OET Case Notes

Dietetics · Proficient · Discharge letter · to General Practitioner

Dietetics — Discharge to GP after Bariatric Surgery Dietary Programme

THE CASE NOTES

Patient: Mr Emmanuel Tetteh, 44 years old; sleeve gastrectomy 6 months ago; referred for post-operative dietary rehabilitation

Pre-surgery weight / BMI: 134 kg; BMI 43.2

Discharge weight / BMI: 109 kg; BMI 35.1; weight loss 25 kg over 6 months; excess weight loss 47% (on track)

Dietary status at discharge: Tolerating IDDSI Level 7 (regular, easy to chew) diet; 3 small meals per day of 150–200 g each; meeting protein target 60–80 g/day; eating slowly with 20–30 minute meals; no dumping syndrome episodes in past 8 weeks

Supplements: Currently: multivitamin with iron (1 daily), vitamin D 1000 IU daily, B12 sublingual 1000 mcg daily, calcium citrate 500 mg twice daily; these are lifelong requirements post-sleeve gastrectomy

Ongoing dietary constraints (permanent): Portion sizes remain limited (150–200 g meals); no drinking with meals or for 30 minutes after; avoid high-sugar foods and beverages (dumping risk); chew all food thoroughly; eat 3–4 small meals/day — not fewer

GP monitoring requested: Annual blood panel: FBC, iron studies, ferritin, B12, folate, calcium, vitamin D (25-OH), PTH, zinc — micronutrient deficiencies are common post-bariatric and clinically significant; weight monitoring 6-monthly; refer back to bariatric dietitian if weight regain >10 kg from current or any significant micronutrient deficiency

Task: Write a discharge letter to the GP, Dr Josephine Mensah, summarising the programme outcome and requesting the annual monitoring protocol.

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WHAT TO INCLUDE

+ **Weight outcome: 25 kg loss, BMI 43.2 to 35.1, excess weight loss 47% over 6 months**
  The outcome data justifies the discharge and gives the GP the baseline for future weight monitoring. '47% excess weight loss' is the clinical metric for bariatric outcome assessment.

+ **The lifelong supplements (multivitamin/iron, vitamin D, B12, calcium citrate) and the annual blood panel requirement**
  This is the most important GP action item. Post-sleeve gastrectomy micronutrient deficiency is common, progressive, and preventable with monitoring. The GP must know what to test, and that supplementation is permanent — not a temporary post-operative measure.

+ **The re-referral trigger: weight regain >10 kg or significant micronutrient deficiency**
  Bariatric discharge is not a permanent discharge — it is a step-down with a defined re-referral pathway. The GP must know the threshold for sending the patient back to specialist dietetics.

WHAT TO LEAVE OUT

– **The programme content: the phased dietary progression from liquid to puree to soft to regular**
  The programme is complete. The GP needs the outcome and the forward-looking monitoring — not the 6-month clinical diary.

- **Dumping syndrome physiology and pathophysiology**
  State the constraint: 'avoid high-sugar foods due to dumping risk'. One clause. The GP does not need a physiology lecture on post-gastrectomy carbohydrate absorption.

CRITERION IN FOCUS · CONTENT

Bariatric dietetic discharge letters are assessed on whether the GP has everything they need to monitor a post-bariatric patient independently. The non-negotiables are: (1) the outcome data (weight and EWL), (2) the lifelong supplement regime, (3) the annual monitoring panel, and (4) the re-referral threshold. A discharge letter that gives the outcome without the monitoring requirements hands the GP a patient they cannot safely manage without follow-up contact.

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