

The United Kingdom National Bariatric Surgery Registry



First Registry Report to March 2010

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**The Association of
Laparoscopic Surgeons**

**The Association of
Upper GI Surgeons**

**The British Obesity & Metabolic
Surgery Society**



and on behalf of all the contributors (see pages 10-11) whose contributions cannot be over-valued.

The Association of Laparoscopic Surgeons (ALSGBI), the Association of Upper GI Surgeons (AUGIS) and the British Obesity & Metabolic Surgery Society (BOMSS) operate the National Bariatric Surgery Registry (NBSR) as a consortium in partnership with Dendrite Clinical Systems Limited. The Societies also gratefully acknowledge the assistance of Dendrite Clinical Systems for:

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Executive summary

This is the first comprehensive, prospective, nationwide analysis of outcomes from bariatric (obesity) surgery in the United Kingdom & Ireland:

In overview:

- 84 surgeons from 86 hospitals recorded 8,710 operations; 7,045 in the financial years 2009 & 2010.
- 68.8% operations were funded by the National Health Service; 30.9% were independently funded and a tiny proportion were paid for by private insurers.
- Data are analysed for 3,817 gastric bypass procedures, 2,132 gastric band operations and 588 sleeve gastrectomy operations.
- The observed in-hospital mortality rate after primary surgery was 0.1% overall (and just 0.2% for gastric bypass), much lower than that for many other planned operations.
- The recorded surgical complication rate overall for primary operations was 2.6 %.
- These figures compare to the best internationally available outcome benchmarks. Thus, surgery in the United Kingdom & Ireland, in the hands of the contributors, is safe.
- 80% of patients were discharged by the third post-operative day, indicating the efficient use of resource.

At the time of primary surgery:

- 24.9% of all patients had a high level of co-existing disease.
- 27.5% had type 2 diabetes
- 16.5% were on treatment for sleep apnoea.
- 69.0% of all patients had some functional impairment, *i.e.*, they could not manage to climb 3 flights of stairs without resting.

Follow-up data is derived from some 12,000 follow-up entries for the 2009 & 2010 patients

One year after surgery:

- On average, patients lost 57.8% of their excess weight (43.2% for gastric banding, 67.8% for gastric bypass & 54.0% for sleeve gastrectomy).
- Almost half of patients with pre-operative functional impairment returned to a state of no impairment one year after surgery, meaning they could climb 3 flights of stairs without resting.
- 60.2% of patients with sleep apnoea were able to come off treatment.

Two years after surgery:

- 85.5% of patients with type 2 diabetes returned to a state of no indication of diabetes, meaning, in practice, that they were able to stop their diabetic medications.

Healthcare implications:

- Severe & Complex Obesity is a serious, life-long condition associated with many major medical conditions, the cost of which threatens to bankrupt the NHS. Once established in adults it constitutes a dysregulated state of physiology and reversal is not primarily a voluntary or behavioural process.
- Among comparisons of age, weight, level of co-morbidity, gender, *etc.*, the data also show that the benefit for certain co-morbidities is greater the earlier surgical treatment is undertaken. This has implications for the prioritisation of treatment.
- Bariatric surgery greatly and highly cost-effectively improves the health of obese patients, much more so than other treatments.

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The First National Bariatric Surgery Registry Report to March 2010

This report is a tribute to British surgery. It ... demonstrates a professional commitment to hard-nosed analysis of results.

Sir Bruce Keogh, Medical Director of the National Health Service in England

This report represents the coming of age of bariatric surgery in the United Kingdom...the most powerful and accurate dataset with which to represent United Kingdom bariatric surgery.

Michael Rhodes, President, Association of Laparoscopic Surgeons of Great Britain & Ireland

Every surgeon who performs a bariatric/metabolic procedure should consider participation mandatory.

Kelvin Higa, Past President, American Society for Metabolic and Bariatric Surgery

For the bariatric surgery community to have produced this registry is timely and impressive ...

Graeme Poston, President, Association of Upper GI Surgeons of Great Britain & Ireland

This volume contains the first ever compilation of pooled national outcome data for bariatric & metabolic surgery in the United Kingdom. Eighty-four surgeons and their teams, working at 86 hospitals, contributed data on some 8,700 patients treated up to March 31st 2010. The data are analysed in detail for the 7,000 patients operated on in the fiscal years ending 2009 and 2010.

Bariatric and metabolic surgery has increased in volume dramatically throughout the developed world over the past decade. It comprises operations to treat the condition of Severe and Complex Obesity or to ameliorate the associated Metabolic Syndrome (including diabetes, raised cholesterol, high blood pressure and sleep apnoea).

In these pages the reader will find introductory information about these conditions and their surgical treatment as well as the number and types of operation performed. The data go on to demonstrate a level of safety for this surgery comparable to that for many of the standard planned and routine operations widely accepted throughout modern healthcare. This is quite contrary to widely held beliefs. The effectiveness of this surgery is also demonstrated. Lasting major weight loss has its own consequences for return to normal social and economic activity. The data also document, prospectively and in the context of United Kingdom practice, the striking ability of this surgery to induce profound improvement of type-2 diabetes, abolish sleep apnoea, improve circulatory disease and restore functional capacity. Previous international publications have documented major health-economic saving against otherwise rapidly rising future treatment costs: This is the first substantial body of United Kingdom patient outcome data to support such dramatic cost-effectiveness as well as personal benefit in our national context. Future editions of the present project will provide progressively long-term information.

To our knowledge this publication is unique internationally as a detailed body of audit data and is offered as a benchmark for the care of the tens of thousands of patients undergoing bariatric/metabolic surgery world-wide.



The UK National Bariatric Surgery Registry

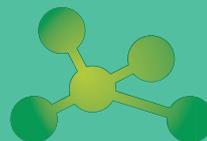
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