

## Ulcer Surgery Causes Iron Deficiency Anemia

THE ULCER PATIENT may be wheeled from the operating room straight into new trouble—iron deficiency anemia.

It has long been known that the upper gastrointestinal tract has the body's greatest capacity for iron absorption. When all or part of the stomach is removed, the patient's ability to maintain an adequate iron supply is reduced, Nutrition Reviews reported.

Even when only a small part of the stomach has been removed, there can be difficulty: the entire digestive system may go into an abnormally high-speed cycle. The remaining portion of the stomach has less than an adequate chance to absorb iron.

One reason is that the meal passes swiftly through the stomach, which acts as little more than a temporary cul-de-sac in a continuous passage. Or some patients, bothered by rapid elimination, will tend to cut down on the amount of food they eat.

Even iron pills work less effectively on ulcer patients who have undergone surgery. The overly fast workings of the digestive system reduce the effectiveness of iron pills given to persons without stomachs. Normal or near normal utilization of the pills was found to be possible, however, when the patient consumed the pill while lying down.

POSTURE, SPEED of the digestive process and the quantity of food intake do not tell the entire story, however. Some persons suffering anemia who have undergone stomach excisions are found to eat an entirely adequate amount of iron and show no signs of hasty digestion.

Using atomic isotopes of iron as "tracers," recent investigators have found that some of these patients just do not have the ability to absorb iron from their food. The problem can be met successfully, however, by consuming inorganic iron in a soluble form. Even among persons who have lost all of their stomach, iron in this form is adequately assimilated.