

# Bariatric Surgery

CC: None

Updated: 7/5/11

## Physical Examination:

- Prepregnancy weight, height
- Calculate BMI (see Obesity protocol)
- Determine type of previous surgery
  - Roux-en-Y Gastric Bypass
  - Lap-band (adjustable)
  - Vertical sleeve gastrectomy
  - Biliopacreatic diversion with duodenal switch
- Time lapse since bypass surgery

## Orders:

	Orders
<b>Baseline labs</b>	<input type="checkbox"/> Complete blood count <input type="checkbox"/> Electrolytes <input type="checkbox"/> Glucose <input type="checkbox"/> Iron studies, ferritin <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> 25-Hydroxyvitamin D
<b>Nutritional supplementation</b>	<input type="checkbox"/> One prenatal vitamin daily <input type="checkbox"/> Calcium citrate (1200 mg/d) with vitamin D (400–800 U/d) <input type="checkbox"/> Folic acid 400 mg/d in prenatal vitamin, replace with additional doses if deficiency confirmed <input type="checkbox"/> Elemental iron 40–65 mg/d plus prenatal vitamin, replace with additional doses if deficiency confirmed <input type="checkbox"/> Vitamin B12 R350 mg/d orally, replace with additional doses if deficiency confirmed
<b>Serial monitoring</b>	<input type="checkbox"/> Maternal weight <input type="checkbox"/> Fetal sonograms for growth

## History:

- History of previous bariatric surgery

## Other considerations:

- If adjustable lap band, have band released to promote adequate nutrition in pregnancy
- Have high index of suspicion for complications:
  - internal hernias (1%–5%), adhesive bands, incarcerated hernias, and anastomotic leaks.
  - After restrictive surgeries stomal obstructions, esophageal and gastric pouch dilation, and band slippage or migration.
  - Symptoms: decreased appetite, nausea, vomiting, abdominal pain, heartburn, and changes in bowel habits.

## Notes:

- Consult a bariatric or general surgeon early if complication is suspected.