**Information For Patients Post Bariatric (weight loss) Surgery outside the NHS**

Many people have been disappointed with wait times and availability of NHS weight loss treatments and their own success with losing additional, unwanted pounds. There are various clinics providing access to private, affordable surgical treatments in the UK and overseas. The NHS has no way of ensuring these treatments are safe, individually suitable or performed by reputable practitioners.

Any private course of treatment should include the whole package, i.e., pre-assessment and counselling, surgery and follow up. For weight loss surgery, this is recommended for at least 2 years following surgery. This is to ensure the surgery has no complications and that your weight loss and nutrition is achieved and maintained safely. NHS boards are not responsible for providing monitoring and follow up of surgery undertaken abroad, as in the attached documents.

 

Private, non-NHS providers often state a longer list of monitoring than is strictly necessary or available to NHS patients, even for NHS bariatric surgery. Scopes, ultrasounds and a number of blood tests would fit into this category. This means, that even if the NHS were to take on post-operative care following your surgery, it would be at a level determined by the local NHS board. This would take into account the evidence base (purpose) for tests and the availability of funding.

NHS care is available to provide emergency treatment where necessary. A number of people, more than usual, have returned from abroad with complications of their operations. There are things you can do to avoid complications of bariatric surgery and keep yourself as well as possible. These should have been discussed with you before, during and after your private treatment; some patients have told us they did not get this advice.

This leaflet gives you advice about how to keep yourself well following your surgery, as it is your responsibility to help keep your body well, to get the future body you want.

**Multivitamins and minerals**

You should purchase a suitable over the counter daily multivitamin and minerals preparation that contains iron, selenium, copper (minimum of 2mg) and zinc (in the ratio of 5-15mg of zinc for every 1mg copper). Some suitable over the counter options include **TWO daily of Tesco Complete multivitamin and minerals or Lloyds Pharmacy A-Z multivitamin and minerals.** These are not available on NHS prescription.

**Vitamin B12 injections**

Not all people need these after weight loss surgery. Gastric sleeve and gastric bypass surgery makes it harder for the body to produce and absorb the chemicals needed to help your body grab onto Vitamin B12. Hydroxocobalamin 1mg intramuscular injections every 3 months are the usual recommendation. These can now be obtained privately in a number of pharmacies and private clinics. NHS General Practices in Lanarkshire are **not** currently being advised to prescribe Vitamin B12 injections to be administered in our treatment rooms.

**Blood monitoring**

Bloods tests are largely checking whether you are taking enough multivitamins to give your body the nutrients it requires. This is not an NHS funded activity. If you are experiencing symptoms that might signal to your GP practice that you have a mineral or vitamin deficiency, there are some blood levels that they can check if necessary. If you are not taking your multivitamins, they will remind you to resume these.

*This leaflet does not replace follow up as described by your private specialist and included in your package. This information is for those who have presented to their GP having been misinformed by their private provider about NHS follow up.*

**Dietary advice for people following weight loss surgery**

Weight loss surgery (gastric band/sleeve gastrectomy/gastric bypass) has been shown to be an effective way of helping people to lose weight, maintain a lower body weight and improve health. However, to achieve long-lasting benefits following your surgery, you must develop new eating habits to avoid nutritional deficiencies and side effects. It is important to build up to a regular healthy meal pattern with foods that will give you the nourishment that your body needs to stay healthy. This is the perfect time to leave unhealthy habits behind and start to build new, healthy ones.

**Things to remember following surgery**

1. Follow the **dietary advice** that has been provided by your surgeon/centre at the time of your surgery so that you progress through the 4 dietary stages:

Stage 1 – liquid only diet

Stage 2 – puree/smooth texture

Stage 3 – soft texture

Stage 4 – normal solid texture

Advice may differ between surgeons/centres regarding how long to follow each stage of the diet before progressing to the next so always follow the advice from your surgeon/centre.

1. Remember to **chew well and eat slowly** as this helps to reduce side effects like bloating, discomfort and sickness or regurgitation. Mealtimes can take up to 20 minutes but should not take longer.

If you regurgitate early when eating or are sick, consider what may have caused this and ask yourself,

* Did I rush?
* Did I chew my food well enough?
* Was it too soon after surgery to have the food I have eaten? Or was it too dry?
* Did I take food and fluids too close together?
* Did I overeat?

1. Remember to eat **protein first**. Protein is essential and in the early stages you may need to fortify foods to meet your protein requirements so follow the advice given by your surgeon/centre.
2. Take fluids between meals and at least 30 minutes before and after meals, rather than during the meal.

* It is important to **drink plenty of fluid in-between your meals** (sipping not gulping as this may make you feel sick) so that you do not become dehydrated and/or constipated.
* Aim for 8-10 cups/glasses (2-2.5 litres/3.5- 4 pints)
* Avoid fizzy drinks, even if sugar free, as the bubbles and liquid take up space and can cause bloating, discomfort and heartburn.
* Avoid high calorie/sugary drinks.

1. Following a sleeve gastrectomy or gastric bypass some people may experience ‘**dumping syndrome’**. Symptoms, soon after eating, can include feeling sick or light headed, cold sweats, rapid heart rate, cramping and may be followed by diarrhoea. You may have to lie down until the symptoms resolve.

Dumping is usually caused by taking foods or drinks that are **high in sugar**, but can be experienced after taking **high fat** foods also. Foods that might cause dumping include sweets, chocolates, sweet puddings and deserts, full sugar drinks, cakes or sweet biscuits.

To reduce the risk of dumping try to:

* + Avoid foods and drinks which are high in sugar or fat
  + Notice and avoid the foods that trigger your symptoms
  + Remember to not eat and drink at the same time – 30 minutes before or after

1. Be cautious of the following foods as these are more likely to give you pain and cause **vomiting** long term. If you are not able to eat these foods at 12 months after your surgery, then you probably never will.
   * Non- toasted bread, especially soft and white
   * Over- cooked pasta and boiled rice
   * Tough/dry meats
   * Pips, seeds, skins, pith from fruit and vegetables
   * Stringy vegetables like green beans or asparagus
   * Sweetcorn
   * Nuts
   * Dried fruit
2. Think carefully before adding **alcohol** back into your diet.

* Alcohol is made from sugar; drinks often still contain sugar and can cause dumping, as well as upsetting your weight loss journey. Worst culprits: strong ales, Alcopops and sugary mixers.
* Alcohol is high in energy and can increase appetite. This often leads to eating more high-calorie snack foods during or after drinking.
* Fizzy alcoholic drinks like beer, lager and sparkling wine can cause discomfort
* Your body will absorb alcohol more quickly due to the surgery, therefore a little alcohol will have a significant effect. You may ‘get pissed quickly’.
* Government recommendations for men and women are to not drink more than 14 units of alcohol a week on a regular basis and if you do choose to drink, it is best to spread your drinks evenly through the week and have several drink-free days per week.

1. To prevent **constipation**, ensure that you are drinking enough fluid and choose higher fibre foods such as wholegrain cereals, bread, fruit and vegetables. These hold onto water better in your gut.

If you suffer from constipation you may need to take a non-bulking agent such a Benefiber, Optifibre or Senna. Speak to your local pharmacist for a suitable non-bulking agent.

1. If you are suffering from **diarrhoea** that is less severe than dumping, it may still be related to high fat or sugar content. If you experience persistent diarrhoea, then speak to your medical team.
2. You need to take your all your **multi-vitamin/mineral supplements** that have been recommend, **for life**.
3. Some people can experience **hair loss** around the 3-4 months following surgery. This is temporary and caused by the physiological stress of the surgery, anaesthetic or rapid weight loss. Hair growth returns to normal within 6 months. You can reduce the risk of this happening by having a nutritious, balanced diet with a good protein intake and by taking the multi-vitamin and mineral supplements that are recommended to you.
4. Your private provider may have suggested you need to have nutrition **bloods** taken at 3 months, 6 months and 12 months then annually to monitor for any nutritional deficiencies. This is not currently funded by NHS Lanarkshire and you should ask your provider if this is covered in your package. Your GP will not provide this testing or analysis of results.
5. **Try not to smoke**; it can damage the integrity of the surgery.
6. You should **avoid** non-steroidal **anti-inflammatory** medications (eg. ibuprofen, aspirin, diclofenac) as they can also damage the integrity of surgery.
7. Continue to take any other **medications** that have been prescribed following your surgery

**Long term management following surgery**

Managing your eating habits and lifestyle should be seen as lifelong to enable you to lose and maintain weight loss long term therefore:

* Continue to chew well and eat slowly.
* Choose a diet low in fat and sugar.
* Aim for 3 solid texture meals per day.
* Continue to recognise when you have had enough and use smaller plates to control portion sizes.
* Don’t keep eating after you are full.
* Do not eat and drink at the same time.
* Vitamins and mineral supplements are needed for the rest of your life
* Try to maintain regular exercise
* For females it is not recommended to fall pregnant within the first 18 months following surgery.