

2019 ASMBS Guidelines for VSG

Multivitamin

Thiamine	At least 12mg / day *
Folic Acid	400-800 mcg / day from MVI 800 - 1000 mcg / day total (female, child bearing age)
B12	Oral: 350 - 1000 mcg / day
Vitamin D	3000 IU (75 mcg)
Vitamin A	5000 - 10000 IU (1500 - 3000 mcg) / day
Vitamin E	15 mg / day
Vitamin K	90 - 120 mcg / day
Copper	1 mg / day from MVI
Zinc	8 - 11 mg / day from MVI

Zinc to copper ratio: 8 - 15 mg of zinc for every 1 mg of copper

Iron

At least 18 - 60 mg / day **

CANNOT take with calcium

Calcium

1200 - 1500 mg /day

Take in divided doses

Calcium Citrate may be taken with or without meals

Other

Protein (often individualized)	Minimum of 60 g / day, with some patients needing higher amounts of 80 - 90 g / day
Fluids (often individualized)	At least 1,5L / day to ensure adequate hydration

* At risk patients: rapid weight loss, protracted vomiting, the need for parenteral nutrition, excessive alcohol, neuropathy, encephalopathy, and / or heart failure. At risk patients need at least 50-100 mg of thiamine daily.

** Low risk patients (males and patients without a history of anemia) need 18 mg of iron from their multivitamin. Higher risk patients (menstruating females who have had VSG, RNY, or BPD / DS or those with anemia) need at least 45-60 mg of iron daily.