

# Anemia following surgery for morbid obesity

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A research team from United States evaluated the long-term health issues of patients who underwent gastric bypass surgery. They found menstruating females and patients with peptic ulcer disease are at greatest risk of developing anemia following gastric bypass surgery.

Morbid obesity is one of the most common causes of morbidity and mortality in Western countries. Roux-en-Y gastric bypass (RYGB) has become a common procedure for achieving short- and long-term weight loss. It has gained great popularity among surgeons and patients in recent years. Long-term complications are still being discovered. Because of the altered anatomy, absorption of iron from the proximal [gastrointestinal tract](#) is impaired. Anemia develops in some patients with inadequate oral supplementation or chronic occult [blood loss](#).

A research article to be published on April 21, 2010 in the [World Journal of Gastroenterology](#) addresses this question. A research team led by Dr. I Michael Leitman evaluated the incidence and risk factors for the development of anemia after Roux-en-Y gastric bypass (RYGB).

They found twenty-one of 206 (10.2%) patients developed anemia at some point during the post-operative period. Following statistical analysis, patients with the greatest risk for anemia were menstruating females and patients found to have marginal ulcer on endoscopy. In all cases anemia was due to [iron deficiency](#) (low [serum ferritin](#), elevated total iron binding capacity, and low mean corpuscular volume).

This study concluded that increased ferrous sulfate supplementation may

be necessary to prevent iron depletion in populations at increased risk of developing iron deficiency anemia after RYGB surgery, such as menstruating women and patients with peptic ulcer disease.

**More information:** Avgerinos DV, Llaguna OH, Seigerman M, Lefkowitz AJ, Leitman IM. Incidence and risk factors for the development of anemia following gastric bypass surgery. World J Gastroenterol 2010; 16(15): 1867-1870.

[www.wjgnet.com/1007-9327/full/v16/i15/1867.htm](http://www.wjgnet.com/1007-9327/full/v16/i15/1867.htm)

Provided by World Journal of Gastroenterology

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