

THE DANGERS OF NUTRIENT DEFICIENCIES FOLLOWING BARIATRIC SURGERY AND STRATEGIES FOR MITIGATION

Ercan Karakurum MD, Takise Porter MD, Jinsol Park MD, Jorge Caballero Madrid MD, Aneeq Malik PA, Stephanie Stegner PA, Preston Gantt MD, Ahad Khan MD, Angelina Postoev MD, Christopher Ibikunle MD.



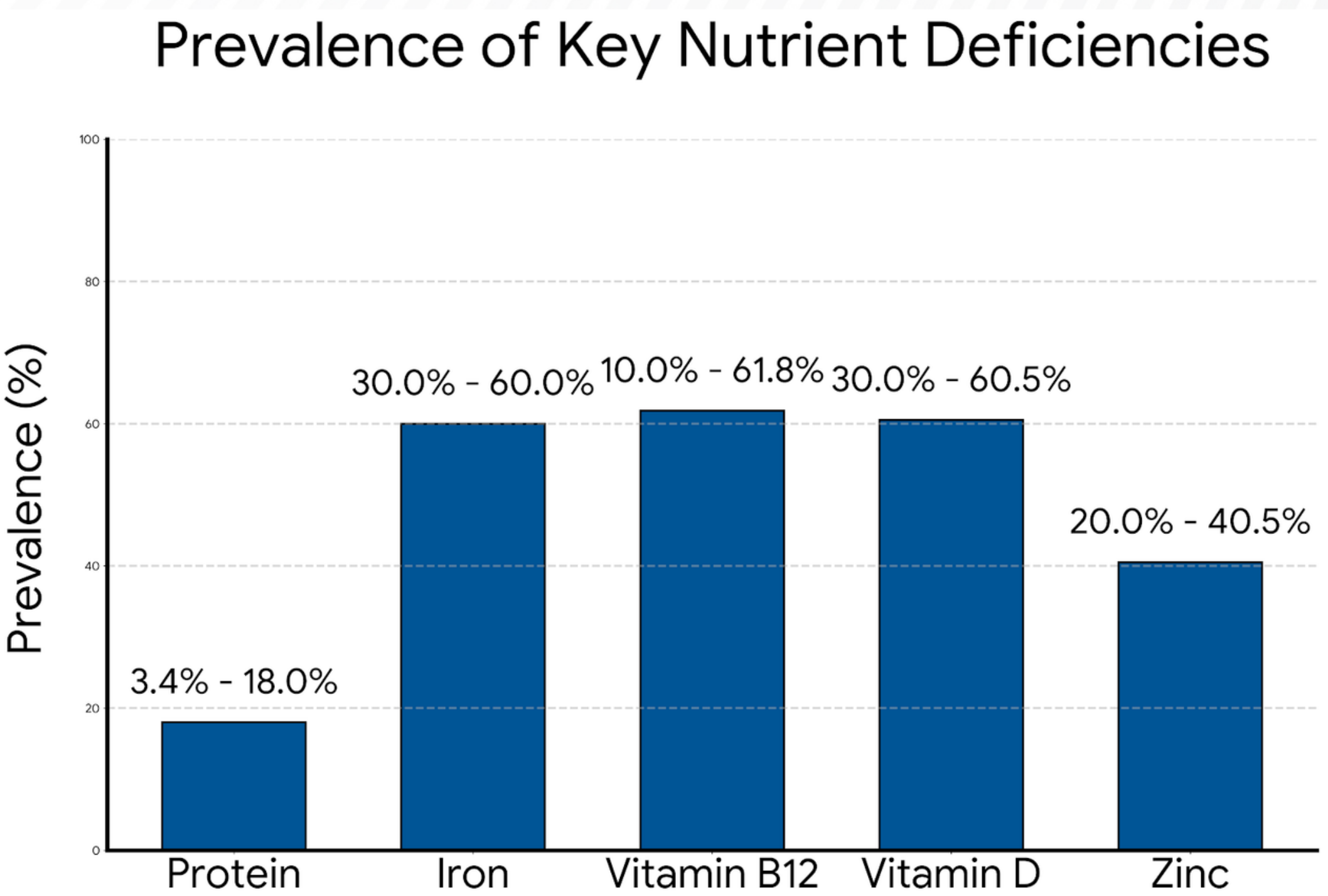
BACKGROUND & METHODS

- **Context:** Bariatric surgery is effective for obesity but significantly increases the risk of macronutrient and micronutrient deficiencies.
- **Objective:** Review the incidence, clinical impact, and mitigation strategies for common deficiencies after LSG and LRYGB.
- **Methods:** A PubMed literature review focusing on protein, vitamin, mineral, and trace element deficiencies.

METHODS & PROTEIN

- **Methods:** Literature review using PubMed focusing on protein, vitamin, and mineral outcomes.
- **Protein Deficiency:** Reported in 3.4–18% of patients after malabsorptive procedures.
- **Clinical Presentation:** Presents as hypoalbuminemia, hair loss, and edema.

RESULTS



- **Vitamin B12 & Iron:** Common after LRYGB, leading to anemia and neuropathy; iron often requires IV supplementation.
- **Bone Health:** Calcium and Vitamin D malabsorption contribute to bone loss and osteoporosis.
- **Other Deficiencies:** Thiamine (Wernicke’s encephalopathy), Zinc, and Copper (impaired wound healing).

CONCLUSIONS

- **Strategies:** Routine use of bariatric-specific multivitamins, calcium citrate, and high-dose Vitamin D.
- **Monitoring:** Lifelong postoperative monitoring and preoperative correction are essential.
- **Conclusion:** Proactive management is critical to reducing long-term morbidity and ensuring optimal outcomes.

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Corresponding Author: Christopher Ibikunle, MD

Email: pe@ibihealthcare.com

Institution: IBI Healthcare Institute | Medical College of Georgia