

## Call to Update Guidelines for Bariatric Surgery

Story by: Kristine Novak, PhD, Science Editor, AGA Journals

Reviewed by Press Highlights Section Editor: Grace L. Su, MD, University of Michigan Medical School

A series of review articles in the Lancet Diabetes and Endocrinology calls for more widespread use of bariatric surgery to treat obesity.

The February 2 issue begins with an editorial stating that the surgery should be available as an option to use when appropriate, rather than after all other options have been eliminated.

“Bariatric surgery offers a real opportunity for preventing comorbid diseases and complications of obesity. If it is only used as a final resort, this opportunity will be missed,” the editorial states.

Following the editorial, a series of articles on bariatric surgery, written by an international team of authors, covers the procedure's safety, ability to control glucose levels and prevent organ damage, and effects on patients' quality of life. Alexander Miras, of Imperial College London writes that the evidence shows bariatric surgery stabilizes or improves renal, retinal, peripheral nervous system, cardiovascular, hepatic, and organ damage.

David Cummings (University of Washington, Seattle) warns that current NIH guidelines, which were written in the early 1990s, are outdated and have limitations. He says that the guidelines “do not account for remarkable advances in minimally invasive surgical techniques or the development of entirely new procedures”. He adds that we have greatly increased our understanding of the weight-independent effects of some operations on metabolic diseases (such as type 2 diabetes), and that body mass index is an inadequate primary criterion for surgical selection—guidelines should be updated based on our current knowledge.

According to *MedPage Today*, Cummings has been a main proponent of broader use for bariatric surgery in the United States. Updated guidelines from the American Heart Association, the American College of Cardiology, and The Obesity Society included a "much stronger endorsement of bariatric surgery," a guideline author told *MedPage Today*.

The editorial says that in the United Kingdom (UK, where the *Lancet* is published), patients are only eligible for bariatric surgery after all other treatment options have been exhausted. The UK's National Institute for Health and Care Excellence recommends bariatric surgery only if a patient is receiving intensive management services.

However, the Royal College of Surgeons and the Metabolic Surgery Society have recently warned that, because these services are not available in all areas, a barrier to treatment could exist for people who otherwise meet the criteria for surgery.

The *Lancet's* editorial adds that, in the US, the insurance-based health care system creates socioeconomic barriers to the treatment, despite the fact that obesity is highest among persons of low socioeconomic status.

The editorial states that around 64% of the UK population and 69% of the US population are overweight or obese. However, according to English Hospital Episode Statistics data, between April 2012, and March 2011, there was a decrease of 10% in the number of bariatric surgery procedures performed, despite the continued rise in obesity incidence.

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