Recovery after bariatric surgery: discharge

Original independent practice. All patient details, findings and individual care arrangements are fictional. Assume that today's date is 3 November 2026. Mr Pantoja is being discharged home today. Allow 45 minutes: 5 minutes reading and 40 minutes writing. You are the surgical ward doctor caring for Mr Roberto Pantoja following bariatric surgery. Using the case notes, write a discharge letter to his general practitioner, Dr Nelly Altamirano, General Practice, 18 Station Road, SE1 7AB, United Kingdom. Request community recovery review and explain specialist responsibility for nutritional monitoring, pending results and his supplement formulation enquiry. This letter does not request medication prescribing or reconciliation. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Mr Roberto Pantoja	☐	☐	☐
2. DOB: 09/02/1978 (48 yrs)	☐	☐	☐
3. Admission 31/10/26; discharge home 03/11/26	☐	☐	☐
Social background			
4. Lives with partner, who helps prepare meals	☐	☐	☐
5. Works from home; transport available for appointments	☐	☐	☐
6. Complained about ward meal trays	☐	☐	☐
Medical history			
7. Preoperative obesity; previous weight-management history held by GP	☐	☐	☐
8. Remote knee arthroscopy; fully mobile	☐	☐	☐
9. No known drug allergies	☐	☐	☐
10. 31/10: laparoscopic sleeve gastrectomy; no operative complications	☐	☐	☐
Postoperative progress			
11. 01/11: nausea; oral fluid intake limited	☐	☐	☐
12. Discharge deferred; observation and dietitian review arranged	☐	☐	☐
13. 02/11: nausea settled; practising slow, small sips	☐	☐	☐
14. Individual dietitian's texture plan supplied	☐	☐	☐
15. Partner attended dietetic discussion	☐	☐	☐
16. 03/11: afebrile; abdomen soft, non-tender	☐	☐	☐
17. Wounds clean; walking independently	☐	☐	☐
18. Now tolerating fluids and prescribed liquid diet; no vomiting/dysphagia; clinically hydrated	☐	☐	☐

	I	C	O
Postoperative progress			
19. Renal function/electrolytes within laboratory reference limits	☐	☐	☐
Nutrition monitoring and separate prescribing handover			
20. 02/11: ferritin/vitamin D sampled at bariatric team's request; pending	☐	☐	☐
21. Bariatric service retains specialist nutritional monitoring	☐	☐	☐
22. Team to review pending results and inform patient/GP by 06/11; GP chase service if absent	☐	☐	☐
23. Hospital issued separate medication handover to patient and GP	☐	☐	☐
24. Bariatric team retains prescribing; no GP prescribing/reconciliation requested	☐	☐	☐
25. Pt enquires about chewable supplement formulation; has not changed products	☐	☐	☐
26. No substitution/conversion authorised; no tablet count inferable; team/pharmacist to telephone patient by 04/11; patient chase via service if absent	☐	☐	☐
Discharge plan			
27. Contact bariatric service via hospital switchboard for results, nutrition or supplement queries	☐	☐	☐
28. GP review 06/11: intake, hydration, wounds; contact bariatric service if concerns	☐	☐	☐
29. Bariatric dietitian review booked 10/11; ongoing specialist follow-up retained	☐	☐	☐
30. Advice given: recurrent vomiting → urgent assessment; severe abdominal pain → emergency department	☐	☐	☐

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