

Bariatric surgery

Bariatric surgery can lead to weight loss and improve obesity-related conditions.¹ Surgery structurally modifies the gastrointestinal tract to reduce caloric absorption, but also restricts absorption of vitamins, minerals, and medications. After surgery, rapid weight loss might mean long-term medication require adjustments.²

Key recommendations

- Ensure the type of bariatric surgery the person has undergone is recorded in the notes so the effect on drug absorption and pharmacokinetics is understood.
- Medications in liquid formulations may be required for up to six weeks post-surgery when people can usually only tolerate a liquid diet. Avoid costly, unlicensed, 'special' liquids where possible. Alternative options if appropriate include:
 - » Dispersing tablets in water, soluble or orodispersible tablets, crushing tablets, opening capsules, a different route of administration, prescribing an alternative liquid medicine, temporarily stopping the medicine.
- Where commissioning arrangements permit, secondary care specialists may be able to retain prescribing responsibility for short term medicines, which may not be available as licensed liquid formulations.
- Pre-surgical consultations should also include a review with a pharmacist to help prepare for medication changes after bariatric surgery.
- Convert liquid medicines back to solid dose forms when solid nutrients are reintroduced.
- People should be offered a follow-up care package for a minimum of two years within the bariatric service. After discharge, ensure all people are offered at least annual monitoring of nutritional status, advice on appropriate supplementation and how to obtain supplements in line with local commissioning policy (purchase OTC or NHS prescription) following bariatric surgery.
- Formulations to be avoided after bariatric surgery include: modified release, enteric or film coated, effervescent tablets, liquids with high sugar content, large volume liquids, large tablets (diameter greater than 10mm).
- Ensure medication is regularly reviewed for decreased efficacy, side effects and signs of toxicity, and the continued need for medicines for long term conditions, such as diabetes, as weight loss occurs. The interval between reviews is dependent on individual patient circumstances. A post-operative review with a pharmacist may support improvements in compliance with vitamin supplements and medications.
- Vitamins and minerals are included in the [NHS England Guidance for Clinical Commissioning Groups on conditions for which over the counter \(OTC\) items should not routinely be prescribed in primary care](#). Exceptions are made for vitamins and minerals for medically diagnosed deficiency, including for people who have undergone surgery that results in malabsorption:
 - » People with a gastric band should purchase a suitable OTC multivitamin and mineral preparation for self-care.
 - » A Roux-en-Y gastric bypass (RYGB), sleeve gastrectomy (SG) or biliopancreatic diversion and duodenal switch (BPD/DS) does result in malabsorption. Patients should be encouraged to purchase OTC multivitamin and mineral supplements for self-care.
 - » Patients, who have undergone procedures that result in malabsorption and are unable to afford to purchase OTC products, may be eligible to receive an NHS prescription, according to local commissioning policy.
- Following all bariatric procedures, a complete multivitamin and mineral supplement (containing thiamine, iron, zinc, copper and selenium) is recommended (purchase OTC or NHS prescription in line with local policy).
- People who do not meet the NICE or Scottish Health Board bariatric surgery criteria and choose to fund their bariatric surgery privately will not receive multivitamin and mineral supplements on NHS prescription or NHS funded follow-up care.

National guidance

In England follow recommendations in [NICE guidance - Obesity: identification, assessment and management](#).³ The Welsh Health Specialised Services Committee has produced a policy for bariatric surgery across all seven Health Boards.⁴ In Scotland each Health Board has its own weight management programs and criteria for bariatric surgery, check with the individual Health Boards for the services offered.

References

1. NHS. Weight loss surgery. Last reviewed April 2020. <https://www.nhs.uk/conditions/weight-loss-surgery/>
2. Lorico S, Colton B. Medication management and pharmacokinetic changes after bariatric surgery. *Can Fam Physician* 2020;66(6):409-416. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7292522/>
3. NICE. Obesity: identification, assessment and management. Clinical guideline [CG189]. Published November 2014, last updated September 2022. <https://www.nice.org.uk/guidance/cg189>
4. NHS 111 Wales. Weight loss surgery (Bariatric Surgery). Who can use it? Last updated March 2022. [https://111.wales.nhs.uk/Encyclopaedia/w/article/weightlosssurgery\(bariatricsurgery\)/#Whocanuseit](https://111.wales.nhs.uk/Encyclopaedia/w/article/weightlosssurgery(bariatricsurgery)/#Whocanuseit)

Additional resources available	Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-323-bariatric-surgery/
	Tools	

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