



WHICH

AFTER WEIGHT-LOSS SURGERY, ONE OF THE THINGS THAT MOST PEOPLE HAVE TO ADOPT AS A NEW HABIT IS TAKING VITAMINS EVERY DAY. WHILE THERE ARE GENERAL THINGS THAT MIGHT BE THE SAME BETWEEN WHAT YOUR DOCTOR RECOMMENDS AND WHAT ANOTHER DOCTOR RECOMMENDS, SOME THINGS MIGHT BE DIFFERENT.

When answering the question, “What do I really need to take?” the first and most important answer is “Take what your doctor recommends.” Somewhere along the way, your bariatric surgeon, or the dietitian in the office, probably gave you a list of the vitamins you needed to take after surgery based on your procedure.

Also, if your doctor looked at your labs, you might have been given some very specific recommendations just for you. Either way, this is where you should start. If you have not seen your bariatric surgeon in many years, it is also wise to call the office and find out what the current recommendations are – knowledge about nutrition has changed a lot in recent years and they might have new recommendations that you were not given.

Generally speaking, taking supplements after surgery is for three reasons:

1. To make sure you get adequate vitamins and minerals even though you are eating less food
2. To help prevent deficiencies that you are at greater risk for because of your procedure
3. In some cases, to treat a nutritional deficiency

The most common types of supplements taken after surgery are multivitamins, calcium, vitamin B12 and iron.

VITAMINS

By Jacqueline Jacques, ND

DO I REALLY NEED?

MULTIVITAMINS

When you have bariatric surgery, no matter which procedure you have, one primary reason you lose weight is that you eat less. When people eat less, getting the vitamins and minerals they need each and every day is hard to do – the truth is that most people can't do this even when they can eat as much as they want.

A study done in 2008 followed 210 post-operative patients for two years and compared the nutrition in what they ate to the Dietary Reference Intakes (DRI's). They found that even though patients tended to eat better after surgery, not one was able to eat even the minimum requirement for Vitamin A, Vitamin C, calcium, iron, B1, B3, B6, Folate, biotin or pantothenic acid (B5) (1).

The kind of multivitamin you need to take may vary by procedure, but most often patients are asked to look for something with 100 percent of the Daily Value (DV) for all the vitamins and the trace minerals. A multivitamin is very unlikely to have the DV for minerals such as calcium, magnesium or potassium. Products calling themselves "complete" may not actually provide all the vitamins and minerals, so carefully read labels.

CALCIUM

Doctors from the Mayo clinic recently looked at 97 patients from the past 20 years who had bariatric surgery (2). They found that 21 of these patients had suffered a total of 31 fractures – this is more than twice the fracture risk of the general population. Most fractures occurred an average of seven years after surgery, with the primary locations being in the hands and feet. Other sites of fractures were the hip, spine and upper arm.

Bone loss is a risk after all types of bariatric surgery and getting adequate calcium is one important part of helping to prevent bone loss. The American Society for Metabolic and Bariatric Surgery recommended intakes for calcium after bariatric surgery are as follows:

- Adjustable Gastric Band (AGB): 1500mg calcium
- Gastric Bypass (RNY): 1500 to 1800mg calcium as calcium citrate
- Duodenal Switch (DS): 1800 to 2400mg calcium as calcium citrate

100% DAILY VALUES FOR COMMON NUTRIENTS

NUTRIENT	100% DAILY VALUE
VITAMIN A	5,000 IU
VITAMIN C	60 MG
VITAMIN D	400 IU
VITAMIN E	30 IU
VITAMIN K	80 MCG
VITAMIN B-1	1.5 MG
VITAMIN B-2	1.7 MG
NIACIN	20 MG
VITAMIN B-6	2 MG
FOLATE	400 MCG
VITAMIN B-12	6 MCG
BIOTIN	300 MCG
PANTOTHENIC ACID	10 MG
CALCIUM	1,000 MG
IRON	18 MG
PHOSPHORUS	1,000 MG
IODINE	150 MCG
MAGNESIUM	400 MG
ZINC	15 MG
SELENIUM	70 MCG
COPPER	2 MCG
MANGANESE	2 MG
CHROMIUM	120 MCG
MOLYBDENUM	75 MCG
CHLORIDE	3,400 MG
POTASSIUM	3,500 MG

Note: These values do not reflect specific recommendations for weight-loss surgery patients. Patients should talk to their surgeon for recommended vitamin intake.

VITAMIN B12

The stomach is very important for B12 absorption. This is because stomach acid helps to release B12 from food, and another substance that is made by the stomach – Intrinsic Factor – is essential for B12 absorption. Some bariatric surgery procedures, such as gastric bypass and vertical sleeve gastrectomy, make B12 absorption more difficult for these reasons. Often people who have these procedures will be required to take additional B12 as an injection, intranasal spray or sublingual tablet.

IRON

Low iron or iron deficiency anemia can be a complication of bariatric surgery, but is especially common after gastric bypass. Iron levels are harder to maintain after gastric bypass because the primary area where iron is absorbed (the duodenum) is bypassed. Many doctors will recommend that patients take iron preventively to protect against developing a deficiency.

OTHER NUTRIENTS

Depending on your nutritional labs or on the specific concerns of your programs, you may be asked to take other nutrients. Some common nutrients include Vitamin D, Thiamine (B1) and protein supplements, but there may be others. Again, your doctor's advice should be primary.

CONCLUSION

One final piece of advice: if you don't take your vitamins, they won't work. Many people become overly concerned about what they should take, but don't necessarily do a great job at taking the nutrients they need on a daily basis. It's also not uncommon for people to do a great job taking their vitamins for a year or two after surgery, but they may stop taking them over time.

Most nutritional deficiencies are easier to prevent than to treat, and once you have had surgery, your risk for developing a problem never goes away. Sticking with your basic nutritional program will help assure both your health and your success.

About the Author:

Jacqueline Jacques, ND, is a Naturopathic Doctor with more than a decade of expertise in medical nutrition. She is the Chief Science Officer for Catalina Lifesciences LLC, a company dedicated to providing the best of nutritional care to weight-loss surgery patients. Her greatest love is empowering patients to better their own health. Dr. Jacques is a member of the OAC National Board of Directors.



ABOUT THE OBESITY ACTION COALITION (OAC)

The Obesity Action Coalition (OAC) is a National non-profit organization dedicated to giving a voice to individuals affected by obesity and helping them along their journey toward better health. Our core focuses are to elevate the conversation of weight and its impact on health, improve access to obesity care, provide science-based education on obesity and its treatments, and fight to eliminate weight bias and discrimination.



VIBRANT COMMUNITY



NATIONAL AWARENESS CAMPAIGNS



ANNUAL CONVENTION



ADVOCACY



PUBLIC EDUCATION

LEARN, CONNECT, ENGAGE

The OAC knows that the journey with weight can be challenging but we also know that great things happen when we learn, connect and engage. That is why the OAC Community exists. Our Community is designed to provide quality education, ongoing support programs, an opportunity to connect, and a place to take action on important issues.

Through the OAC Community, you can get access to:

- Weight & Health Education • Community Blogs
 - Community Discussion Forum
 - Ongoing Support • Meaningful Connections
- AND MUCH MORE**



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