Complex medical co-morbidities

Rhodri King
Mr DC

- 60 year old male
- Referred for help to lose weight after seeing an Orthopaedic surgeon for a knee replacement
  - “.......DC needs to lose a significant amount of weight before he can safely have a knee replacement. Please refer him to the bariatric surgeons”
Background

• Slow and steady weight gain over the years
• Never had a serious attempt at weight loss in the past
  – “never thought about it until recently”
• Not very active as gets very SOB and pains in knee
• Had experimented with reducing portion sizes which caused hypos and so needed to eat more
Co-morbidities

• T2DM diagnosed 2010
• Hypertension 2011
• IHD – LAD stent 2014
Medications

- Gliclazide 160 mg bd
- Humalog Mix 25; 80 units am 60 units pm
- Ramipril 5 mg
- Amlodipine 10 mg
- Bisoprolol 5 mg
- Aspirin 75 mg
- Atorvastatin 80 mg
- Co-codamol
Examination

• Weight 134 kg
• BMI 42 kg/m$^2$
• BP 158/94
• Central obesity
• Peripheral oedema

• Epworth Score 12/24
Blood results

- HbA1c 64 mmol/mol
- ALT 72 iu/L
- Cholesterol 3.9 mmol/L, LDL 1.6 mmo/L
- Creatinine 112 umol/L, eGFR 65 ml/min
- Vitamin D 34 nmol/L
Things to consider.....

• Age

• Patient really only here to get his knee done

• Hasn’t made attempts at weight loss in the past even after significant health events

• Logic of having 2 operations instead of 1
  – High cardiovascular risk
Plan

- Dietitian review
- Stop gliclazide
- Start metformin
- Sleep studies
- Start liraglutide
- Echocardiogram
  - titrate ramipril dose if LV impairment
  - ? swap amlodipine for furosemide
Progress

Weight 134 kg → 127kg → 121kg
BMI now 38 kg/m²

Insulin doses reduced 60 units / 24 hours
OSA confirmed – commenced on CPAP
BP 138/78
Less oedema
Progress....

- After 2-3 years, feels better – more energy
- Less knee pain
- Insulin doses continue to reduce
- Much healthier now - reduced anaesthetic risk
What now.....

1. Refer for bariatric surgery with the hope ortho will then do his knee

2. Discussion with ortho – what weight do they want him to be at?
Discussion points

• Optimising medical co-morbidities can have a positive effect on weight

• What is the best approach for patients referred from other specialties considering surgery

• Looking holistically can help achieve desired outcome without the need for surgery
Thank You