

It's important to make patients aware of all weight loss tools available to them.

NICE guidance was updated in July 2023 to improve access to bariatric surgery.¹

What is bariatric surgery?

Bariatric or 'metabolic' surgery is a tool used to help patients with obesity and potentially achieve diabetes remission due to metabolic changes, irrespective of weight loss.²

There are several types of bariatric surgery³



Gastric band³

A band is placed around the stomach, creating a small pouch towards the top



Gastric bypass³

Connects a small part of the stomach to the small intestine, bypassing the rest of the stomach



Sleeve gastrectomy³

A large part of the stomach is removed



Did you know that **99% of patients eligible** for bariatric surgery **do not receive it**?

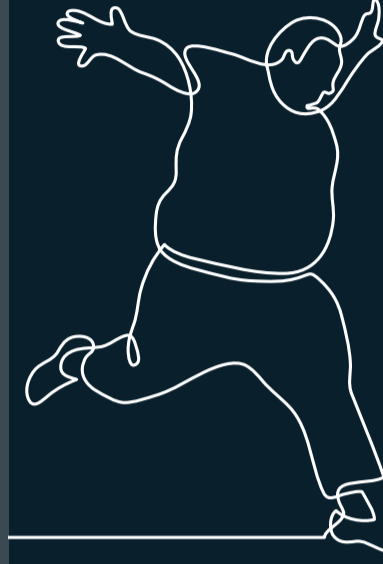


How will surgery help my patients?

around **90%** lose **50%** of excess body weight⁵

up to **98%** go into long-term type 2 diabetes remission⁶

up to **93%** maintain at least 10% of weight loss after 12 years⁷



Conditions that can improve following bariatric surgery include:¹

- ↓ cardiovascular disease
- ↓ hypertension
- ↓ non-alcoholic fatty liver disease (with or without steatohepatitis)
- ↓ obstructive sleep apnoea
- ↓ type 2 diabetes



How will I know if surgery may be right for my patients?

Keep up to date with **updated NICE guidelines**¹ to understand who is eligible

Look at your patients' records to **identify eligible patients** (see Louise's case to the right)

Understand and **communicate the benefits and risks of surgery** vs other options

Consider expedited assessment for patients* with a BMI of **30 Kg/m² to 34.9kg/m²** who were diagnosed with type 2 diabetes in the last 10 years.¹

*Who are receiving or will also receive assessment in a specialist weight management service

Do you have a patient like Louise*?

Comorbidities

- > Experienced ongoing breathlessness and sleep apnoea.
- > Diagnosed with type 2 diabetes two years ago.

Weight history

- > Ongoing struggles with weight, gained a lot after her first pregnancy.
- > Tried new diets and exercise habits, but BMI remains high.



GP visit and assessment

Practice nurse referred her for a specialist assessment for weight loss surgery. Benefits of surgery were explained, leading to Louise's decision to have the surgery.

Patients like Louise typically achieved diabetes remission in 2 years. She has lost weight, no longer experiences sleep apnoea and is less breathless.

*Fictional but realistic patient experience



After surgery

- > 72% of Patients are likely to achieve diabetes remission within 2 years.⁸
- > Patients may have improved quality of life, body image satisfaction and self-efficacy to exercise.⁹



What has NICE done recently to improve access to surgery?

Patients no longer need to try all other options before being referred to comprehensive assessment by specialist weight management services to see whether bariatric surgery is suitable for them.

Patients with **BMI ≥ 35 kg/m²** with certain comorbidities could be eligible¹

People with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background are prone to central adiposity and their cardiometabolic risk occurs at a lower BMI, so use lower BMI thresholds as a practical measure of obesity: **BMI 27.5 kg/m² or above.**¹

What happens after weight loss surgery?

- > Patients usually recover in hospital for **1-3 days**¹⁰
- > Patients can return to normal activities within **6 weeks**¹⁰
- > Patients will need to attend long-term follow up appointments¹⁰



How do I ensure a quality referral?

- > Be aware of the updated NICE¹ and local referral criteria to identify patients who might benefit.
- > Offer help and support with obesity management, including discussing the treatment options available to the patient.
- > Explore bariatric surgery as a treatment, detailing its main risks and benefits.
 - Ensure patients grasp post-surgery expectations, e.g., committing to lifelong annual reviews.
 - More in-depth discussions should occur between patients and the surgical team.¹

Familiarise yourself with local referral routes. For example, adults should undergo a thorough evaluation by a specialist weight management service.¹

- > Prioritise early referrals for patients. Evidence indicates delayed referrals can be less effective.¹¹

- > Promote awareness to acquaint colleagues with patients who could be eligible for surgery as per the revised NICE guidance.



Some tips on starting conversations about weight with patients:

- 1 Ensure you have addressed the patient's reason for attending.
- 2 Ask for permission to discuss weight.¹ Remember that the words we use have the power to perpetuate stigma.^{12,13}
- 3 Focus on offering support, rather than giving advice.
- 4 Centre the conversation on improving health rather than weight loss.

It is time to help the patients who were previously overlooked.

Let's act now.

1. NICE. Obesity: identification, assessment and management." (2014). 2. Diabetes UK. Weight loss surgery for type 2 diabetes. Available from: <https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/treating-your-diabetes/weight-loss-surgery> (accessed September 2023). 3. Overview, Weight loss surgery. Available from: <https://www.nhs.uk/conditions/weight-loss-surgery/#:~:text=Types%20of%20weight%20loss%20surgery&text=gastric%20bypass%20%E2%80%93%20the%20part,you%27%20feel%20full%20sooner> (accessed September 2023). 4. Small, Peter, et al. "The United Kingdom National Bariatric Surgery Registry." (2020). 5. American Society for Metabolic and Bariatric Surgery. Benefits of Weight Loss Surgery. Available from: <https://aasmb.org/patients/benefits-of-weight-loss-surgery> (accessed September 2023). 6. Hanjani, Zubaidah Nor, Francesco Rubino, and Philip R. Schauer. "Remission with an Intervention: Is Metabolic Surgery the Ultimate Solution?" Endocrinology and Metabolism Clinics 52.1 (2023): 65-88. 7. Adams, Ted D., et al. "Weight and metabolic outcomes 12 years after gastric bypass." New England Journal of Medicine 377.12 (2017): 1143-1155. 8. Zhou, Xiaoying, and Chunping Zeng. "Diabetes remission of bariatric surgery and nonsurgical treatments in type 2 diabetes patients who failure to meet the criteria for surgery: a systematic review and meta-analysis." BMC Endocrine Disorders 23.1 (2023): 46. 9. Pyykk, Johanna Evelina, et al. Psychological functioning and well-being before and after bariatric surgery: what is the benefit of being self-compassionate? British journal of health psychology 27.1 (2022): 96-115. 10. Afterwards, Weight loss surgery. Available from: <https://www.nhs.uk/conditions/weight-loss-surgery/afterwards/> (accessed September 2023). 11. Currie, Andrew, et al. Bariatric metabolic surgery for NHS patients with type 2 diabetes in the United Kingdom National Bariatric Surgery Registry. Diabetic Medicine 40.6 (2023): e15041. 12. NHS England. Language Matters, Language and diabetes. 2023. Available from: <https://www.england.nhs.uk/long-read/language-matters-language-and-diabetes/> (accessed September 2023). 13. Obesity UK. Language Matters: Obesity. Available from: https://static1.squarespace.com/static/5bc74880ab1a6217704d23ca1/5f1232130bc705029ef88bb891/1596137786647/Obesity+Language+Matters+_FINAL.pdf (accessed September 2023).