

## Weight loss

## to improve outcomes

## after surgery



## Make the change now!

There is great value in establishing a healthier lifestyle before surgery. Losing weight and reducing your BMI decreases the risk of complications and increases the likelihood of a successful surgical outcome. You will be healthier and reduce the risk of diabetes too. In some cases, losing weight before surgery can decrease pain to the point where surgery such as joint replacement may no longer be needed, or postponed to a number of years down the line.

Although reaching and staying at a healthy weight can be a long-term challenge, the payoff is significant. If you need help losing weight and lowering your BMI before surgery, activities and weight-loss plans that fit your individual needs and lifestyle are available on the CCG's website [www.valeofyorkccg.nhs.uk](http://www.valeofyorkccg.nhs.uk)

## What is BMI?

BMI is a very important calculation that health professionals use to measure body fat. It is based on an individual's height and weight.

Typically, the higher the BMI, the more body fat there is. For an adult, the following BMI ranges apply.

BMI ranges	Weight status
18 to 24	Normal
25 to 29	Overweight
30 to 39	Obese
40 to 49	Morbidly obese

## Frequently asked questions

### Why is the target weight loss set at 10%?

- 10% weight loss is a serious target. If patients can achieve this then that shows a commitment to a new lifestyle of activity and consuming fewer calories that will benefit overall health.
- Popular slimming clubs encourage its members to lose 10% of their body weight.
- The request to achieve this in a year is consistent with other parts of the country.

When GPs prescribe the drug orlistat, to help with weight loss, patients are expected to lose 5% of their weight within three months and 10% of their weight within six months.

We want to give patients longer to do this, if they need it, but once a weight loss of 10% is achieved, if patients feel they still need an operation they will be added to the surgical waiting list.

Sometimes as weight comes down and people get more active they feel they don't need an operation just now.

### Why are patients asked to wait a year?

We know it takes time to lose weight and for positive lifestyle changes to become firm habits. It's not possible, or healthy, to lose a lot of weight rapidly.

We want patients to have time to adopt a new lifestyle with a steady, healthy weight loss that will benefit them for many years to come.

## Weight loss to improve outcomes after surgery

Obesity is a recognised risk factor in surgery and surgical procedures. Research shows that obese patients are more likely to experience:

- infection at the surgical site;
- poor wound healing;
- bleeding and blood clots in limbs and lungs;
- breathing problems;
- loosening, failure or dislocation of a new joint.

The NHS wants you to be aware of these risks so that you can take steps to minimise them before your procedure. If you need surgery and your weight is significantly higher than it should be, your doctor will explain the importance of losing weight before your operation or procedure can take place.

Even though you may feel fit and healthy at your current weight, studies show that patients with a higher body mass index (or BMI) are more likely to experience potentially serious complications both during and after surgery.

Patients in the Vale of York that require surgery, but have a BMI of 30 or above, must reduce their weight by at least 10% or get to a BMI of 30 or less before they can go on to the surgeon's waiting list.

## The complications of an increased risk

It is important to be in the best possible health before surgery. Patients with obesity are more likely to have certain diseases and conditions that increase the risks of surgery. If you have one of the following conditions, you will be asked to work with your GP to manage the condition so that it is kept under control before your procedure.

- Heart (cardiovascular) disease, including high blood pressure

- Type 2 diabetes
- Breathing problems when sleeping (obstructive sleep apnoea)
- Metabolic syndrome—a group of health conditions that increase your risk for developing cardiovascular disease and type 2 diabetes.

There are risks associated with every surgery. However, some risks are greater for patients with obesity.

## Losing weight

The key elements to losing weight are diet and exercise and better lifestyle changes.

### Reduce your fat and calorie intake

Try to eat smaller portions of meals that include fruits, vegetables and whole grains, lean meats, and low-fat dairy. Drink plenty of water and avoid sugary drinks that are high in calories. Weight loss groups provide lots more motivation than losing weight on your own.

### Get more physical activity and exercise

If you have constant pain, you may not be as active as you were before. Low-impact activities such as swimming or cycling will put less strain on your joints but still be effective in helping you to lose weight.

Complication	Reason	Risk
<b>Anaesthesia</b>	It is more difficult to give anaesthesia to a patient with obesity.  Complications may be due to the patient's body shape and anatomy, or linked to health conditions that can affect breathing.	More difficulty and pain putting in needles to give necessary medications.  Lack of sufficient oxygen and airflow.  Problems with getting needles in the right place for spinal and epidural nerve blocks and other types of regional anaesthesia.
<b>Length of time for the operation</b>	There are technical challenges associated with performing surgery on a patient with obesity, so operation times are often longer.	The longer in surgery, the greater the risk of complications.
<b>Complications after surgery</b>	Compared with a patient of normal weight, someone with obesity is more likely to experience complications after surgery.	Bleeding. Infection. Poor wound healing. Difficulty breathing. Blood clots in the legs or lungs.
<b>Other outcomes that can be affected</b>	Joint replacement will help relieve your pain and enable you to live a fuller, more active life. However, if you have obesity, you may never achieve the increased mobility and range of motion experienced by a patient of normal weight.	Component loosening and failure.  Dislocation of the replacement joint, especially in the hip.  In some cases, a second 'revision' surgery may be necessary to remove failed implants and replace them with new ones.