Evidence to Support Standardizing Preoperative Weight Loss for Bariatric Program at UW Weight Loss Management Clinic (UW WLMC)

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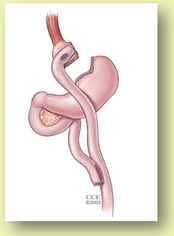
Background

- Required weight loss prior to bariatric surgery is a controversial research topic with conflicting results
- Medicaid is the only insurance that requires a 5% pre-op weight loss per WA state law
- Currently there are no clear guidelines at UW WLMC.
- 2011 position paper by the American Society for Metabolic and Bariatric Surgery is not recommending setting guidelines



Aims

- Identify the strengths of the evidence
- Present the results in order to initiate and enact the guidelines

Method

- Conducted a literature review
  - ➢ Clinical trials and prospective cohorts were considered
- Extracted data from two well-conducted large prospective cohort studies to develop a report
- Presented the data and discussed report with multidisciplinary team

Results

Table 1. Preoperative weight loss association with weight loss after bariatric surgery

% increase in weight loss post-surgery*	33 < BMI < 45.7		BMI > 45.7	
	% weight loss pre-surgery			
	1.5-7	>7	1.5-7	>7
Year 1	5	11.8	5.9	15.2
Year 2	5.3	10.1	7.2	13.6

Comparing patients who had preoperative weight loss to patients with no weight loss prior to surgery*

Table 2. Benefits of preoperative weight loss to reduce complications after bariatric surgery

% decrease in complications after surgery	33< BMI < 45.7		BMI > 45.7	
	% weight loss pre-surgery			
	1.5-7	>7	1.5-7	>7
Wound complications	49	54	58	72
Deep infection/abscess	17	37	17	59
Post-operative bleeding	10	0	6	45
Anastomic leakage	12	15	31	63
Any complication	18	13	26	48

Comparing patients who had preoperative weight loss to patients with no weight loss prior to surgery*

Discussion

- Preoperative weight loss of 5-7% is associated with an increased weight loss after surgery
- Preoperative weight loss of 5-7% improves surgical outcomes
- These associations are more profound in patients with BMIs higher than 45.7

Implications

A clear guideline for all the patients in the clinic will

- Improve communication between team members for a consistent message to patients
- Improve postoperative outcomes and weight loss
- Establish early success with dietary behavior changes
- All aforementioned points will improve standard of care

Next steps

- Continue discussion to set the weight loss guidelines to standardize the clinic's approach
- Develop teleconferenced classes for patients who live far away
- Develop classes or online education for patients without Medicaid and no RD coverage
- Enroll patients in the nonsurgical program to establish and reinforce healthy diet and exercise

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References

Gerber P1, Anderin C2, Gustafsson UO3, Thorell A2. Weight loss before gastric bypass and postoperative weight change: data from the Scandinavian Obesity Registry (SOReg). Surg Obes Relat Dis. 2016 Mar-Apr;12(3):556-62.
Anderin C1, Gustafsson UO, Heijbel N, Thorell A. Weight loss before bariatric surgery and postoperative complications: data from the Scandinavian Obesity Registry (SOReg). Ann Surg. 2015 May;261(5):909-13.

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