Kidney Stones After Weight-Loss Surgery

After weight-loss surgery, your risk for developing a certain type of kidney stone may increase, especially if you have a history of kidney stones. The most common type of stone after weight-loss surgery is formed from oxalate and calcium. You may absorb more oxalate from foods after biliopancreatic diversion (BPD) or gastric bypass (GBP). Also, your kidneys may not be able to excrete (process and eliminate) oxalate as well because other waste products will be competing for excretion. Gastric bypass or biliopancreatic diversion with duodenal switch will diminish your ability to absorb calcium; therefore, you should continue taking your calcium supplements unless your physician advises you to stop.

The National Kidney Foundation recommendations for the prevention of kidney stones are to drink plenty of fluids and follow a 2,000 mg sodium (salt) diet.

Some people may benefit from a low-oxalate diet. Excessive intake of vitamin C can increase oxalate levels.

Prevention Tips

- Increase fluid intake to 80 to 100 ounces/day or ________________
- Limit sodium to 2,000 mg/day. (Note: Do not avoid sodium during your first few months after weight-loss surgery as you are losing sodium during that time.)
- Consume a moderate amount of protein (aim for the lower end of your protein goal): ________________
- Follow a low-oxalate diet. (Limit the high-oxalate foods listed later in this handout.)
- Avoid taking unneeded vitamin C supplements.
- Try probiotics containing Oxalobacter formigenes.
- Discuss treatment with cholestyramine to bind bile salts with your health care team. This treatment may reduce the risk of stones.

High-Oxalate Foods

- Beets
- Cocoa and chocolate
- Prunes
- Green Leeks
- Quinoa
- Celery
- Soy, tofu
- Peanuts
- Black tea, coffee, soda
- Wheat germ and wheat bran
- Spinach
- Dried beans
- Sweet potatoes