

FOLLOW UP IS KEY!

We certainly agree with ASMBS recommendations that routine follow up leads to longer lasting weight loss. All patients are seen after surgery:

- One week
- One month
- Three month
- Six month (Labs reviewed)
- Nine month
- Twelve month
- Then, every 6 months after 12 month visit
- Labs reviewed annually after first year



THE KEYS TO SUCCESS

Prior to surgery, all of our patients are seen by a clinical psychologist and dietician. Depending on their insurance, they may have to have up to six diet visits before undergoing surgery. They also all undergo a sleep study and full cardiac stress test. After their surgery, we see our patients routinely. By closely following our patients, we can more quickly.

- Treat any vitamin or protein deficiencies that arise
- Manage anatomic or surgical complications
- Address behavioral or compliance issues

“ONE THING YOU HAVE TO REMEMBER IS CONSISTENCY... YOU CAN'T MAKE UP FOR THREE YEARS OF EATING POORLY IN JUST ONE WORKOUT.”

Apolo Ohno,

EIGHT TIME OLYMPIC MEDALIST

LAB FOLLOW UP

Per ASMBS recommendations, we routinely check the following labs:

- CBC
- CMP
- Vitamins A, B1 (Thiamine), E, K
- Vitamin B12 and Folate
- Iron panel, ferritin, transferrin, transferrin saturation
- Calcium, PTH, Vitamin 1,25 (OH)D
- Zinc
- Copper
- TSH/free T4, lipid panel and HgbA1c

REQUIRED SUPPLEMENTATION
IN BLUE BOX

VITAMIN

Follow Up!

VITAMIN	DEFICIENCY RANGE	SYMPTOMS FROM DEFICIENCY
■ Total Protein	Deficient if less than 6	Hair loss, fatigue, severe nausea, need to increase thyroid medication
SLEEVE / RNGB: 60-80 GM / DAY DS/MAGB: 100-120 GM / DAY		
■ B1 (Thiamine)	Less than 70 nmol/L	Wet Berberi, Dry Berberi, Wernicke's Encephalopathy
12 MG / DAY AT RISK: 50-100 MG / DAY		
■ B12	Less than 200	Numbness/paresthesia, pernicious anemia, glossitis, tinnitus, palpitations
1000 MCG / DAY - SUBLINGUAL		
■ Folate	Less than 300	Ulceration of skin, hair, nails; Neural tube defects
400-800 MCG / DAY 800-1000 MCG / DAY CHILDBEARING FEMALES		
■ Calcium	Less than 8 mg/dL	Osteoporosis, leg cramping, muscle weakness, tetany, rickets
1000-1500 MG / DAY		
■ iPTH	Great than 65 = deficiency in Vit D and Calcium	Used to better evaluate Vit D and Calcium levels in bariatric patients
■ Vit D	<20 ng/ml (<50 nmol/L)	Hypocalcemia, osteoporosis, leg cramping, muscle weakness, tetany, rickets
5000 IU / DAY IF DEFICIENT, ADD 50,000 IU WEEKLY		
■ Vit E	<5 mcg/ml	Gait ataxia, hyporeflexia, nystagmus, neurologic damage
15 MG / DAY		
■ Vit A	Less than 10 mcg/dL	Night blindness, loss of taste (interacts with zinc metabolism)
5000 - 10,000 IU / DAY		
■ Iron	Iron <50 mcg/dL Ferritin <20 mcg/dL TIBC >450 mcg/dL Sat <30%	Fatigue, microcytic anemia, glossitis, dysphagia
45 - 60 MG / DAY		
■ Zinc	<70mcg/dL	Alopecia, rash, infertility, change in taste, diarrhea, delayed healing
8-22 MG / DAY		
■ Copper	<10 nmol/L	Anemia, neutropenia, abnormal gait, hypercholesterolemia
1-2 MG / DAY		

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RNGB: Roux-en-y Gastric Bypass
DS/DGB: Duodenal Switch and Distal Gastric Bypass