Table 2 Preoperative nutritional assessment

Preoperative nutritional assessment	
Recommendations	Grade, Evidence level,
	(Range of evidence)
 All people should have a comprehensive nutritional assessment prior to bariatric surgery 	Grade D EL 4
Haematinics	
 Check full blood count including haemoglobin, ferritin, folate and vitamin B12 levels 	Grade B EL 2 (1+ to 4)
Vitamin D, calcium and parathyroid hormone	
Check serum 25-hydroxyvitamin D levels	Grade B EL 2 (2++ to 3)
Check serum calcium levels	Grade D EL 4
Check serum/plasma parathyroid hormone levels	Grade B EL 2 (2++ to 3)
Seek advice from a specialist with expertise in primary hyperparathyroidism if primary hyperparathyroidism is suspected	GPP
Vitamin A, zinc, copper, selenium and malabsorptive procedures	
 Consider checking serum vitamin A levels in individuals going forward for malabsorptive procedures such as BPD/DS or 	GPP
where vitamin A deficiency may be suspected	
• Consider checking serum zinc, copper and selenium levels in individuals going forward for malabsorptive procedures such as	GPP
BPD/DS or if a deficiency is suspected	
Thiamine	
• There is insufficient evidence to support a recommendation to screen an individual's thiamine levels pre surgery; however,	Grade D EL 3 (2- to 3)
some individuals may have low levels	
Magnesium	
 There is insufficient evidence to support a recommendation to screen an individual's magnesium level pre surgery 	GPP
HbA1c, lipids, liver and renal function	
 Routinely screen HbA1c, lipid profile, liver and kidney function tests and treat as necessary 	GPP
Correction of nutritional deficiencies preoperatively	
 Treat and correct nutritional deficiencies preoperatively as individuals have an increased risk of deficiencies postoperatively 	GPP

EL = Evidence level and depicts where the majority of evidence lies. GPP =Good practice point. The range of evidence level is given in brackets. BPD/DS=duodenal switch