

NICE Guideline Update on Obesity Surgical Interventions.

Obesity: Identification, assessment and management.

Published 26 July 2023¹

Surgical referral

Previous 2014 Guidelines²

Bariatric surgery is a treatment option for people living with obesity if all of the following criteria are fulfilled:

- They have a BMI of 40 kg/m² or more, or between 35 kg/m² and 40 kg/m² and other significant disease that could be improved if they lost weight
- All appropriate non-surgical measures have been tried but the person has not achieved or maintained adequate, clinically beneficial weight loss
- The person has been receiving or will receive intensive management in a tier 3 service
- The person is generally fit for anaesthesia and surgery
- The person commits to the need for long-term follow up
- Bariatric surgery is the option of choice (instead of lifestyle or drug treatment) for adults with a BMI of more than 50 kg/m² or over when other interventions have not been effective²

Consider an assessment for bariatric surgery for people of Asian family background who have recent-onset type 2 diabetes at a lower BMI than other populations as long as they are also receiving or will receive assessment in a tier 3 service (or equivalent).²

VS

New 2023 Guidelines¹

Offer adults a referral for a comprehensive assessment by specialist weight management services providing multidisciplinary management of obesity, to see whether bariatric surgery is suitable for them if they:

- have a BMI of 40 kg/m² or more, or between 35 kg/m² and 39.9 kg/m² with a significant health condition that could be improved if they lost weight and
- agree to the necessary long-term follow up after surgery (for example, lifelong annual reviews).

Consider referral for people of South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background using a lower BMI threshold (reduced by 2.5 kg/m²) to account for the fact that these groups are prone to central adiposity and their cardiometabolic risk occurs at lower BMI.¹



Expedited assessment

Previous 2014 Guidelines²

Offer an expedited assessment for bariatric surgery to people with a BMI of 35 or over who have recent-onset (people whose diagnosis has been made within a 10-year time frame) type 2 diabetes as long as they are also receiving or will receive assessment in a tier 3 service (or equivalent).²

- Consider an assessment for bariatric surgery for people with a BMI of 30 to 34.9 who have recent-onset type 2 diabetes as long as they are also receiving or will receive assessment in a tier 3 service (or equivalent).²



VS

New 2023 Guidelines¹

Offer an expedited assessment for bariatric surgery to people:

- with a BMI of 35 kg/m² or more who have recent-onset (diagnosed within the past 10 years) type 2 diabetes and
- as long as they are also receiving, or will receive, assessment in a specialist weight management service.¹

Consider an expedited assessment for bariatric surgery for people:

- with a BMI of 30 to 34.9 kg/m² who have recent-onset (diagnosed within the past 10 years) type 2 diabetes and
- who are also receiving, or will receive, assessment in a specialist weight management service.¹

Consider an expedited assessment for bariatric surgery for people of South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background using a lower BMI threshold (reduced by 2.5 kg/m²) to account for the fact that these groups are prone to central adiposity and their cardiometabolic risk occurs at lower BMI.¹

Weight-loss medication*

Previous 2014 Guidelines²

Orlistat may be used in adults only to maintain or reduce weight before surgery for people who have been recommended surgery as a first-line option, if it is considered that the waiting time for surgery is excessive.²

VS

New 2023 Guidelines¹

Orlistat, liraglutide or semaglutide may be used to maintain or reduce weight before surgery for people who have been recommended surgery, if the waiting time is excessive.¹

*Check NICE Guidelines for more information about the medicines recommended.

Cost effectiveness

The committee agreed that economic evidence showed that bariatric surgery was cost effective in people with a BMI of 40 kg/m² or more and for those with a BMI of 35 kg/m² or more with obesity-related comorbidities.¹

Pathway redesign

The committee discussed whether non-surgical measures should be tried, including specialist weight management services (referred to as tier 3 services in NICE's 2014 guidance) before assessing people for surgery. They agreed that requiring people to try specific measures before referral would create an unjustified barrier to effective treatment, and the evidence did not support using surgery only as a last resort.

They also noted that tier 3 services are not available in all parts of the country (in 2014/2015 only about 21% of the clinical commissioning groups in England included one), and that information on them was limited. So restricting assessment for surgery to those who have already used a tier 3 service could exacerbate health inequalities.¹

How the recommendations might affect practice

Offering assessment for bariatric surgery to people even if they have not tried all non-surgical measures or have not already attended a tier 3 service for intensive weight management will reduce variation in practice and will increase uptake in previously overlooked groups.

Considering assessment for bariatric surgery at lower BMI thresholds for people from some family backgrounds will reduce inequalities in obesity-related outcomes and improve accessibility of treatment.

This is likely to increase the number of referrals and surgeries carried out, and therefore increase costs. But basing the offer of surgery on comorbidities as well as BMI will help those who could benefit most, and the cost will be offset by the long-term reduction in obesity-related complications.¹

1. NICE. Obesity: identification, assessment and management. Nov 2014. Updated July 2023. 2. NICE. Obesity: identification, assessment and management. Nov 2014. Updated Sept 2022.

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