BOMSS position statement: Guidelines for psychological support pre and post bariatric surgery

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For further details see: Ogden, Ratcliffe & Snowdon-Carr (submitted for publication) BOMSS endorsed guidelines for psychological support pre and post bariatric surgery

Summary

Research teams have argued that bariatric surgery should only be undertaken by a multidisciplinary team (MDT) that can provide psychological support. This position statement outlines guidelines for the provision of psychological support pre and post bariatric surgery which were developed using evidence review, feedback and consultation and the following 7 stages: i) Review of the evidence base; ii) Expert input; iii) Feedback from the BOMSS delegates; iv) Feedback from the Special Interest Group (SIG); v) Service user feedback; vi) Presentation to BOMSS council; vii) Presentation to the UK Association for the Study of Obesity (ASO). The resulting guidelines propose the inclusion of psychology in all services using a stepped care model whereby resources are allocated according to patient complexity and professional skill mix. Step 1 involves online resources which would be made available to all patients. Step 2 involves group based workshops which could be provided by a range of professionals with appropriate upskilling, training and ongoing supervision, including assistant psychologists, nurses and dietitians. Step 3 involves 1:1 meetings with a clinical psychologist (or equivalent) due to the complexity of the clinical presentation, requirement of specialist psychological intervention and also because of safety/risk concerns. The stepped care models for the provision of psychological support pre-surgery and 6-9 months post-surgery are illustrated in Fig 1. The guidelines are founded upon the following principles: i) A living document which can be modified over time; ii) Flexible and pragmatic guidelines to promote a service which is feasible across NHS and private sector services; iii) Advisory rather than prescriptive; iv) Broad based content involving a range of different types of psychological support delivered face to face, online, workshops and groups; v) Skills based delivery based upon evaluated competencies rather than just by professional label. These guidelines are feasible for use across all services and should provide a structure of care to minimise patient risk and maximise patient health outcomes.
Figure 1 Stepped Care Model for psychological support pre and post surgery

1. **Pre-op**
   - Psychological triage screening
     - Identification of issue

2. **Post-op**
   - As required
   - Routinely at 6-9 months

**Step 1**
- Available to all patients within bariatric surgery pathway
- Online information (leaflets and directed self-help)

**Step 2**
- Referral into group workshop made by a member of bariatric surgery team after step 1 has been followed
- Group based workshop: Upskilled AHP and/or practitioner

**Step 3**
- Referral to clinical psychologist:
  1. If no resolution after step 2
  2. Significance of issues require assessment
- Assessment by clinical psychologist
- Referral into group workshop made by a member of bariatric surgery team after step 1 has been followed

**1:1 Intervention with clinical psychologist**