

A decorative graphic consisting of a thin yellow circle on the left side, partially overlapping a horizontal bar. The bar has a yellow-to-white gradient and is flanked by large black and yellow brackets.

GP's Guide to Bariatric Surgery

Mr Roger Ackroyd
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FAT ATTACK

Top docs warn of health timebomb

■ by MACER HALL, Political Editor

A BLUBBER-busting crackdown on binge-eaters must be launched to stop Britain turning into a nation of fatties, senior doctors warned yesterday.

Shocking official figures revealed that more than half the population is overweight.

And the country is facing a "terrifying timebomb" of heart attacks, strokes and other serious illnesses unless the Government acts fast, the report said.

In their disturbing warning, leading medics called for a national taskforce to drive couch potatoes off the sofa

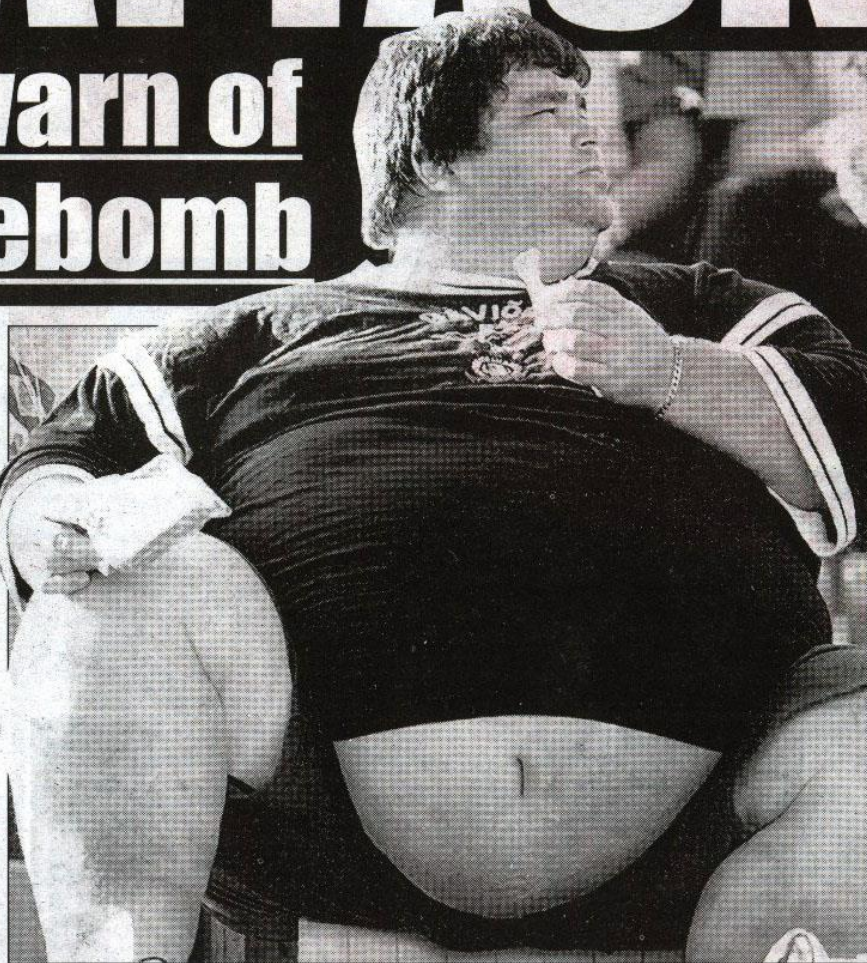
and to quit gorging on fatty foods. They also demanded changes in food labelling and the way buildings and towns are designed to encourage exercise.

The report, *Storing Up Problems: The Medical Case for a Slimmer Nation*, was published by the Royal College of Physicians, the Faculty of Public Health and the Royal College of Paediatrics and Child Health.

Deaths

It showed that a third of the population will be obese by 2020. At present, the figure is one in five - with obesity causing at least 30,000 deaths a year.

Launching the report, Carol Black, of the Royal



GRUB TO DIE FOR: The number of obese people in Britain is set to rise

Prof Sian Griffiths, of the Faculty of Public Health, said: "Too many children are taken to school by car and too few ride bicycles."

10 GUT BUSTERS

- 1 **REDUCE** the number of lifts in buildings to force people to use stairs.
- 2 **PROVIDE** bike racks at offices.
- 3 **BUILD** cycling and walking routes.
- 4 **HAVE** free fruit in schools.
- 5 **CUT** the prices of healthy foods.
- 6 **BAN** vending machines from selling fizzy drinks, sweets and fat-filled snacks in schools.
- 7 **HAVE** labels that promote healthy

Gym'll fix it for kids

OBESSE BRITAIN

One in three adults will be dangerously overweight within 15 years unless we change our lifestyles now, warn top doctors

Jenny Hope
Medical Correspondent

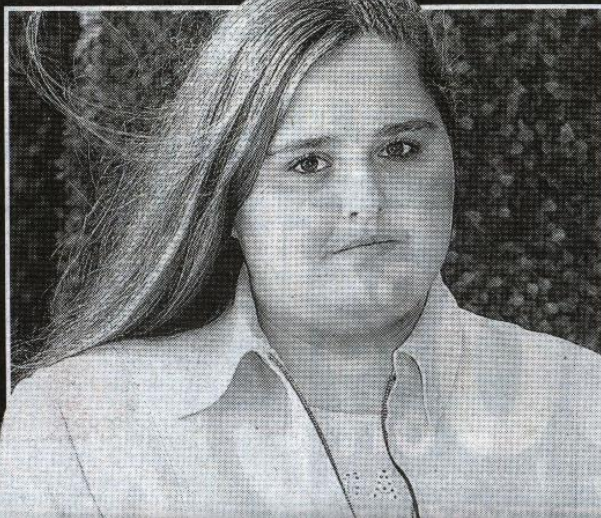
LEADING doctors yesterday led for a national strategy to combat the obesity epidemic which threatens to hit one in three adults within 15 years.

They are demanding far-reaching changes from the food we eat to the way town centres are designed.

A study from three medical colleges reveals that at least a third of adults, one in five boys and one in three girls will be obese by 2020, with millions more overweight.

The report called *Storing Up Problems: The Medical Case for a Slimmer Nation* was launched by the Royal College of Physicians, the Faculty of Public Health and the Royal College of Paediatrics and Child Health.

Professor Sir Griffiths, president of



What the report proposes

- More designated walking and cycling routes.
- Encourage more children to cycle to school.
- Building designs to encourage use of stairs, not lifts.
- Install bike racks and showers at work.
- Town planners to discourage car use.
- Women-only swimming sessions.
- Promotion of 'old-fashioned' family walks.
- Cheaper and easier access to sports facilities.
- Safer, accessible parks.
- More free school fruit.
- Removal of school vending machines selling unhealthy snacks and drinks.
- Promotion of breastfeeding.
- Food subsidies to encourage healthier eating choices.
- New standards in food labelling and marketing.
- Possible colour-coding of fat in foods with red for high-fat and green for low-fat.
- A taskforce to develop anti-obesity strategies and public education campaign.

WEIGHT BRITAIN

Warning to nation of fatties

By JULIE MOULT

BRITAIN is heading for a health crisis as we become a nation of fatties, experts warned yesterday.

Ballooning weight levels have seen one adult in five classed as obese – and more tubby kids than ever.

Docs blame junk food and lack of exercise. And they predict that without drastic action a **THIRD** of the population will be dangerously fat by 2020 – leading to a soaring death toll.

Full story – Page 13

LARDY BRITAIN FACING MASSIVE

THE FUTURE IS FAT

ENGLAND FOOTBALL TEAM: WORLD CUP 2022



TYPICAL FAMILY WATCH TV: 2020



POP IDOL: 2020



The right patient



MOM, is there any evidence that obesity is genetic?

Indications for surgery

- BMI >40 or BMI >35 with serious co-morbid disease treatable by weight loss
- minimum of 5 years obesity
- failure of conservative treatment
- no alcoholism or major psychiatric illness
- avoid if likely to get pregnant within 2 years
- lower age limit of 18 years
- acceptable operative risk

[Updated NICE guidance (December 2006)]

- If BMI>50 proceed straight to surgery
- Lower age limit waived

BMI >40 or BMI >35 with serious co-morbid disease treatable by weight loss

- BMI>40 results in 10-15 years reduced life expectancy
- BMI >35 with co-morbidity improved by weight loss
 - Metabolic syndrome
 - Type II diabetes
 - Dyslipidaemia
 - Hypertension
 - Obstructive sleep apnoea
 - Others
 - Severe joint pain, angina, etc.
- ?BMI 30-35
 - Currently being evaluated
 - Recent IFSO position statement (March 2014)

Minimum of 5 years obesity

- Rarely a problem
 - Usually present in UK during 4-5th decades
 - Often present since childhood or birth of first baby



Let's see now. She's diabetic, in cardiac failure, has stress incontinence, and requires CPAP. No we can't approve an operation without evidence of a five year diet.

[Failure of conservative treatment]

- Dietitians
- Weight watchers/Slimming world
- Orlistat/(Sibutramine)/(Rimonabant)
- Medical weight loss clinic
- Metabolic clinic
- Physiotherapy
- Hypnotherapy

[No alcoholism or major psychiatric illness]

- Need to be abstinent from alcohol
- Consult a psychiatrist if necessary
 - Schizophrenia, borderline personality, active suicidal ideation, uncontrolled depression (?absolute contraindications)

Avoid if likely to get pregnant
within 2 years

- Need to take contraceptive precautions

[Age limits]

- Relative

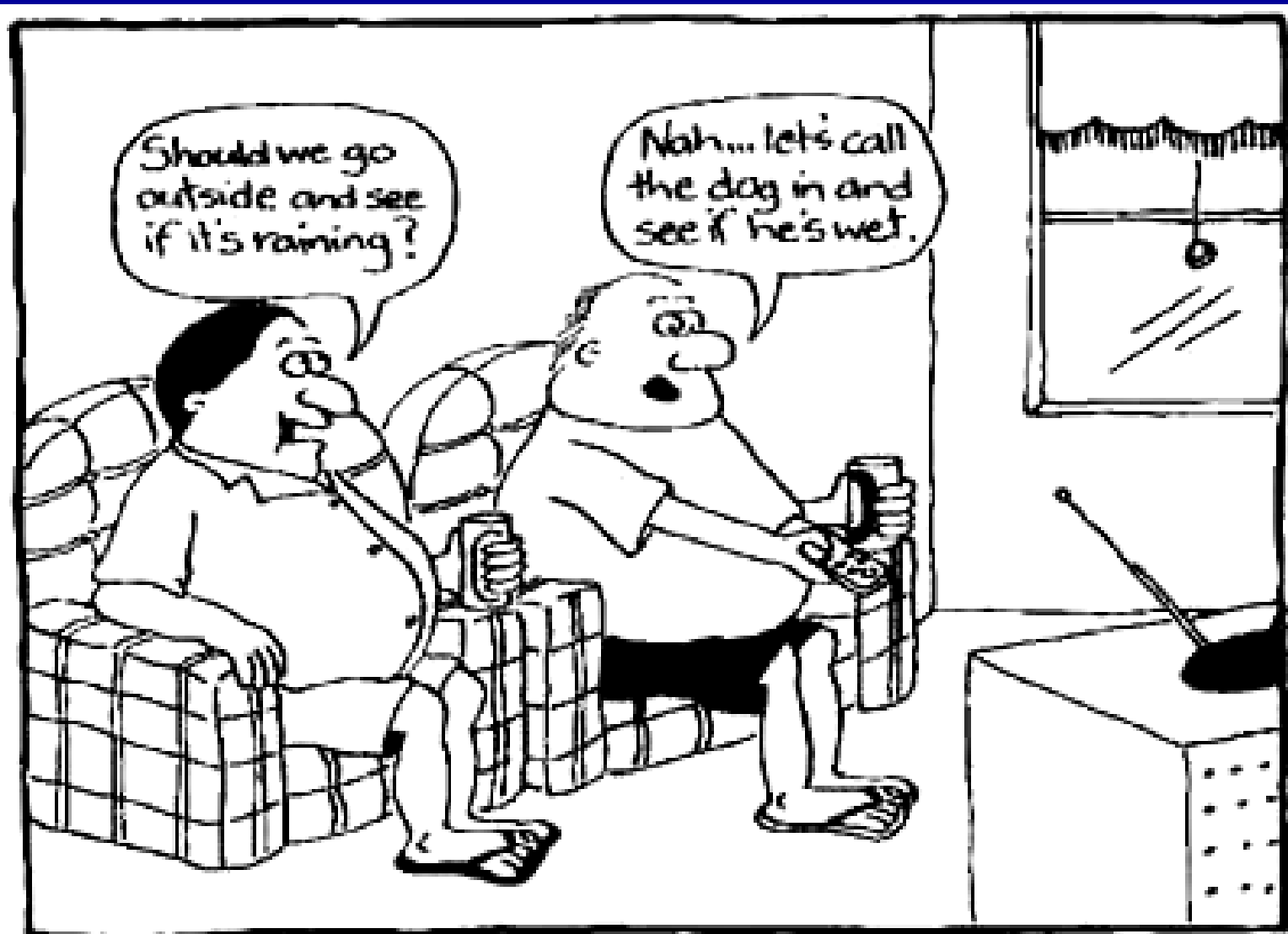
- Results better in younger patients
- With resource constraints who should have priority in the NHS?
 - Young patient with no co-morbidity
 - Older patient with co-morbidity

[Acceptable operative risk on preoperative assessment]

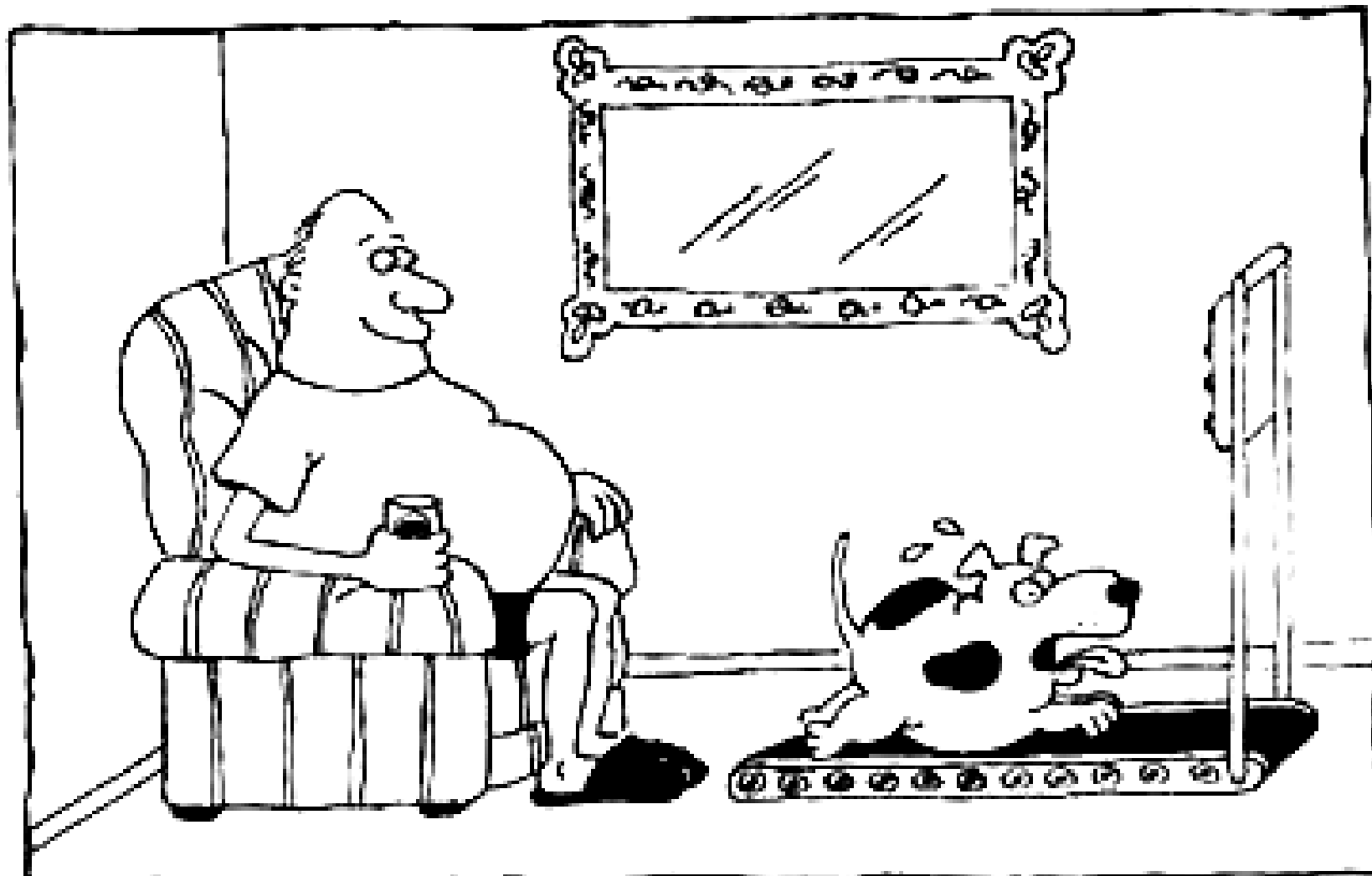
- Morbidity – 5-30%
- Peri-operative mortality
 - Banding < 0.1%
 - Bypass/sleeve < 0.5%
 - Higher with co-morbidities and re-do surgery
 - 3/4100 (2013 NHS surgeon outcome data)

[Summary — selecting the right patient]

- Usually no problem deciding suitability against NICE criteria
- Beware binge eaters/nibblers/sweet eaters
- Patients must agree to lifelong follow-up
- Patients must have sufficient intelligence to understand the surgery



TYPICAL DISCOURSE BETWEEN MEMBERS OF THE HUMAN ENERGY
CONSERVATION SOCIETY.



WHEN INFORMED BY HIS DOCTOR OF THE CORRELATION BETWEEN FAT DOGS AND THEIR MASTERS, BRIAN SET OUT IMMEDIATELY TO RECTIFY HIS WEIGHT PROBLEM.

The right operation

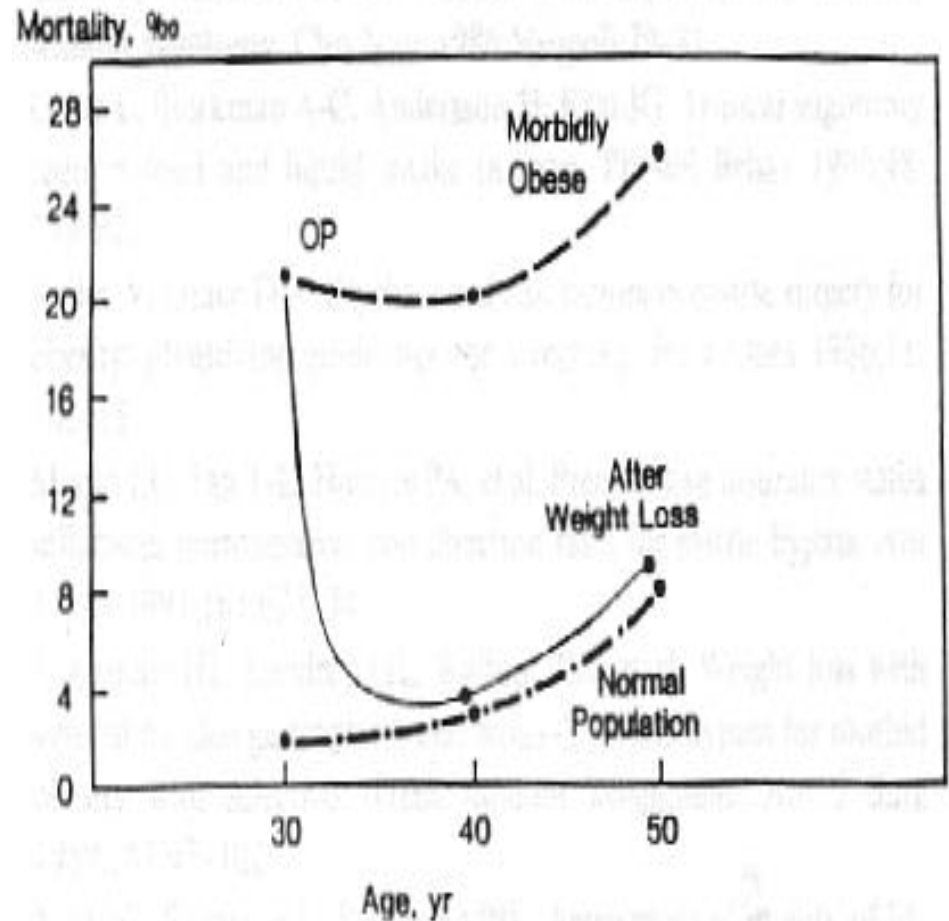


Pope's
2003

That was a cheap date. She had
had a gastric bypass — she didn't eat much.

What are the objectives of surgery?

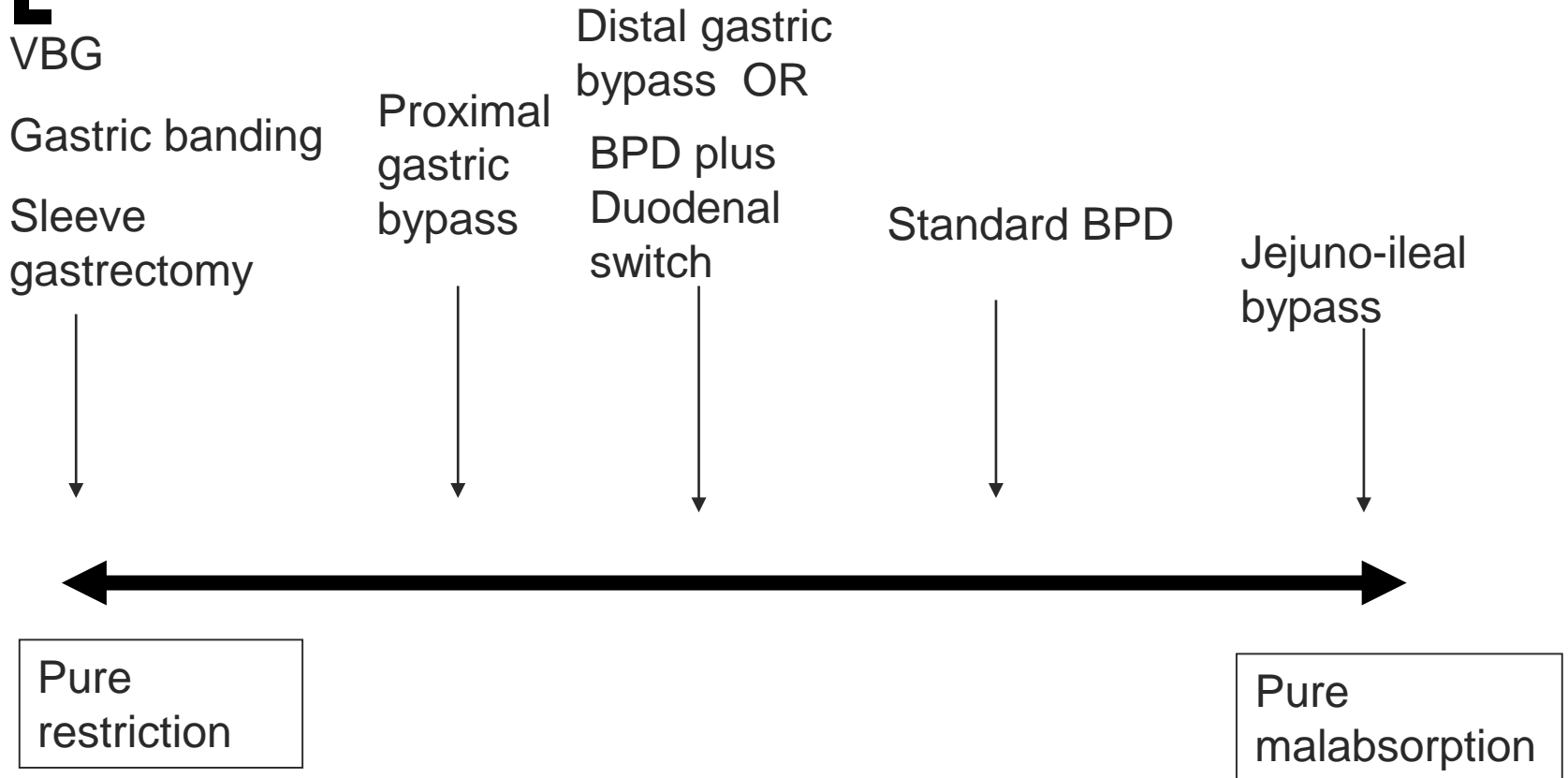
- Remove as much excess weight as possible
 - Mortality \propto BMI
 - Improvement in co-morbidities
 - Type II diabetes
 - OSA
 - HBP, lipids
 - QoL
 - Musculo-skeletal problems



[Considerations]

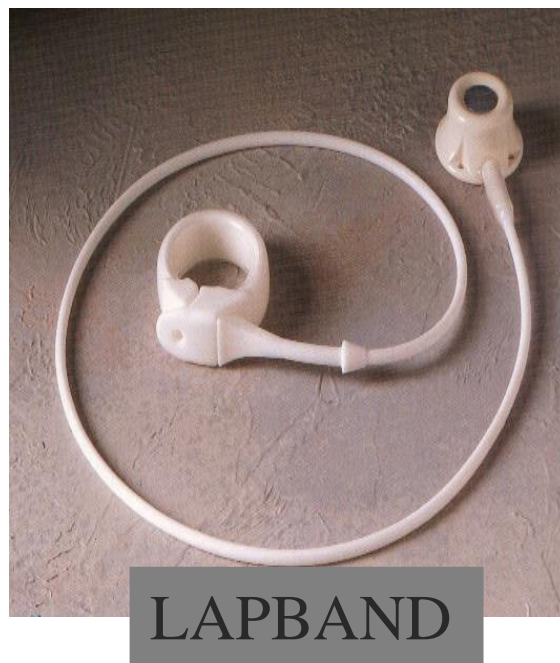
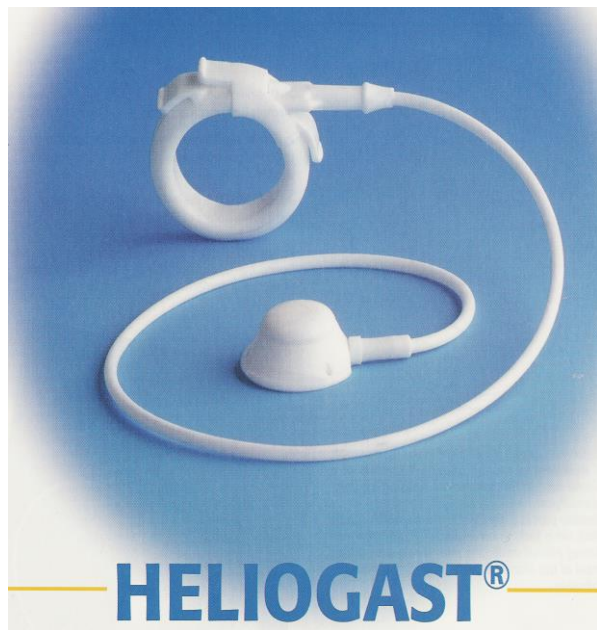
- What does the patient want?
- What am I trained to do?
- Which operation gives me the best results?
- Should I tailor my operation to the patient?

Options: restriction vs malabsorption



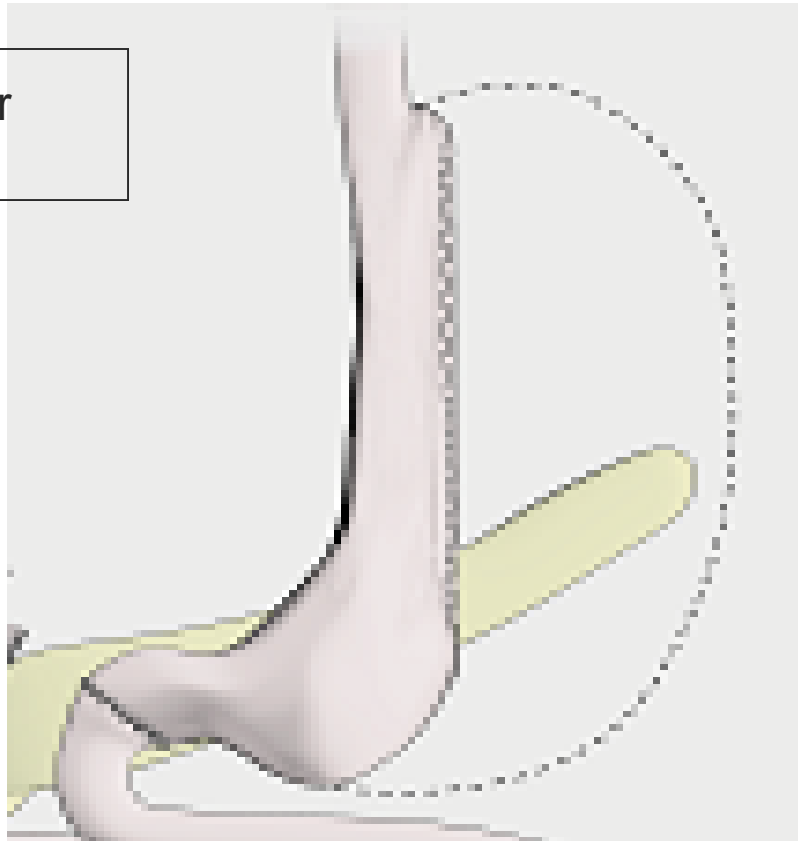
Laparoscopic gastric banding



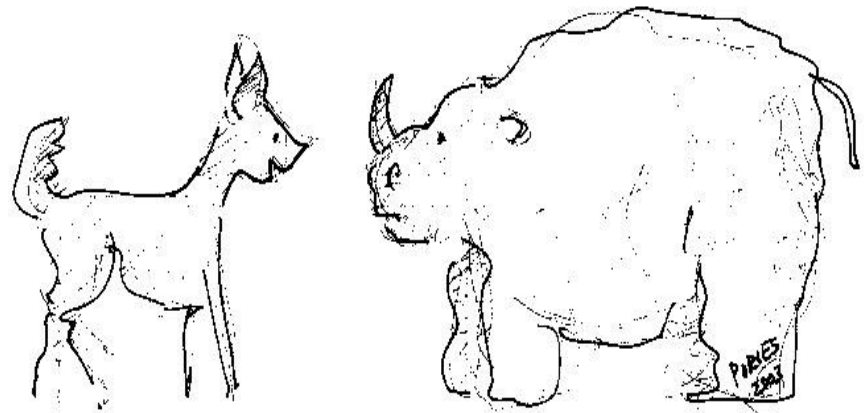
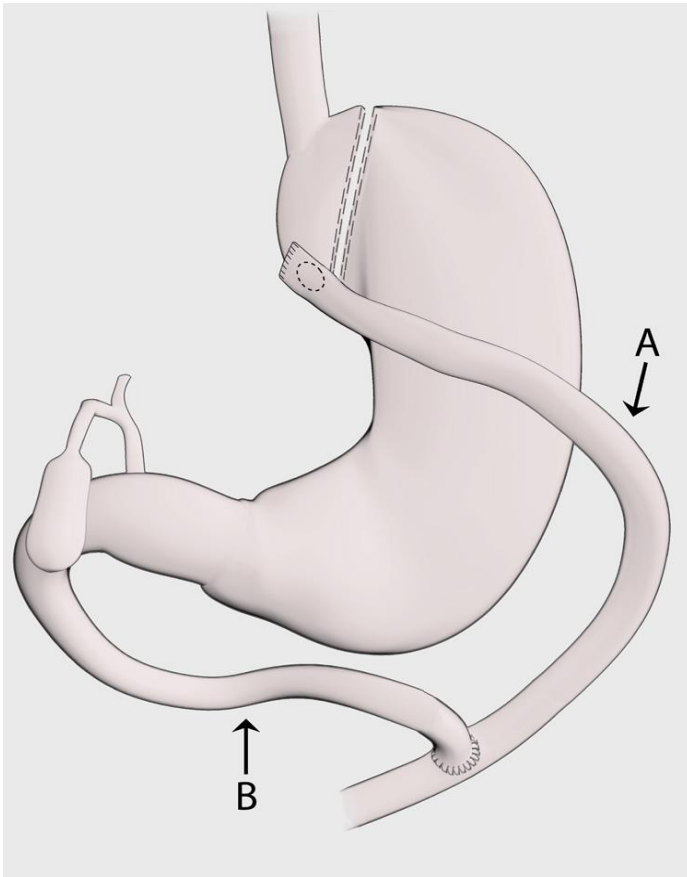


[Laparoscopic sleeve gastrectomy]

32-36Fr
bougie

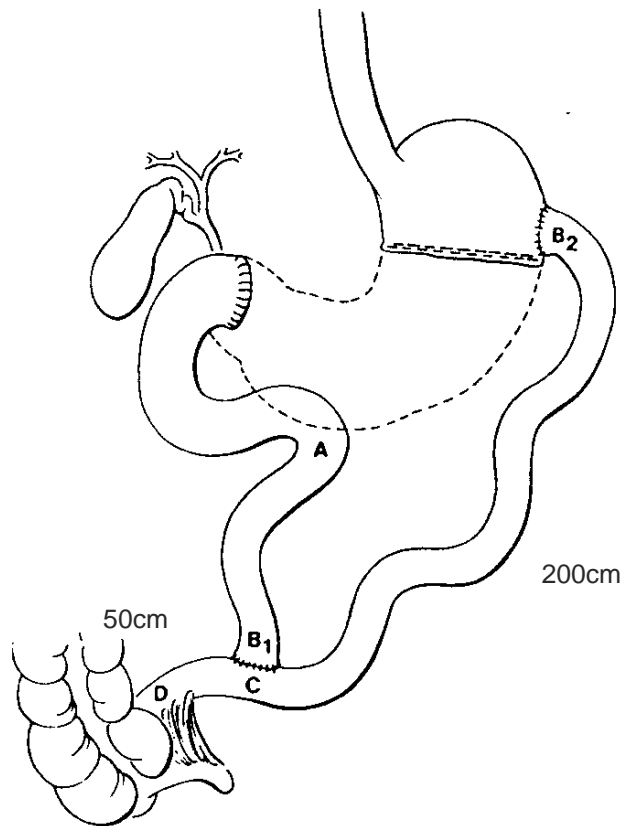


Laparoscopic roux-en-Y gastric bypass



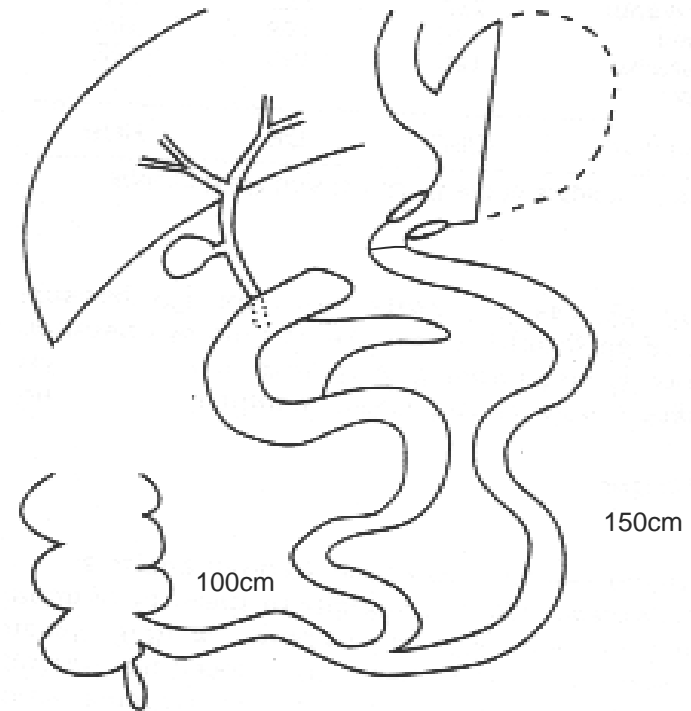
Have you considered a gastric bypass?

Malabsorptive procedures



Standard bilopancreatic diversion (BPD)

Scopinaro operation

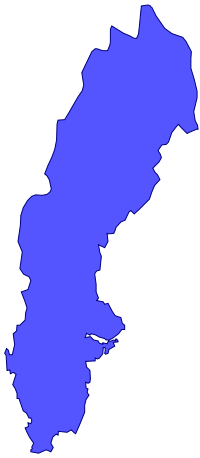


BPD + duodenal switch

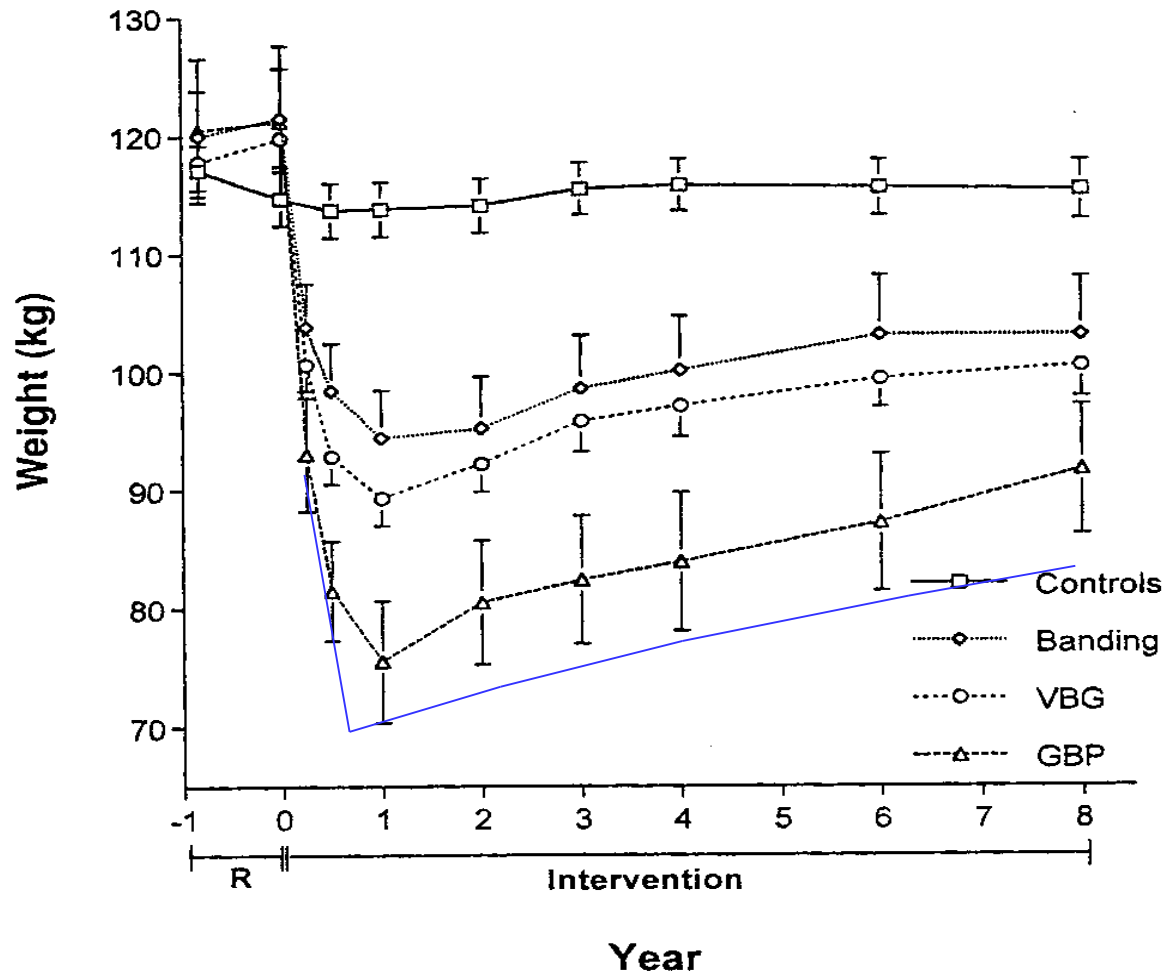
Commonest procedures worldwide – IFSO (2003)

	(%)
■ Laparoscopic gastric bypass	25.67
■ Laparoscopic gastric banding	24.16
■ Open gastric bypass	23.07
■ Lap/open distal gastric bypass	16.37
■ Open VBG	4.25
■ Open DS	2.03
■ Laparoscopic VBG	1.18

60% laparoscopic



SOS study – Weight loss over time v procedure



[NBSR Results (to March 2010)]

- 84 surgeons in 84 hospitals
- 68.8% NHS, 30.9% self funded, 0.3% insured
- 3187 bypasses, 2132 bands, 588 sleeves
- 0.1% in-hospital mortality for primary ops
- 2.6% post-operative morbidity
- 57.8% XS weight loss
 - 43.2% band; 67.8% bypass, 54.0% sleeve
- 85.5% resolution of diabetes
- 60.2% resolution of sleep apnoea

Sheffield (RA only) laparoscopic gastric bypass results

- 1600 lap gastric bypasses
- May 2004 – May 2014
- 1378 females; 222 males
- Median age 46 years (range 14-73)
- Median BMI 58 (range 38-107)
- 36% type II diabetes

[Resolution of type II diabetes (RA)]

- Complete resolution at 4 weeks = 82%
- Partial resolution at 4 weeks = 14%
- ie: % patients with improved/"cured"
type II diabetes = 96%

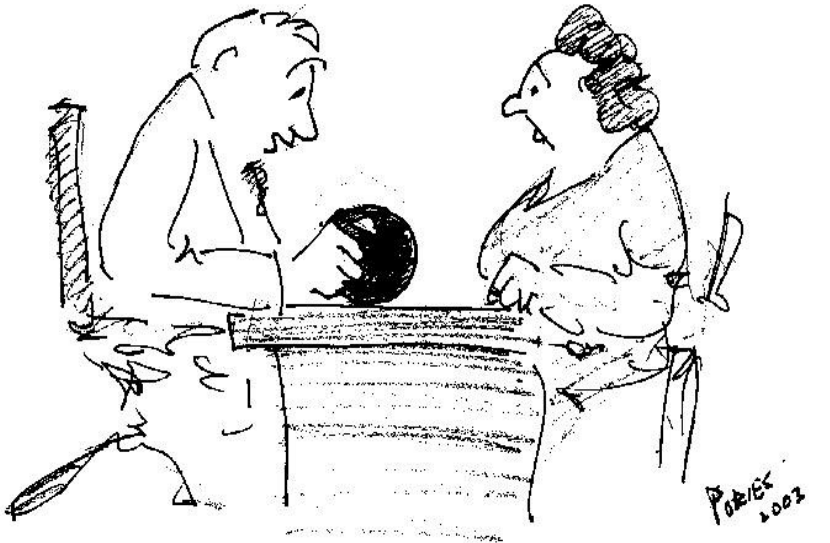
Results of surgery in the treatment of type II diabetes

	% resolution
■ Banding	50%
■ Sleeve	50-60%
■ Bypass	95%
■ BPD	99%
■ DS	100%

Results of surgery in the treatment of hypertension

	% resolution
■ Banding	30-40%
■ Sleeve	40-50%
■ Bypass	60-70%
■ BPD	80%
■ DS	90%

Decision making : summary



IT SAYS YOU SHOULD HAVE A GASTRIC BYPASS

- What does the patient want?
- What can I offer?
 - Banding
 - Smaller patients ($BMI < 40$)
 - Non-diabetics
 - Volume eaters
 - Bypass
 - Bigger patients ($BMI > 40$)
 - Nibblers/Sweet eaters
 - Type II diabetics
 - Sleeve
 - Super obese ($BMI > 60$)
 - Males
 - Patient preference

[Conclusions (1)]

- Right patient
 - Selection usually straight forward
 - Younger the better
 - Previous success at weight loss
- Right operation
 - Patient preference after counselling
 - Depends on BMI and eating habits

[Conclusions (2)]

- Excellent resolution of type II diabetes
- Excellent resolution of obstructive sleep apnoea
- Significant improvement in blood pressure and other co-morbidities
- Highly cost effective treatment





Perca peso bebendo. Beba Camp Light.