

Follow up

Surgical Clinic JS

6 weeks post-op 6 months post-op

Joint Bariatric Clinic

With bloods 3 months post-op 1 year post-op 2 years post-op

Discharge to GP

At end of 2 years patient discharged to GP who would be advised to undertake annual nutritional bloods Letter documenting bloods required etc

Unless patient need dictates otherwise

Pregnancy Post-Surgery

Female patients advised not to contemplate pregnancy for 2 years post-surgery

Once team advised of pregnancy, patient is to be booked into **Joint Bariatric Clinic** for Consultant led care and regular bloods

Preconception

Folic Acid 5mg od Pregnancy/Preconception Multivitamin

1st Trimester (Bloods undertaken)

Folic Acid 5mg od Pregnancy multivitamin Calcium & Vitamin D Pregaday B12 injection 3 monthly

If persistent vomiting to contact Dr for Thiamine or Pabrinex

2nd Trimester (Bloods undertaken)

Stop Folic Acid Forceval od Calcium & Vitamin D Pregaday B12 injection 3 monthly

3rd Trimester (Bloods undertaken)

As 2nd Trimester

At 26-28 weeks – 1 week of continuous blood glucose measuring with DM Nurse Team GTT contraindicated

PANCREATITIS PROTOCOL DRAFT_JS2

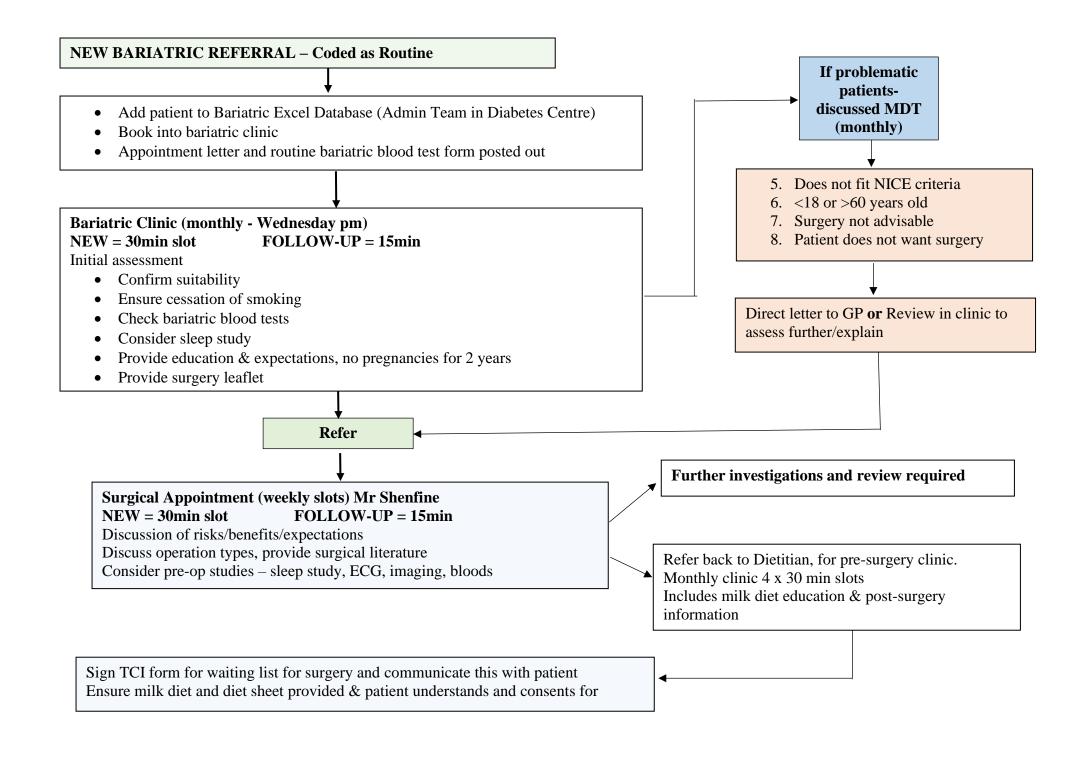
Emergency Department assessment and management

NHS England guidance says surgery should only be considered for people with a body mass index (BMI) of more than 40 kg/m2, or between 35 kg/m2 and 40 kg/m2 if they have other significant diseases. NICE says newly-diagnosed Type 2 diabetics with a BMI of between 30 and 35 should also be eligible.

The guidance says patients must have tried and failed to achieve clinically beneficial weight loss by all other appropriate non-surgical methods (Tier 3) and be fit for surgery (Tier 4).

Modified Glasgow Score calculation (MILD < 3 or SEVERE ≥ 3)

- Age > 55years
- Albumin < 32g/L
- Glucose > 10mmol/L
- Urea > 16mmol/L
- WCC > 15 x109
- PaO2 < 60mmHg
- LDH > 600units/L
- Calcium < 2mmol/L



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