

## FAQs Managing patients' post-Bariatric surgery

At the primary-secondary interface group meeting, GP colleagues asked for information on the managing and monitoring of patients who have undergone bariatric surgery. Dr Peter Sedman, deputy medical director and Upper GI surgeon at Hull University Teaching Hospitals NHS Trust, and Dr Zoe Norris from Humberside LMCs have collated the information in this FAQ.

### What do NHS patients get?

NHS patients who have had bariatric surgery with the HUTH teams will be followed up as standard for 2 years (unless otherwise requested by the patient or Tier 4 MDT). Patients are seen clinically 4 monthly during the 1<sup>st</sup> year, and 6 monthly in the 2<sup>nd</sup> year. We are monitoring for things like excessive weight loss or anaemia, checking compliance with dietary advice and supplements, and providing pregnancy counselling for women of child-bearing age.

### What happens after 2 years?

Patients will be discharged from follow up. Those who have had a malabsorptive procedure (e.g., gastric bypass, gastric sleeve, duodenal switch) need annual screening for micronutrient deficiencies and lifelong prescriptions of certain key supplements. This is detailed in the following national and local guidelines:


Hull University Teaching Hospitals NHS Trust Post-Discharge Bariatric Information Leaflet for GPs and Patients

[HEY1118-2020-Post-Discharge-Bariatric.pdf](#)

British Obesity and Metabolic Surgery Society Guidelines—2020 update (ucl.ac.uk)

[British Obesity and Metabolic Surgery Society Guidelines on perioperative and postoperative biochemical monitoring and micronutrient replacement for patients undergoing bariatric surgery-2020 update - UCL Discovery](#)

The RCGP have also produced a helpful “Top 10 Tips” leaflet for primary care

	10 Top Tips for the management of patients' post-bariatric surgery in primary care
<b>1</b>	Keep a register of bariatric surgery patients and record the type of procedure in the register. Please note that follow up varies according to the type of surgery.
<b>2</b>	Encourage patients to check their own weight regularly and to attend an annual BMI and diet review with a health professional.
<b>3</b>	Symptoms of continuous vomiting, dysphagia, intestinal obstruction (gastric bypass) or severe abdominal pain require emergency admission under the local surgical team.

<b>4</b>	Continue to review co-morbidities post-surgery such as diabetes mellitus, hypertension, hypercholesterolaemia and sleep apnoea, as well as mental health.
<b>5</b>	Review the patient's regular medications. The formulations may need adjusting post-surgery to allow for changes in bio-availability post-surgery.
<b>6</b>	Bariatric surgery patients require lifelong annual monitoring blood tests, including micronutrients. Encourage patients to attend for their annual blood tests.
<b>7</b>	Be aware of potential nutritional deficiencies that may occur and their signs and symptoms. Patients are at risk from anaemia and vitamin D deficiency, as well as protein malnutrition and other vitamin and micronutrient deficiencies. If a patient is deficient in one nutrient, then screen for other deficiencies too.
<b>8</b>	Ensure the patient is taking the appropriate lifelong nutritional supplements required post-surgery as recommended by the bariatric centre. Ensure guidance regarding vitamin supplementation has been issued by the bariatric surgery team. Request a copy for the patient's GP records if this has not been included in the discharge information.
<b>9</b>	Discuss contraception – ideally pregnancy should be avoided for at least 12-18 months post-surgery.
<b>10</b>	If a patient should plan or wish to become pregnant after bariatric surgery, alter their nutritional supplements to one suitable during pregnancy. Inform the local bariatric unit of patient's pregnancy and the obstetric team of the patient's history of bariatric surgery.

*Extract 5: Royal College of General Practitioners*

*Ten top tips for the management of patients post bariatric surgery in primary care (September 2014)*

#### **What about private patients?**

Private patients who have had their surgery in the UK should be receiving the same 2 year follow up from their provider as NHS patients; this is part of the cost of the surgery and so while you may receive communication from the private provider, care should remain with them until the 2-year point.

A request to hand over care prior to this would require a shared care framework and the agreement of the GP to accept this. This is not core work and the surgery are able to decline.

### **What about private patients who have had surgery abroad?**

This is an increasingly common scenario for both primary and secondary care. On the NHS pathway, the pre-op advice process is a year long for good reason. Short term fixes that only provide the surgery are much less successful and the operation is only a part of the answer

The most immediate medical need for this group of patients is the recognition of complications such as late leaks or internal hernias. These present with continuous vomiting, dysphagia, intestinal obstruction, or severe abdominal pain and require emergency admission. The patient's history should be flagged, and the bariatric team would see them and manage them acutely.

NHS bariatric services are not able to provide routine follow up to patients who had their surgery done overseas but will manage emergencies. These patients should be advised to seek a private bariatric follow up programme in the UK for a two-year period – these are available, and many accept self-referrals.

After this, the monitoring process is the same as for any other patient and the above guidelines should be followed.

If the primary operation did not work in terms of achieving the desired weight loss it is extremely unlikely the NHS would help further unless a patient had intolerable side effects requiring reversal, or acute life-threatening complications.

Further information:

[Canadian Adult Clinical Practice Guideline Chapters - Obesity Canada](#)

[RCP Ten Top Tips for Talking about Obesity](#)

[Post-bariatric surgery nutritional follow-up in primary care: a population-based cohort study | British Journal of General Practice \(bjgp.org\)](#)

[Management of patients post-bariatric surgery guideline | Independent professional body guideline | Guidelines](#)

**Humberside LMCs  
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