prognosis.

Year 3 and beyond: Lifelong annual visits

Starting in year 3, follow-up visits occur at least once per year for the rest of your life. This is not optional. This is not a suggestion. This is the standard of care.

Annual visits are how we catch problems early, before they become serious. Vitamin deficiencies develop silently. Weight regain starts gradually. Comorbidities can return without symptoms. The annual visit is your safety net.

PART 2: WHAT HAPPENS AT YOUR ANNUAL VISIT

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Every annual visit follows the same comprehensive structure. Think of it as your yearly bariatric physical.

Weight and vital signs

- Current weight compared to nadir and to last visit

- Blood pressure

- Heart rate

- We track your weight trend over time, not just a single number

Body composition

- InBody or DEXA scan

- Fat mass, lean mass, and body fat percentage compared to previous measurements

- This tells us whether any weight change is fat, muscle, or fluid

Laboratory studies

- Your procedure-specific lab panel (refer to your lab schedule guide)

- At minimum: CBC, CMP, HbA1c, lipid panel, iron studies, ferritin, vitamin B12, folate, vitamin D, PTH, and albumin

- Additional labs for bypass and switch patients: vitamin A, zinc, copper, vitamin E, thiamine, prealbumin, and INR as indicated

- We review every result with you and adjust your vitamin regimen based on the data

Vitamin and supplement review

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- What are you taking? What brand? What dose? How often?

- Are you actually taking them every day? Honestly?

- Are the formulations appropriate? (Calcium citrate, not carbonate. Bariatric-specific multivitamin, not a generic grocery store brand. Fat-soluble vitamins in dry or water-soluble form for switch patients.)

- Dose adjustments based on lab results

Dietary assessment

- What does a typical day of eating look like?

- Are you eating protein first at every meal?

- How many grams of protein per day?

- Are you grazing? Drinking calories? Eating processed food regularly?

- Are you drinking with meals?

- How is your fluid intake?

- A registered dietitian visit may be scheduled if dietary drift is identified

Exercise and activity assessment

- What are you doing for exercise? How often? What type?

- Are you meeting the 150 to 300 minutes per week cardiovascular target?

- Are you doing resistance training at least twice per week?

- If activity has declined, we discuss barriers and build a realistic plan to restart

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Medication review

- Complete medication list review

- Are any medications contributing to weight gain?

- Are any medications no longer needed?

- Do any doses need adjustment based on current weight or lab results?

- Coordination with your primary care physician and specialists as needed

Comorbidity status

- Diabetes: current HbA1c, medication status, remission or recurrence

- Blood pressure: current readings, medication status

- Sleep apnea: CPAP status, any recurrence of symptoms

- Reflux: any symptoms, PPI use, need for endoscopy

- Joint pain: current status, functional improvement

- Fatty liver: liver enzyme trends

- Mental health: mood, anxiety, body image, alcohol use, eating patterns

- Any new health conditions since last visit

Psychological and emotional check-in

- How are you feeling overall?

- Any changes in mood, anxiety, or stress?

- How is your relationship with food?

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- Any grazing, emotional eating, or loss of control?

- How are your relationships? Any changes?

- Alcohol use: frequency, quantity, any concerns

- Body image: how do you feel about your body?

- Are you connected to a support group or therapist?

Cancer screening reminder

- Are you up to date on all age-appropriate cancer screenings?

- Mammogram, colonoscopy, Pap smear, skin check, lung cancer screening if applicable

- Bariatric surgery reduces cancer risk by 30 to 40 percent, but it does not eliminate it. Screenings remain essential.

Bone health (for bypass and switch patients)

- DEXA scan for bone density every 2 to 3 years, or as recommended by your team

- Calcium and vitamin D levels reviewed

- PTH level reviewed (elevated PTH can indicate calcium deficiency even when blood calcium appears normal)

Endoscopy (if indicated)

- Not required annually for all patients

- Recommended for sleeve patients with reflux symptoms (to monitor for esophagitis or Barrett's esophagus)

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- Recommended for bypass patients with symptoms suggesting marginal ulcer, anastomotic dilation, or other anatomical concerns

- Recommended for any patient with significant weight regain to evaluate anatomy

- Your surgeon will discuss whether endoscopy is indicated at your visit

Plan for the next year

- Summary of findings

- Any changes to vitamins, medications, diet, or exercise

- Referrals if needed (dietitian, psychologist, specialist)

- Next annual visit scheduled before you leave

PART 3: WHY PATIENTS STOP COMING AND WHY THAT IS DANGEROUS

Despite knowing that follow-up is important, many patients stop coming. The reasons are understandable. The consequences are not.

Common reasons patients stop following up:

- "I feel fine." Vitamin deficiencies, early weight regain, and metabolic changes often have no symptoms until they are advanced. Feeling fine is not the same as being fine. Labs catch what symptoms miss.

- "I'm embarrassed about my weight." If you have regained weight, the last thing you want to do is step on a scale in front of your surgeon. We understand that. But we are not here to judge you. We are here to help you. The patients who come back are the ones who get solutions. The patients who hide are the ones who lose their results.

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- "I'm too busy." An annual visit takes about an hour. A hospitalization for a preventable complication takes days or weeks. A single visit per year is the most efficient investment in your health you can make.

- "I moved or changed insurance." Call us anyway. We can help you find a bariatric program near you, transfer your records, and ensure continuity of care. If you cannot find a local bariatric surgeon, your primary care physician can order your annual labs using your procedure-specific lab guide.

- "I thought follow-up was only for the first year." It is not. Follow-up is for life. The first year is the most intensive, but the annual visits that follow are what protect your results for decades.

- "My primary care doctor handles everything now." Your PCP is an essential part of your team. But bariatric follow-up requires procedure-specific knowledge about vitamin protocols, body composition monitoring, anatomical evaluation, and revisional options that most primary care physicians are not trained in. Your PCP and your bariatric team work together. One does not replace the other.

What can happen when patients stop following up:

Nutritional deficiencies that develop silently:

- Iron deficiency anemia causing fatigue, weakness, and shortness of breath

- Vitamin B12 deficiency causing numbness, tingling, memory problems, and irreversible nerve damage

- Vitamin D and calcium deficiency causing bone loss, fractures, and osteoporosis

- Vitamin A deficiency (in switch patients) causing night blindness and, in severe cases, permanent vision loss

- Thiamine (B1) deficiency causing neurological damage, confusion, and Wernicke

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encephalopathy, a medical emergency

- Copper deficiency causing anemia and neurological symptoms that mimic B12 deficiency

- Protein malnutrition causing edema, hair loss, muscle wasting, and immune dysfunction

Every one of these is preventable with proper supplementation and monitoring. Every one of these is detectable on routine lab work before symptoms develop. Every one of these becomes harder to treat the longer it goes undetected.

Weight regain that progresses unchecked:

- Small regain that could have been addressed with dietary counseling and medication becomes large regain that requires surgical revision

- Comorbidities that were in remission return: diabetes, hypertension, sleep apnea

- The window for less invasive interventions (medication, endoscopic revision) narrows as regain progresses

- Early intervention is always easier, more effective, and has more options than late intervention

Missed complications:

- Marginal ulcers after bypass that cause chronic pain, bleeding, or perforation

- Progressive reflux after sleeve that leads to Barrett's esophagus (a precancerous condition)

- Internal hernias after bypass that cause intermittent pain and can progress to bowel obstruction

- Strictures that cause progressive difficulty swallowing

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PART 4: YOUR ROLE IN LONG-TERM SUCCESS

Follow-up is a partnership. We provide the expertise, the monitoring, and the interventions. You provide the commitment, the honesty, and the consistency.

Your responsibilities:

Show up. Schedule your annual visit. Keep the appointment. If you need to reschedule, reschedule. Do not cancel and disappear.

Get your labs. On time. Every time. Labs are the early warning system that catches problems before you feel them.

Take your vitamins. Every day. For life. No exceptions. No breaks. No "I ran out and forgot to reorder." Set a daily alarm. Use a pill organizer. Make it as automatic as brushing your teeth.

Be honest. With us and with yourself. If you are not following your diet, tell us. If you are grazing, tell us. If you are drinking more than you should, tell us. If you are struggling emotionally, tell us. We cannot help with problems we do not know about. There is no judgment in this office. Only solutions.

Weigh yourself. Once a week. Same day, same time, same clothing, same scale. Track the trend. If the trend is up for more than a month, take action. Return to basics. If it continues for 3 months, call us.

Stay active. Exercise is not optional for long-term maintenance. It preserves muscle, supports metabolism, improves mood, and protects against regain. Something is always better than nothing. Consistency matters more than intensity.

Stay connected. To your surgical team. To a support group. To a therapist if you need one. To other patients who understand the journey. Isolation is the enemy of long-term success.

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Continue cancer screenings. Mammograms, colonoscopies, Pap smears, skin checks, and any other screenings recommended for your age and risk factors. Surgery reduces cancer risk but does not eliminate it.

Update us on changes. New medications, new diagnoses, new symptoms, pregnancy plans, major life changes. We need to know so we can adjust your care.

PART 5: WHAT WE PROMISE YOU

We will be here. Not just for the surgery. Not just for the first year. For as long as you need us. There is no expiration date on your relationship with this office.

We will not judge you. If you regain weight, we will help you. If you fall off your vitamin regimen, we will get you back on track. If you disappear for 3 years and come back, we will welcome you. The door is always open.

We will monitor you thoroughly. Labs, body composition, dietary assessment, psychological check-in, medication review, comorbidity status, and cancer screening reminders. Every year. Every visit.

We will catch problems early. That is the entire point of follow-up. Silent deficiencies, gradual regain, returning comorbidities, anatomical changes. We look for them so you do not have to worry about them.

We will adjust your plan. Your needs at 1 year are different from your needs at 5 years, which are different from your needs at 15 years. Your care plan evolves with you.

We will tell you the truth. If something needs to change, we will tell you directly and respectfully. If you are doing well, we will tell you that too. You deserve honesty from your surgical team.

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THE FOLLOW-UP SCHEDULE AT A GLANCE

Year 1:

- 2 weeks post-op

- 6 weeks post-op

- 3 months post-op

- 6 months post-op

- 9 months post-op (if indicated)

- 12 months post-op

Year 2:

- 18 months post-op

- 24 months post-op

Year 3 and beyond:

- Annually for life

At every visit:

- Weight and vitals

- Body composition

- Labs (procedure-specific)

- Vitamin review

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- Diet assessment

- Exercise assessment

- Medication review

- Comorbidity status

- Psychological check-in

- Cancer screening reminder

- Plan for next year

THE SHORT VERSION

- **Follow-up is for life.** Not 1 year. Not 5 years. Life.

- **The single strongest predictor of long-term failure is loss to follow-up.** Patients who stop coming lose their results.

- **Vitamin deficiencies develop silently.** Labs catch them before symptoms do. Some deficiencies cause irreversible damage if missed.

- **Weight regain caught early has more treatment options.** Early intervention is always easier and more effective.

- **Annual visits take about an hour.** A preventable complication takes days or weeks.

- **There is no judgment in this office.** Only solutions. Whether you are 1 year out or 15 years out, the door is open.

- **Your job:** Show up. Get labs. Take vitamins. Be honest. Stay active. Stay

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connected.

- **Our job:** Monitor. Catch problems early. Adjust your plan. Be here for the long term.

Surgery is the beginning. Follow-up is what makes it last.

Real science. Real surgery. Real results.

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