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National Commissioning Guidelines: Body contouring surgery after massive weight loss

M. Soldin ^{a,b,*}, M. Mughal ^a, N. Al-Hadithy ^c

^a Department of Plastic Surgery, St. George's Hospital, London, UK

^b Department of Plastic Surgery Kingston Hospital, London, UK

^c Department of Plastic Surgery, St John's Hospital, Howden, Livingston, UK

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Summary The guidelines for body contouring reconstructive surgery present an evidence-based guide for management of redundant tissue after massive weight loss. A standardised referral pathway to ensure safe and equitable patient care on the National Health Service (NHS) throughout England is recommended. A database of all patients for research purposes is suggested.

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Introduction

The UK has the fifth most obese population in developed countries. Data published by the Health and Social Care Information Centre in 2013 indicates that the prevalence of obesity has nearly doubled in the last decade.¹ This has caused an increase in the number of bariatric surgery procedures performed each year, with data showing a 30-fold increase in bariatric surgery procedures from just 261 in 2000/2001 to 6643 in 2010/2011 on the NHS.¹

Bariatric surgery is currently the only reliable treatment for morbid obesity and leads to massive weight loss

(MWL) in patients.^d There are multiple benefits to this surgical cure. However, resultant redundant skin folds can lead to difficulty in mobilizing, exercising, intertrigo, ulceration and infection.^{2–7} The psychosocial impact of redundant skin may lead to an exacerbation of pre-existing psychological diseases.^{8–15} A direct consequence of this is an increasing demand for body contouring surgery (BCS), to manage the complex problems associated with redundant skin and abnormal body contours.^{4,6,16} Removing the skin folds involves variations of well-known cosmetic procedures and is often seen as aesthetic surgery. However the redundant skin can interfere dramatically with the patients' physical function, therefore the surgery should be deemed reconstructive.

* Corresponding author. Department of Plastic Surgery, St. George's Hospital, London, UK. Tel.: +44 07930535560.

E-mail addresses: mark.soldin@kingstonhospital.nhs.uk, leeha_h82@hotmail.com, marksoldin@gmail.com (M. Soldin).

^d Massive weight loss (MWL) is considered as reduction in 45.5 kg of weight or more, or 50% or greater loss of excess weight.

It is increasingly being recognized that the burden of obesity carries on long after reduction in weight, partly because of resultant redundant skin. Studies carried out by Wolf et al. and Taylor et al. confirm the stigma associated with redundant skin and the need for body contouring surgery.^{17,18} Al-Hadithy et al. suggests that 73.4% of the patients undergoing bariatric surgery wanted body-contouring procedures to combat the redundant skin.¹⁶ This is similar to data published by Kitzinger et al. who reported 75% female and 68% male patients stating a desire for body contouring surgery.⁶ BCS improves patients' body image, self-esteem and ability to function in society.^{19–21}

Variation in practice: the 'postcode lottery'

Mukherjee et al., state in their study that 23 trusts in England exclude all post MWL body contouring surgery.²² This is a dramatic increase from 2009, where only 4.9% of units were not able to offer any surgery due to lack of funding.²³ Commissioning bodies in England are warning patients needing bariatric surgery that they will not fund the removal of redundant skin folds after weight loss. A recent study shows that 37.7% of patients who were approved for body contouring surgery in Scotland would not have fulfilled the Leeds criteria,^{16,24} thus further highlighting the existence of a 'postcode lottery' on commissioning for these plastic surgery procedures.

Butler et al. in their study mention that 56% of units offering body contouring do not offer psychological screening,²³ even though it is well documented that there is a 25% increase in psychological disorders in obese patients, ranging from depression, mood and anxiety disorders to substance abuse and personality disorders.^{8–15}

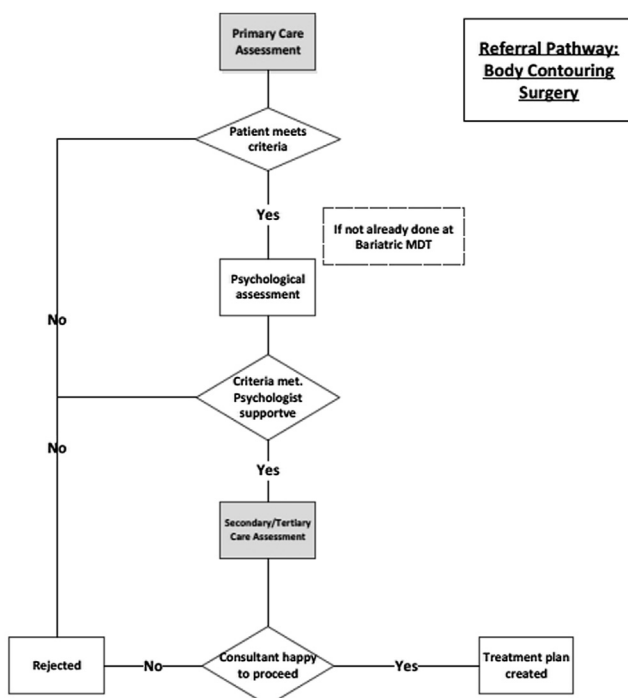


Figure 1 Referral pathway body contouring surgery.

In England, there is no standardised guidance for the provision of body contouring following MWL. The National Institute for Clinical Excellence (NICE) guidelines state that surgery for obesity should only be undertaken by a multi-disciplinary team with access to plastic surgery and expertise including psychological support before and after the surgery.²⁵ The availability of surgery on the NHS has marked variations across the country.^{22–24} Nonetheless, current research strongly suggests that there is a significant improvement in quality of life after MWL contouring procedures.^{20,26} The inequality in the management of this complex group of patients has led to the call for national guidelines.

Aims

The intention of these guidelines is to provide a safe, NICE accredited, equitable and streamlined reconstructive surgery referral pathway after massive weight loss (MWL) in England. An additional aim is to have the opportunity to collect national data for research and outcome studies.

Method

Development of recommendations

The guidelines were developed in keeping with The Commissioning Guidance Process Manual, with reference to NHS Evidence Accreditation Process, the Scottish Intercollegiate Guidelines Network^e (SIGN) 50 Guideline Developer's Handbook, Appraisal of Guidelines for Research and Evaluation (AGREE) criteria^f and existing NHS Evidence accredited clinical guidance and commissioning guidance process manuals. A full register of those present in the commissioning meeting can be seen at the end of this document.

Evidence base & literature search

A literature search was carried out following the PRISMA statement^g for systematic reviews to identify PROMS designed to measure patient satisfaction, body image, and/or QOL concerns in patients who have undergone body contouring surgery. Articles from bibliographic database search conducted in NHS Evidence, National Guideline Clearing House, CRD – SARE and HTA, Cochrane database of systematic reviews, MEDLINE and EMBASE were included through March 2013. Published articles were included if they provided evidence of measurement and/or practical properties for multi-item instruments assessing aspects of health status or quality of life in patients undergoing cosmetic surgical procedures.

^e <http://www.sign.ac.uk/>.

^f <http://www.agreetrust.org/resource-centre/practice-guidelines/>.

^g <http://www.prisma-statement.org/statement.htm>.

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