*Extract from -* [*EBI\_Guidance\_List3\_0523.pdf (aomrc.org.uk)*](https://ebi.aomrc.org.uk/wp-content/uploads/2023/03/EBI_Guidance_List3_0523.pdf)

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**Referral for bariatric surgery**

There are a variety of minimally invasive surgical options to help weight loss (bariatric surgery) and improve health. These include Roux-en-Y gastric bypass, one anastomosis (mini) gastric bypass, vertical sleeve gastrectomy and adjustable gastric banding. NICE guideline CG189 states that surgery for obesity is an option if specific criteria are met, balancing the risk of surgery with the long-term benefits of alleviating ill health caused by obesity.

Evidence shows that when commissioned as recommended, surgery is highly effective in causing weight loss, reduces the long-term impact of poor health and reduces the risk of premature death from obesity-related conditions. Despite this, the UK has one of the lowest rates of bariatric surgery in the developed world.

The EBI programme proposes clear, evidence-based criteria for use across England.

**Clinical overview**

There are a variety of surgical options available for promoting weight loss. These bariatric procedures include Roux-en-Y gastric bypass, one anastomosis (mini) gastric bypass, vertical sleeve gastrectomy and adjustable gastric banding. The specific type of procedure should be decided as part of a shared decision making conversation between the patient and the surgeon, during which risks and possible outcomes are discussed.

Bariatric procedures aim to promote weight loss and improve other metabolic complications of obesity. This proposed guidance establishes criteria for referral of a patient to a bariatric surgical centre for consideration of performing a bariatric surgical procedure.

**Guidance**

This guidance applies to those aged 18 years and over.

For patients with a BMI of 50 or more, surgery should be considered as a first-line treatment intervention.

Patients with a BMI less than 50 should be referred for consideration of bariatric surgery if they meet the following criteria:

— The patient has a BMI of 40 kg/m2 or more, or between 35 kg/m2 and 40 kg/m with significant obesity-related complications likely to improve with weight loss (for example, type 2 diabetes, sleep apnoea or hypertension)

**OR**

— The patient has a BMI of 30 kg/m2 or more with type 2 diabetes of less than 10 years duration. This BMI threshold should be reduced to 27.5 kg/m2 if the patient is of Asian family origin.

All patients being considered for bariatric surgery must also meet the following criteria:

— Appropriate non-surgical measures have been tried but the patient has not achieved or maintained adequate, clinically beneficial weight loss

**AND**

— The patient has been receiving or will receive intensive management in a tier 3 service or equivalent. For more information on tier 3 services, please refer to NHS England’s report of the working group into joined up clinical pathways for obesity and The Royal College of Surgeon’s Weight Assessment and Management Tier Services Commissioning Guide.

**AND**

— The patient is otherwise fit for anaesthesia and surgery

**AND**

— The patient commits to long-term follow-up

**AND**

— The patient and clinician have undertaken appropriate shared decision-making consultation regarding undergoing surgery including discussion of risks and benefits of surgical intervention.

After surgery, the host bariatric surgery unit should follow up with the patient for two years. Thereafter, responsibility for follow up should be handed over to the either the local non-surgical Tier 3 service OR the patient’s GP, who should conduct yearly appointments. These appointments should include weight measurement and a request for nutritional blood tests. See British Obesity & Metabolic Surgery Society (BOMSS) guidance for more details.

Please note that this guidance is intended as a standard threshold for access. However, if you/ your patient falls outside of these criteria, the option to apply for an Individual Funding Request is still available to you.

**Rationale for recommendation**

According to NICE guideline CG189 surgery for the treatment of obesity is recommended if specific criteria are met, relating to the patient’s body mass index and the presence of obesity-related complications. This balances the risk of surgery with its potential positive long-term impact on the patient. When commissioned appropriately, obesity surgery is highly effective in promoting weight loss, and more importantly, reducing mortality and morbidity burden. It is also one of the most cost-effective treatments in the field of surgery. The penetrance of obesity surgery remains very low even though thousands of eligible patients stand to benefit from this life-saving intervention with the associated health benefits it provides