

RDN QUICK GUIDE TO

Adolescent Post-Bariatric Surgery Vitamin & Mineral Supplementation

Supplement	Recommendation	Special Considerations
Adult Multivitamin	AGB: 1 serving daily RYGB/VSG: 2 servings daily	<ul style="list-style-type: none"> • It is ideal to take doses at separate times to optimize absorption • Clinicians should review the multivitamin to ensure that it contains copper, thiamin, zinc, and folic acid. Additional thiamin of 12-50 mg/day MAY be needed, especially during the first 6 months after surgery.
Calcium Citrate with Vitamin D3	All procedures: 1,200-1,500 mg daily	<ul style="list-style-type: none"> • Take in a divided dose throughout the day; 500-600 mg for each dose • Take 2 hours apart from iron supplements and multivitamins with iron
Vitamin D3	AGB: 2,000-3,000 IU daily and as needed based on lab values RYGB/VSG: 3,000 IU daily (includes total amounts found in multivitamin and calcium formulas)	<ul style="list-style-type: none"> • Titrated to therapeutic 25-hydroxyvitamin D levels >30 ng/mL
Vitamin B12 (Cobalamin)	All procedures as needed to maintain normal range levels: 350-1,000 mcg/day oral (<i>if determined to be adequately absorbed</i>), sublingual, or nasal; alternative is 1,000 mcg/month intramuscularly	

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Elemental Iron	RYGB/VSG: 45-60 mg daily (<i>some or all of this can be met via multivitamin</i>) As needed and among menstruating females	<ul style="list-style-type: none"> • Take with vitamin C to increase absorption • Not to be taken with calcium; iron and calcium should be taken a minimum of 2 hours apart from each other • Males need 18-27 mg/day, which is often met through iron found in multivitamin

*AGB: Adjustable Gastric Band; RYGB: Roux-en-Y Gastric Bypass; VSG: Vertical Sleeve Gastrectomy

*Preoperative or postoperative biochemical deficiencies are treated beyond these recommendations on a case-by-case basis

References:

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