

Answer to: Micronutrient Supplementation after Biliopancreatic Diversion with Duodenal Switch in the Long Term: Using Refill Bypass Is the Solution

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Vitamin and mineral deficiencies following malabsorptive bariatric surgery such as Roux-en-Y gastric bypass (RYGB) or biliopancreatic diversion with duodenal switch (BPD-DS) are an underestimated problem under general surgeons, especially after longer periods of surgery [1–3]. To avoid these long-term consequences of vitamin and mineral deficiencies, we therefore again emphasise that repeated and life-long monitoring at a specialised bariatric centre is needed to detect and treat deficiencies at every stage after malabsorptive bariatric surgery [3]. We agree that for some macro- and micronutrients (e.g. protein, iron, vitamin B₁₂, and vitamin D), malnutrition issues are already reasonably addressed through patient education, routine monitoring, and effective treatment strategies (e.g. oral, sublingual, intramuscular, or intravenous) [4].

However, there is little attention paid to other nutrients (e.g. zinc, copper, and selenium), which if left untreated may have devastating consequences (e.g. weak immunity or defects in neuromuscular function) and which is in general not paid by the health insurances although of supplementation prescription.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

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