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Bariatric Surgery

Guidelines (V0002Bar2023)

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المظلة هيلثكير مانجمنت
ALMADALLAH
HEALTHCARE MANAGEMENT

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Patient Selection Criteria:

1. Age
2. BMI criteria.
3. Comorbidities (type, diagnosis, management, severity).
4. Active weight loss enrolment program.
5. Psychiatric fitness.
6. Exclusion of other medical causes of obesity (check list).
7. Bariatric privileges.

1 Age

All below are for 18 years old of age or above, special section for management of below age of 18 is added to current revision.

2 BMI Criteria

A - Grade 1 (overweight) BMI: 25-29.9 (for medical management)

B - Grade 2 (obesity) BMI: 30-39.9 (<35 for medical management as per below)

>35-39.9 + 2 comorbidities for assessment as below for fitness for bariatric surgery)

C - Grade 3 (severe or morbid obesity) BMI: >40 + 1 comorbidities

- MBI>50 is a sole indication for bariatric surgery.
- According to the 1991 National Institutes of Health (NIH) consensus conference on gastrointestinal surgery for severe obesity, patients are candidates if they are morbidly obese (BMI > 40 kg/m2 or ≥ 35 kg/m2 with comorbidities)
- Medical weight loss is considered to have greater durability in individuals with BMI <35 kg/m2 than individuals with BMI >35 kg/m2 , and thus it is recommended that a trial of nonsurgical therapy is attempted before considering surgical treatment.(ASMBS 2022)

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3 Comorbidities (type, diagnosis, management, severity).

For any of the below to be un-controlled by medical management with the respective specialty is considered associated co-morbidity in evaluation of the obesity condition:

refer to Enaya guidelines for details at end.

4 Active weight loss enrolment program

Dietitian consultation should be at least 6 month, with at least 1 visit per month, with evidence of active enrolment and evidenced weight loss , including both (caloric and exercise based regimen).

for DM patient should be managed according to medical guidelines , with preferable weight control medication if the patient is candidate and fit for the medication subject to Consultant / Specialist recommendation

active management of co-morbidity in accordance with severity, and for no less than minimum required time for management to achieve target goal for the same.

5 Psychiatric Fitness.

A psychiatric evaluation for fitness and that current condition is not related to binge eating , or other related disorder, and the patient is psychologically fit to handle the pre- , intra- and post -operative conditions.

6 Exclusion of other medical causes of obesity (check list).

Secondary causes of obesity include not limited to: (to be excluded in evaluation process)

1. Hypothyroidism
2. Pseudohypoparathyroidism
3. Cushing's disease
4. Insulinoma
5. Hypothalamic obesity
6. PCO
7. Oral contraceptive use
8. Medication related (sodium valproate, anti-depressant, glucocorticoid, insulin, SSRI)
9. Binge eating, bulimia nervosa (to be excluded in all cases in Psychiatric fitness report)
10. Hypogonadism.
11. Acromegaly.

Any hormonal disturbance and /or hormonal related therapy to be evaluated.

7 Bariatric privileges

The Centre and treating surgeon must have the approval and privilege as per DHA for bariatric procedure.

Weight Loss Medication:

Medical weight loss is considered to have greater durability in individuals with BMI <35 kg/m2 than individuals with BMI >35 kg/m2 , and thus it is recommended that a trial of nonsurgical therapy is attempted before considering surgical treatment.(ASMBS 2022)

Can be thought as alternative to permeant surgical treatment, or as part of treatment of associated co-morbidities i.e. DM type 2.

To be prescribed by Consultant/ Specialist, Endocrinologist or relative speciality

List of weight loss approved medication as per FDA:

To be restricted for uncontrolled DM if they are matching the criteria

1. Metformin, directly affecting intestinal and liver glucose metabolism.
2. Orilistat affecting lipid absorption.
3. Liraglutide, glucagon-like peptide-1 agonist.
4. Semaglutide, glucagon-like peptide-1 agonist.
5. Tirzepatide (monjaro) approved as type 2 DM medication, with study proven weight loos comparable to GLP-1 agonist.(in process for approval for weight loss management).

Attached is table of above agents cost per month for available dosing and forms.

Medical treatment efficacy:
If a patient's response to a weight loss medication is deemed effective (weight loss of 5% or more of body weight at 3 month) and safe, it is recommended that the medication be continued.

Denial Etiologies:

Relative contraindications to surgery may include severe heart failure, unstable coronary artery disease, end-stage lung disease, active cancer diagnosis/treatment, cirrhosis with portal hypertension, uncontrolled drug or alcohol dependency, and severely impaired intellectual capacity

Absence of a period of identifiable medical management.

Non-stabilized psychotic disorders, severe depression, personality and eating disorders, unless specifically advised by a psychiatrist experienced in obesity.

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Alcohol abuse and/or drug dependencies. (alcohol related disorders e.g. pancreatitis)

Diseases threatening life in the short term (cancer, terminally ill patients).

Patients who are unable to care for themselves and have no long-term family or social support that will warrant such care.

- Specific exclusion criteria for Bariatric surgery in the treatment of Diabetes Mellitus Type 2:

Secondary Diabetes, Antibodies positive (anti-GAD or anti-ICA) or C-peptide (Procedure to be denied if diagnosis of above is confirmed)

Pediatric evaluation : less than 18 years of age :
(Weight loss medication not covered as per Enaya policy)

- Two prescription medications, orlistat (Xenical) and liraglutide (Saxenda),are approved by the FDA for children ages 12 and older.
- A third prescription medication, setmelanotide (IMCIVREE), is approved by the FDA for children ages 6 years and older who have rare genetic disorders causing obesity.

In less than 18 years old comprehensive endocrinology work up should be done for evaluation of cause of obesity , prior to considering surgical management.

Adolescents with severe obesity undergoing RYGB have significantly greater weight loss and improvement of cardiovascular co-morbidities compared with adolescents undergoing medical management.

Children and adolescents with BMI .120% of the 95th percentile and a major co-morbidity, or a BMI .140% of the 95th percentile, should be considered for MBS after evaluation by a multidisciplinary team in a specialty center.

Enaya guidelines : (revised)

1 Hypertension:
- Uncontrolled Blood pressure ≥130/85 mm Hg (or receiving drug therapy for hypertension)
- Diagnosed by Internal Medicine consultant/ specialist

2 Dyslipidaemia:
- Uncontrolled Triglycerides ≥150 mg/dL (or receiving drug therapy for hypertriglyceridemia)
- Diagnosed by Internal Medicine consultant/ specialist.

3 Diabetes Mellitus – Type II:
- Uncontrolled Fasting Glucose greater or equal to 126 mg/dl (or receiving drug therapy for hyperglycaemia)
- Remission of DM-Type II Post procedure rate

i.	bilio-pancreatic diversion with duodenal switch (BPD/DS)	95%
ii.	Roux-en-Y Gastric bypass (RYGB)	80%
iii.	adjustable gastric band (AGB)	60%

- Diagnosed by Internal Medicine Consultant/ specialist
- Roux-en-Y procedure is prefereble choice

4 Gastroesophageal Reflux Disease (GERD)
- Diagnosed by a Consultant/ specialist Gastroenterologist
- With endoscopic testing evidence
- The most effective bariatric procedure in the alleviation of GERD appears to be RYGB, which has been reported to have a similar efficiency as that of Nissen Fundoplication.

5 Arthritis:
- Diagnosed by orthopedic consultant/ specialist
- Knee and Hip Osteoarthritis to be proved with radiological evidence with no response to medical conservative treatment or showing progressive course.
- Rheumatoid arthritis with high disease markers.

6 Sleep Apnea and asthma:
- Diagnosed by relevent Specialist (sleep, ENT)
- With apnoea-hypopnoea index (AHI) > 15 (moderate to severe).

7 Non-Alcoholic Steatohepatitis (NASH)
- Diagnosed by Gastroenterologist/Hepatologist
- Proven by high liver enzymes and radiology with progressive course of the disease.

8 Venous Stasis:
- Diagnosed by Consultant/ specialist vascular surgery or related specialty.
- Proven by Vascular or Duplex Ultrasound.
- Study was done on patients with BMI 49 and above & proven beneficial.

8 Urinary Stress Incontinence:
- Voiding diary of at least 10 incontinence episodes per week.
- Must rule out Urinary Tract Infection
- Urodynamic test to prove incontinence. (and severity with /without medication).
-

9 Polycystic Ovary:
- Diagnosed by Consultant/ specialist Obstetrics/Gynecologist
- Supporting radiology and laboratory results
- With evidence of medical management (including metformin) 3-6 month or cyclical regularity.

10 Lower Back Pain:
- Rated with a Verbal Rating Scale, interfering with daily life activities
- Radiological evidence of pathology
- Report from the treating doctor with type, dose and duration of pain relief medication.
- Evidence of trails of physiotherapy and exclusion of other cause not related to obesity.

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11 Pseudomotor Cerebri:

- Diagnosed by Neurology Specialist.
- Supporting radiology results.

Surgeries and covered as per Enaya policy :

1. Gastric sleeve.
2. Mini gastric sleeve.
3. Roux and Y operation.

Procedures not covered as per Enaya policy:

1. intra-gastric balloon.
2. adjustable gastric banding procedure.
3. Vertical banded gastroplasty.

Surgical revision:

Indications for revisional MBS vary among individual patients, but may include weight regain, insufficient weight loss, insufficient improvement of co-morbidities, and managing complications (e.g., gastroesophageal reflux).

The complexity of revisional surgery is higher than primary MBS, and is associated with increased hospital length of stay, and higher rates of complications [146]. Nonetheless, revisional MBS is effective in achieving additional weight loss and co-morbidity reduction after the primary operation in selected patients, with acceptable complication rates, and low mortality rates.

In cases with de-novo hiatal hernia and/or reflux esophagitis who under went gastric sleeve procedure , fundoplication is no the procedure of choice for management of the condition, revision to Roux en Y is associate with better out come.(in initial surgery assessment gastric sleeve patient should be assessed for hiatal hernia and reflux prior to surgery for confirmation of surgery type).

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Below is table of available DM medication with weight control property and approximate monthly cost per patient:

Brand	Dose	Package Size	Package Price	DDC
Glucophage	Metformin HCL : 500 Mg	100's	23.50	0321-164103-0392
Glucophage	Metformin HCL : 850 Mg	100's	40.00	0321-164101-0392
Glucophage Xr	Metformin HCL : 750 Mg	30's	31.00	0321-164104-2191
Xenical	Orlistat [120 Mg]	84's	291.00	0035-289801-1451
Victoza	Liraglutide [6 Mg/ml]	2's	684.50	0043-287201-1022
Ozempic 1mg	(Semaglutide : 1.34 Mg/ml)	1's	1146.00	4788-782701-1025
Ozempic 0.5mg	(Semaglutide : 1.34 Mg/ml)	1's	743.50	4788-782701-1023
Ozempic 0.25mg	(Semaglutide : 1.34 Mg/ml)	1's	743.50	4788-782701-1021
Mounjaro 2.5mg	Tirzepatide [2.5 Mg/0.5ml]	4's	1734.00	0094-935201-1021
Mounjaro 5mg	Tirzepatide [5 Mg/0.5ml]	4's	1734.00	0094-935207-1021
Mounjaro 7.5mg	Tirzepatide [7.5 Mg/0.5 Ml]	4's	1734.00	0094-935206-1021
Mounjaro 10mg/0.5ml	Tirzepatide [10 Mg/0.5 Ml]	4's	1734.00	0094-935205-1021
Mounjaro 12.5mg/0.5ml	Tirzepatide [12.5 Mg/0.5 Ml]	4's	1734.00	0094-935204-1021
Mounjaro 15mg/0.5ml	Tirzepatide [15 Mg/0.5ml]	4's	1734.00	0094-935202-1021