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

Alims

• 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

<table>
<thead>
<tr>
<th>% increase in weight loss post-surgery*</th>
<th>33 &lt; BMI &lt; 45.7</th>
<th>BMI &gt; 45.7</th>
</tr>
</thead>
<tbody>
<tr>
<td>% weight loss pre-surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5-7 &gt;7</td>
<td>1.5-7 &gt;7</td>
<td></td>
</tr>
<tr>
<td>Year 1</td>
<td>5</td>
<td>11.8</td>
</tr>
<tr>
<td>Year 2</td>
<td>5.3</td>
<td>10.1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>% decrease in complications after surgery</th>
<th>33&lt; BMI &lt; 45.7</th>
<th>BMI &gt; 45.7</th>
</tr>
</thead>
<tbody>
<tr>
<td>% weight loss pre-surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5-7 &gt;7</td>
<td>1.5-7 &gt;7</td>
<td></td>
</tr>
<tr>
<td>Wound complications</td>
<td>49</td>
<td>54</td>
</tr>
<tr>
<td>Deep infection/abscess</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Post-operative bleeding</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Anastomtic leakage</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Any complication</td>
<td>18</td>
<td>13</td>
</tr>
</tbody>
</table>

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

Acknowledgment

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References