

Surgical Threshold Policy

Referral for Tier 3 Weight Management and Bariatric Surgery

Scope

Bariatric surgery services include operations for gastric banding, gastric bypass, sleeve gastrectomy and duodenal switch.

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. Where patients do not fulfil the criteria for referral into Tier 3, clinicians need to apply to the Exceptional Cases Panel by completing the exceptional funding section of the referral proforma.

Patients may be referred to Tier 3 Weight Management if they have:

- BMI >40 kg/m²; **OR**
- BMI >35 kg/m² with other significant disease that could be improved with weight loss (diabetes, Obstructive Sleep Apnoea/ Hypopnoea Syndrome, or Hypertension, for example), **OR**
- Are an obese individual with complex needs who has not responded to lower Tier interventions.

Cambridgeshire and Peterborough Tier 3 Weight Management Service Healthy You:

<https://everyonehealth.co.uk/service/adult-weight-management/>

Telephone: 0333 005 0093

Bariatric Surgery is an integral part of the management of severe obesity in selected patients where other forms of weight reduction management have been unsuccessful. Referral to specialist providers of Bariatric Surgery will be made directly from Tier 3 Obesity Management Services on the recommendations of a specialist Multi-Disciplinary Team (MDT) and after a patient has completed Tier 3 Management including physical and psychological assessment in preparation for the surgery.

Bariatric Surgery Assessment

The MDT assessing patients for referral for Bariatric Surgery will ensure that patients fulfil the following criteria:

- BMI >40 kg/m²; **OR**
- BMI >35 kg/m² with other significant disease (such as Type 2 Diabetes, Obstructive Sleep Apnoea/ Hypopnoea Syndrome, or Hypertension) that could be improved with weight loss.
- Offer an expedited assessment for Bariatric Surgery to people with BMI >35 kg/m² with recent-onset Type 2 Diabetes.

- **AND ALL** of the following:
 - Age over 18 years old; **AND**
 - All appropriate non-surgical measures have been tried; **AND**
 - The person has received and completed intensive management in a specialist (Tier 3) Obesity service for 12 months (BMI<50 kg/m²) or 6 months (BMI>50 kg/m²); **AND**
 - The person has attended ≥80% of required Tier 3 Weight Management sessions; **AND**
 - Decision for suitability for Bariatric Surgery has been made after discussion between the Tier 3 Obesity service and Tier 4 Surgery service.

For patients in whom Bariatric Surgery is required without prior Weight Management at Tier 3 (e.g. for appropriate cancer intervention), patients should be referred to the Tier 3 Obesity service in the first instance and an urgent request for exceptional funding made.

Bariatric Surgery Follow-Up Care

The Bariatric Surgical provider is responsible for the organisation of structured, systematic and team-based follow-up of patients for 2 years post-surgery.

After discharge from Bariatric Surgery service follow-up, all people should be offered monitoring of nutritional status and appropriate supplementation according to need in line with recommendations made in NICE Clinical Guidelines 189 (see reference 1).

Cosmetic procedures (e.g. abdominoplasty) to remove any excess skin folds that may result from rapid weight loss should not be routinely funded post Bariatric Surgery.

Patients treated privately for bariatric surgery will only be eligible for NHS Tier 3 Weight Management Service if they met the criteria for access to Tier 3 services at the time of their Bariatric Surgery.

Patient for whom Bariatric Surgery has failed should be referred back to the Tier 3 service for an MDT assessment and appropriate ongoing management.

Smoking

Patients who smoke should be advised to attempt to stop smoking - see [stop smoking policy](#).

Rationale and Evidence

NICE recommend that surgery to aid weight reduction for adults with morbid/severe obesity should be considered (when there is recent and comprehensive evidence that) an individual patient has fully engaged in a structured weight loss programme; and that all appropriate non-invasive measures have been tried continuously and for a sufficient period; but have failed to achieve and maintain a clinically significant weight loss for the patient's clinical needs (NICE CG43). They recommend that the patient should have been adequately counselled and prepared for Bariatric Surgery.

The surgical procedures (primary or revisional) are known to result in significant and sustainable weight loss within 1-2 years, as well as reductions in co-morbidities and mortality (see references 1 - 33).

- Commissioning responsibility for bariatric surgery services transferred to Cambridgeshire and Peterborough CCG from NHS England on 1 April 2017 (see reference 34).
- NICE Guidelines CG43 and CG189 (Nov 2014) provide guidance for managing obesity including criteria for progressing treatment to bariatric surgery (see references 1 and 35).

- Only once patients have successfully completed an Intensive Obesity Management (Tier 3 service) can they be referred for Bariatric Surgery under NICE guidelines.
- A Health Policy Support Unit report (2011) summarising NICE and SIGN guidelines concluded that Bariatric Surgery is the most effective treatment for morbid obesity, producing durable weight loss, improvements or remission of co-morbid conditions and longer life (see reference 36).
- Bariatric Surgery consistently improved weight and diabetic outcomes compared to non-surgery in people with recent onset Type 2 Diabetes (NICE CG 189 - see reference 1).
- Life-long follow up will ensure that weight loss outcomes, micronutrient deficiencies and any surgical complications are monitored as well as adherence to iron, vitamin D/Calcium and Vitamin B12 supplementation. Psychological input, management of comorbidities, dietary and lifestyle advice and liaison with general practice will also be necessary as part of the follow up.

Notes

(BMI = Body Mass Index - defined by weight in kilograms divided by the square of height in metres (kg/m²))

Consider assessment of people of South Asian, Chinese, other Asian, Middle Eastern, Black African or African Caribbean origin at a 2.5kg/m² reduced BMI (see reference 1)

Glossary

BMI:	Body Mass Index provides objective criteria of size to enable an estimation to be made of an individual's level or risk of morbidity and mortality. The BMI is calculated by dividing a person's weight (in kilograms) by the square of their height (in meters). BMI = Wt/Ht ² .
Endocrine:	The endocrine glands are organs whose function is to secrete into the blood or lymph substances known as hormones. Examples of chief endocrine glands are adrenal glands, ovaries and testicles, pancreas, pituitary gland, etc.
Extravasation:	An escape of fluid from the vessels or passages which ought to contain it.
Gillick Competent:	When deciding whether a child is mature enough to make decisions, people often talk about whether a child is 'Gillick competent' or whether they meet the 'Fraser guidelines'.
Intertrigo:	Inflammation between two skin surfaces in contact. Secondary fungal or bacterial infection is common.
Keloid Scar:	Hard lumpy nodule of the skin due to over-growth of fibrous tissue in the dermis. It usually follows surgical or accidental trauma or burns.
Palsy:	Or paralysis, means loss of muscular power due to interference with the nervous system.

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