Surgery

North Bristol NHS Trust

# North Bristol Centre for Weight Loss, Metabolic & Bariatric Surgery

Newsletter: **April 2015**

## The Team

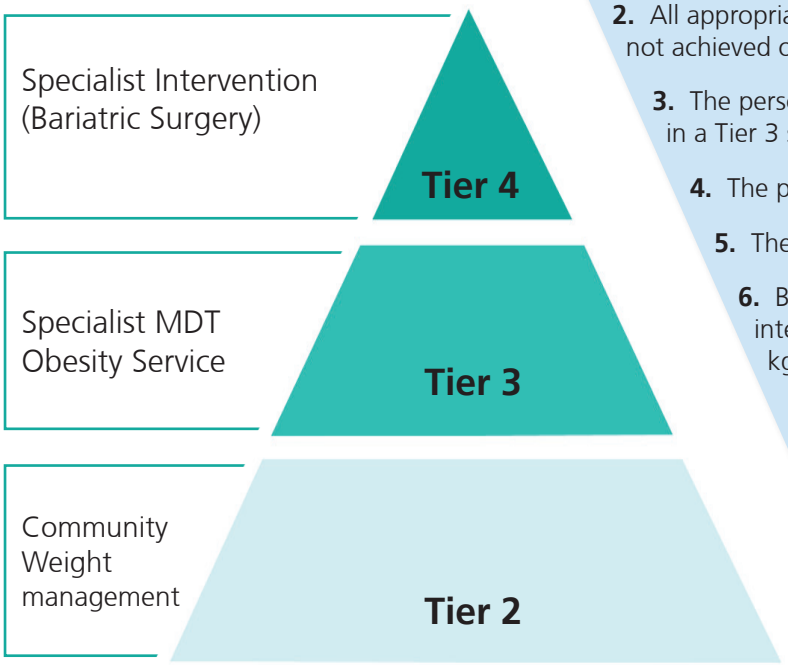
**Mr J Hewes, Consultant Surgeon, Lead Clinician**
**Ms S Norton, Consultant Surgeon**
**Dr K Lonnen, Consultant Endocrinologist**
**Dr M Pyke, Consultant Anaesthetist**
**Dr S Tolchard, Consultant Anaesthetist**
**R Burns, Dietician**
**Dr E Lishman, Psychologist**
**D Smith, Coordinator**
**Mr A Osborne, Consultant Surgeon**
**Dr A Johnson, Consultant Endocrinologist**
**Dr M Darby, Consultant Radiologist**
**Dr J Homewood, Consultant Anaesthetist**
**D Wilson-Evans, Practitioner**
**Dr E Kewin, Psychologist**
**P Clifford, Coordinator**
**E Hedges, Waiting list coordinator**

Our team are committed to provide excellent holistic care for obese patients. We have a clear focus on supporting patients within a multidisciplinary team approach providing medical, nutritional, psychological and surgical interventions to improve health and longevity.

There have been some significant changes in the make-up of the group over the past 12 months and we believe that we have a strong, dynamic and motivated team.

## Referral Criteria

Criteria for referral for Tier 3 weight management clinic and Tier 4 bariatric surgery assessment is based on the updated NICE guidance (Nov 2014).




**Tier 3** - Specialist MDT Obesity Service
**Tier 4** - Bariatric surgery
- Postoperative management of bariatric patients

1. Any person with BMI >40 kg/m$^2$ or person with BMI 35-40 kg/m$^2$ who has other significant disease that could be improved if they lost weight (e.g. type 2 diabetes, hypertension, dyslipidaemia, obstructive sleep apnoea, Benign Intracranial Hypertension etc.)
2. All appropriate non-surgical measures have been tried but the person has not achieved or maintained adequate, clinically beneficial weight loss.
3. The person has been receiving or will receive intensive management in a Tier 3 service.
4. The person is generally fit for anaesthesia and surgery.
5. The person commits to the need for long term follow up.
6. Bariatric surgery is the option of choice (instead of lifestyle interventions or drug treatment) for adults with a BMI of > 50 kg/m$^2$ when other interventions have not been effective.
7. Patients with a BMI >35 kg/m$^2$ who have recent-onset type 2 diabetes should be offered an expedited assessment for bariatric surgery.
8. Consider an assessment for bariatric surgery for people with BMI 30-35 kg/m$^2$ who have recent onset type 2 diabetes.
9. Consider an assessment for bariatric surgery for people of Asian family origin who have recent onset type 2 diabetes at a lower BMI than other populations.

We offer all types of bariatric procedure including Roux-en-Y Gastric Bypass, Sleeve Gastrectomy, Gastric Band and revision operations. They are performed laparoscopically in our new state-of–the-art theatres. We also offer intra gastric balloon insertion as a temporary measure for rapid weight loss usually as a bridge to a definitive procedure in high risk individuals.

Our patients understand that bariatric surgery does not guarantee successful weight loss. Surgery should be seen as a tool to help achieve healthy weight loss long-term, improve comorbidities, and most importantly to avoid weight regain. It is well documented that patients can over-ride the physiological changes promoted by bariatric surgery, and therefore in depth review of eating behaviours and psychological review prior to surgery is crucial.

## Activity

The service has experienced increased numbers of referrals. Between Apr 2014 – Mar 2015, 232 patients were listed for surgery following review in the Tier 4 service, compared with approximately 180 the previous year. Of these, 121 patients have undergone a procedure with 111 on the waiting list. We are currently performing proportionately more bypass and sleeve procedures, which is a change from our previous practice.

| Procedure | Numbers |
|---|---|
| Intra gastric balloons | 11 |
| Insertion of gastric bands | 10 |
| Removal/Revision of gastric bands | 42 |
| Sleeve Gastrectomy | 40 |
| Gastric Bypass | 18 |

All gastric balloon and banding procedures are listed as day-case. New pathways aim to discharge inpatients following a sleeve gastrectomy or gastric bypass within 48 hours. The average length of stay between Nov 14 - Mar 15 was 1.9 nights which is less than the national average.

## The Future

Our long term aims are to establish a stand-alone weight management unit to allow for seamless throughput before, during and after surgery. This should increase our numbers of assessments and operations whilst reducing waiting times. We are working towards a 23-hour post-operative stay model for all but the highest risk patients and are committed to being involved in the forefront of research in the field.

**Full report details can be found on our website:**
**http://www.nbt.nhs.uk/our-services/a-z-services/bariatric-surgery**

**Referral information can be found at:**
**http://www.nbt.nhs.uk/clinicians/services-referral/bariatric-surgery-clinicians**

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