BARIATRIC SURGERY BRIEFING PAPER

PREPARED BY THE BRITISH OBESITY AND METABOLIC SURGERY SOCIETY FOR THE APPG FOR OBESITY

1. Some numbers:

UK adults with a normal body weight are in the minority. Of 52.4M adults:
- 20M have a normal BMI
- 32.4M have a high BMI
- Nearly 14M have a BMI that is so high they are clinically obese
- Of these 14M obese adults, approximately 2M qualify for bariatric surgery on current NICE selection criteria

2. So how much bariatric surgery are we doing?

- Bariatric surgery has a strong evidence-base showing sustained weight loss, comorbidity resolution and improved quality of life in those living with severe and complex obesity
- There is little evidence that non-surgical interventions produce a similar degree of durable weight loss in this sub-set of 2M adults, although short-term success can be achieved in some.
- The UK currently offers surgery to 4,800 of the 2M eligible patients pa, one of the lowest rates in the developed world.

3. What is the capacity for more NHS bariatric surgery?

- It would be both logistically and financially impossible for the NHS to treat all eligible patients with bariatric surgery. Furthermore, many patients would not wish to have an operation or might be unfit for treatment
- BOMSS proposes a modest increase from approximately 5,000 cases pa (0.2% of eligible patients) to 20,000 cases pa (1% of those eligible)
- By comparison, France (with a similar population to the UK) carries out more than 60,000 State-funded bariatric procedures pa
- The BOMSS National Bariatric Surgery Registry (NBSR) records details of all NHS patients who undergo bariatric surgery. NBSR identifies 146 bariatric surgeons carrying out operations in 61 UK hospitals
- This means the average throughput per hospital is currently less than one operations per surgeon per week.
- At 20,000 procedures pa, each surgeon would be performing about 3 cases per week (allowing for leave etc), something that could easily be accommodated within a normal 2-session operating list.
4. How much would this cost?

- The average NHS tariff payable to a Provider for gastric bypass and sleeve operations (which make up >98% of primary bariatric procedures in the UK) is just under £7,500.
- Increasing numbers from 5k pa (£37M) to 20k pa (£148M) would incur additional direct costs of £111M

5. Are there benefits that could offset this extra cost?

- Yes
  At least a third of patients undergoing bariatric surgery have type 2 diabetes at the time, a condition the NHS currently spends £24M per day treating. 60-70% of those undergoing bariatric surgery will experience such marked improvement in diabetic control that they can discontinue medication within weeks, generating a substantial return on investment for the NHS

  Obesity and diabetes are two major risk factors for ICU admission and death after COVID-19 infection. Because patients lose weight and their diabetes very rapidly after surgery, prompt expansion of NHS bariatric surgical services could protect this vulnerable group whilst also saving the NHS the cost of prolonged critical care

  The general savings to the wider economy of increased employment, reduced sickness and disability payments etc have been widely documented.

- Changes to the current Tier 3-4 system could also generate savings by streamlining the patient pathway removing unnecessary duplication of psychology, dietetic, educational and medical input.

6. But isn’t Bariatric Surgery too radical, drastic and dangerous?

- Bariatric surgery in the UK is exceptionally safe.

- The most recent HES and National Bariatric Surgery Registry data (containing 80,000 NHS patient records in April 2020) report a 30-day mortality from ‘major’ surgery of 0.07%. The 30-day mortality for fractured hip surgery is 6%

- Most patients spend 2 nights in hospital after their keyhole surgery and can return to work within 1 -3 weeks. After an initial 4-6 weeks of liquid/soft diet they then consume normal food but are satisfied with less because surgery alters hormone signals sent from the gut to the brain after meals, resulting in greatly reduced appetite.

- Complications can occur after bariatric surgery (as with all operations and many non-surgical treatments) but major nutritional problems are rare in patients offered well-structured post-operative multidisciplinary support by a team of dieticians, psychologists, surgeons and physicians.
7. I’ve heard they put all of the weight back on again?

- Even with very high BMI patients, bariatric surgery typically results in 21-31% total body weight loss (TBWL) over the first two years after surgery. This equates to about 70% of the excess weight they were carrying at the time of surgery.

- In contrast, intensive medical intervention/calorie restriction (when used in lower BMI patients who are more likely to respond without surgery) typically results in about 8% TBWL at 2 years due to the high rate of ‘yo-yo’ weight regain.

- At 5-10 years after bariatric surgery approximately 15% of patients regain a substantial amount of weight. This is not entirely surprising as NHS multidisciplinary support for such patients currently stops 2 years after surgery.

- Nevertheless 85% of patients maintain good long-term weight loss after bariatric surgery