

Regional Group of the Association for the Study of Obesity

TOPIC: 'Weight loss surgery'

The North East Obesity Forum held a meeting on Wednesday 20th October 2016 from 4.30 – 6.30pm at Gateshead Civic Centre where weight loss surgery was discussed. Approximately 40 delegates attended the session where 4 speakers presented. An abstract for each presentation is given below.

Abstracts

Dr Yitka Graham, Senior Lecturer in Public Health, Faculty of Applied Sciences, Sunderland University and Researcher in the Department of General Surgery at City Hospitals Sunderland NHS Trust

Title: "Post-surgical experiences of weight loss surgery, what research tells us"

Compared with literature on weight loss and comorbidity improvement, there is a paucity of information on the patient-reported experiences of adjusting to life after bariatric surgery. Between 2011 and 2013, nearly 17,000 procedures were performed in the UK, with gastric bypass comprising 55% of the operations. Clearly, there are an increasing number of people living with bariatric surgical procedures, with the majority of these irreversible.

A systematic literature review was undertaken to identify post-surgical qualitative literature from the patient perspective between 2000 – 2016. 18 studies met the inclusion criteria. Findings showed that the majority of patients frame their post-surgical experiences within a pre- and post-surgical life, drawing comparisons between the two. Bariatric surgery was described as a 'second chance', 'last resort', 'being rescued' and a 'rebirth' by many participants. Core themes of 'transformation' and 'control' were identified, largely centred around living with bodily changes and learning to deal with new eating habits. The majority of participants felt that although their problems around obesity were resolved, bariatric surgery introduced new problems to be dealt with, which were negotiated through trial and error.

The rapid change to physical appearance and different eating habits often invited attention, which was not always welcomed. Many participants were not comfortable disclosing surgery as their methods of weight loss, as this could lead to negative comments, with reported accusations of 'cheating' and 'taking the easy way out'. Fear of being judged appeared to be linked to previous stigmatisation of the previous obese state, which reinforces the pre and post-surgical dichotomy.

Overall, participants reported bariatric surgery as a positive experience, and that problems were expected as part of the surgically-imposed changes. Life after bariatric surgery is a complex process, and the social aspects need to be further researched as more people undergo weight loss surgery.

Mr Peter Small, Consultant Surgeon, Sunderland Royal Hospital, Visiting Professor, Sunderland University

Title: “What can Weight Loss Surgery achieve and why are Referral Guidelines not followed?”

Obesity is associated with the development of multiple disease processes, or co-morbidities, all of which can either improve or disappear with successful weight loss. UK data shows surgery is extremely safe, with an in-hospital death rate of 0.07%, and will deliver significant health benefits within 1 year. The vast majority of operations are laparoscopic, with 58 and 65% excess weight loss achieved at 1 and 3 years after surgery. National data demonstrates 65% of Type 2 diabetics are off medication at 2 years.

Multiple reasons exist for failure to follow guidelines, such as variation with timelines, initial expense, restricted health budgets, lack of infrastructure (Tier 3), change in commissioning pathways, as well as social and professional prejudice against obese patients. Referral pathways appear deliberately obstructive, requiring GPs to refer into a tier 3 pathway (which remains unavailable in many parts of the country) and not directly to surgeons. UK evidence clearly shows that if surgery were more widely available, costs would be recouped within 2-3 years, justifying any initial financial outlay by the NHS.

Despite all the evidence that surgery achieves long-term weight loss with associated health benefits and is cheap to provide, the NHS does not provide adequate resources to fund surgery for all that might benefit. It also fails to provide a holistic service, particularly affecting those who need body restructuring after massive weight loss. Similar prejudicial treatment of a breast cancer patient would not be tolerated in the UK.

Professor Roy Taylor

Professor of Medicine and Metabolism, MR Centre, Newcastle University

Title: “What can Weight Loss Surgery do to diabetes and other conditions?”

Understanding how weight loss surgery works to help with diabetes is important. Over the last decade, Newcastle research has simplified understanding of type 2 diabetes itself. Additionally, working in collaboration with Mr Peter Small and Mr Sean Woodcock of the NE Regional Bariatric Surgery Service, it has been possible to study the details of what happens to metabolism after bariatric surgery. Both people with and without type 2 diabetes have been studied. Around half of all people with diabetes achieve a normal HbA1c (average level of blood sugar) in the first few years after bariatric surgery of all kinds. But the extent of weight loss achieved was the most important feature, with better outcomes being seen if more than 25kg weight loss was achieved. The absolutely central determinant of type 2 diabetes has been identified to be the level of fat in the pancreas. This is abnormally high in people with type 2 diabetes, and falls after bariatric surgery only in those with type 2 diabetes pre-surgery. Changes in hormones from the gut were shown to be unimportant in improving sugar control. This simplification of knowledge about what happens after weight loss surgery should make decisions about when to refer easier for both doctors and people with type 2 diabetes.

Maureen Boyle

Senior Specialist Dietitian (Bariatric Surgery) at NHS, Sunderland Royal Hospital

Title: “Dietary issues for Weight Loss Surgery patients before and after surgery”

Bariatric surgery has been shown to be successful in improving co morbidities and general well-being. It is not an easy option and requires a lifetime change of diet and lifestyle. Prior to surgery it is important that patients are fully aware of what we expect of them and also that they have realistic expectations. To prepare patients we have a pathway which includes assessment, education sessions and nutritional advice at the time of surgery. It is important that patients also attend for review and monitoring after surgery. Dietetic support is offered for 2 years and it is important that patients do attend. Patients are not expected to reach a normal BMI after surgery and need to be aware of this and that weight regain can occur after surgery. Overall patients believe it is the best thing they have ever done.

We still have areas to research in regards to the weight regain and also longer term nutrition and the adequacy of vitamins and minerals.