

Newcastle 2015

For a full report on the meeting, more photographs, AHP news, Best Posters and other BOMSS news, bookmark our website: www.bomss.org.uk



**Hands-on:
Once again
the
Training
Day
proved
useful and
enjoyable**



Get involved...

These are exciting - and challenging - times for bariatric surgeons. Here are a few ways you can get involved:

- BOMSS 2016 will be held in Cardiff from January 28-29 and will be preceded by a Training Day.
- IFSO 2017: We are inviting people to help with this prestigious event. Email nichola@augis.org with your offers and availability.
- Follow us on Twitter. Look for @bariatricBOMSS
- Join us at LinkedIn.com (BOMSS)

Newcastle hosts best BOMSS meeting yet!

The highly successful sixth BOMSS meeting - with 300 delegates - was opened in Newcastle by the outgoing President, Mr Richard Welbourn, who welcomed delegates and set the scene for two days of fascinating and useful talks and debates. He highlighted the fact that while the UK is almost the heaviest nation in Europe (just behind Malta and Iceland) rates of bariatric surgery are currently falling. Problems with tariff setting

and Tier 3/4 re-organisation in the previous 12 months have contributed to problems. Ending on a positive note, Mr Welbourn pointed to the recent NICE guidance which changed the criteria for surgery to help surgeons operate on more people with diabetes in a bid to restore health and save healthcare costs. Mr Welbourn then gave an overview of the successful launch of the 2nd NBSR and consultant

outcomes publication, both of which took place in autumn 2014. He highlighted Professor Sir Bruce Keogh's quote from the NBSR: "Obesity and bariatric surgery are rapidly rising up the NHS agenda as a consequence of social and lifestyle choices. As in all branches of medicine, prevention is better than cure, but this report clearly demonstrates that, when required, bariatric surgery is effective and safe. The NBSR is based on detailed data on over 18,000 patients. The survival rate of over 99.9% and the decreasing length of time spent in hospital is all the more impressive given the increasing illness of patients being sent for surgery."



Speaking up for patients



Mr Welbourn also described the meticulous checking process undertaken by the NBSR committee to ensure that data put in the public domain was accurate and he also outlined the very successful PR campaign around the data release which resulted in widespread positive coverage on the day of release and over subsequent weeks.

One of the many interesting talks in the morning session was given by GP Dr Rachel Pryke who has a

practice in Worcestershire. She said: "As a society, obesity is seen as a personal failure and is subject to prejudice while being overweight has been normalised." She outlined to the audience ways to increase GP participation in tackling obesity such as developing referral templates and giving information to GPs in their preferred format - hard copies for older GPs and electronic copies for younger ones.

She also emphasised the role of long-term care plans and a need for better psychological support.

Prof Roy Taylor then took the floor and discussed *How do our surgeries work in diabetes?* He described studies and outcomes and said: "Bariatric surgery induces a negative calorie balance and falls in liver and pancreas fat allow diabetes to reduce."

Prof Carel le Rouz discussed *How surgeries work in metabolic syndrome*, starting out by saying that obesity is a disease of systems and that maintenance of weight loss is the "Holy Grail." He described how some patients lose their feelings of hunger post-surgery and are able to control their eating for the first time in many years. "They say that I operated on their heads."

Looking ahead Mr Jim Bryne from Southampton then took delegates on a whistle-stop tour of emerging technologies such as the VBLOC and Endobarrier which he pointed

out were expensive to bring to market. He said there is "space" for everyone but that evidence on new technologies needs to be interpreted with great care.

Dr Sophie West of the British Lung Foundation discussed the prevalence of sleep apnoea and highlighted the large percentage of people with undiagnosed sleep apnoea. She said: "The benefit of identifying people with the condition is worthwhile even if they don't go forward for surgery. They will still have fewer accidents, offer a better work performance and be generally happier people."

Dr Terry Aspray spoke on *Vitamin D - why is it important?* He said that studies show a trend for lower vitamin D levels in people with obesity and he described risk factors associated with lower levels, which should be looked at and treated if necessary prior to surgery.

The guest lecturer at the conference was Prof Wei Jei Lei, Professor of Surgery at Taiwan University and President of IFSO-APC, who spoke on the *ABCD score*

Worthy winners!

Winner of the Council

Prize

Mr Andy Beamish

"Bone health in adolescents following Roux-en-Y gastric bypass" (A01)

Winner of the DVD Oral Session

Mr Naim Fakih

"Transgastric Ercp For Bile Duct Stones After Roux- En-Y Gastric Bypass" (D01)

Winner of the Poster Prize

William Knight

"Management of the bariatric gallbladder. Is there a need for special treatment?" (PoD05)

Winner of the Training Day

Quiz: Nikki Slater

predicting the success of metabolic surgery. He started by highlighting the fact that while bariatric surgery keeps diabetes at bay it can re-occur down the line. He said: "This means that it is important to identify patients who will benefit from surgery

His unit has developed a scoring system aimed at predicting the success of surgery which is called the ABCD system. He described it as simple multi-dimensional management system that can predict the chances of Type 2 Diabetes resolution."

Dr Melanie Bash raised the question of whether obesity is an eating disorder – the "opposite side of the coin to anorexia." She said that technically the answer is no, which explains why obesity sits with surgeons rather than psychologists - but then suggested that for some patients the answer should be yes.

She said that obesity could be seen as a form of self-harm and could be perpetrated by people who have had a difficult start in life, may be victims of sexual abuse or trauma, may have been bullied or let down by the adults in their life. She pointed to the unusually high suicide rate for people at around the seven year mark from surgery and said: "Surgery means that cannot continue to eat excessively, We have taken away their coping mechanism and we need to give patients a new way of coping."

Prof Francisco Rubino from Kings in London described the history of metabolic surgery and its effect on diabetes. He told the conference: "We have to understand the barriers to treating diabetes with surgery and use our understanding of new mechanisms to look at new treatments."

He pointed out that diabetes resolution can be very rapid post-surgery which raised the question of where diabetes can be an operable disease.

He said: "We want the world of



diabetes to understand that organs beyond the liver and pancreas are involved in diabetes." He said that weight loss and glycaemic control are both consequences of changes in metabolic regulation. He also pointed out that diet and exercise have independent effects on diabetes – "so why not surgery?" He concluded by saying: "We have a

diabetes to understand that organs beyond the liver and pancreas are involved in diabetes." He said that weight loss and glycaemic control are both consequences of changes in metabolic regulation. He also pointed out that diet and exercise have independent effects on diabetes – "so why not surgery?"

He concluded by saying: "We have a fantastic opportunity to treat a disease that is different to the original aim of the surgery and we need to develop diabetes-specific pathways to treat patients effectively."

Mr Alberic Fiennes, BOMSS past-president and current president of IFSO Europe described how IFSO operated and discussed the needs of IFSO 2017 which will be held in London.

Prof Jane Blazeby updated the conference on the By-Band Sleeve study and hosted a session to establish a core outcome set.

Parallel sessions included surgical, surgical DVD, AHP and contraception and pregnancy.

What they said about us on Twitter

@jonbarry24 Great meeting @BOMSS2015. Next year bringing it to the 'Diff. Very much looking forward.

@kmahawar After many years Sunderland did not win any prize @bariatricBOMSS but we still had 4 orals and 6 posters. We might be down but not out.

@martinswadley @bariatricBOMSS 'Interoceptive awareness' & obesity nervosa. Fascinating insight into the psychology of obesity from Dr Melanie Bash

@AnitaAtt @bariatricBOMSS learnt so much over the last 3 days. Head buzzing with ideas!!

@Bariact Enjoying BOMSS prize presentations and pleased to see others referring to a core outcome set. @bariatricBOMSS #BOMSS2015

@SurgMonkhouse Interesting to hear that left gastric artery embolisation seems to reduce ghrelin producing cell density hence weight loss #BOMSS15