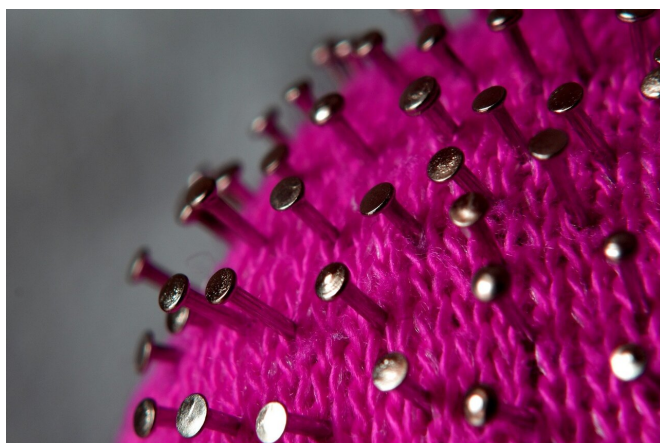


Delaying bariatric and metabolic surgery during COVID-19 pandemic puts patients at risk, experts warn

7 May 2020



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New guidance identifies patients with the greatest need for bariatric and metabolic surgery as experts warn delaying treatment could put them at a greater risk of complications from their disease as well as from COVID-19.

The recommendations, published today in *The Lancet Diabetes & Endocrinology* by experts from the multidisciplinary Diabetes Surgery Summit (DSS), led by Professor Francesco Rubino from King's College London, outline the surgical candidates at greatest risk of morbidity and mortality from type 2 diabetes or from [severe obesity](#), for whom time-sensitive surgical therapy can be life-saving.

Bariatric and metabolic surgery, used to treat type 2 diabetes and [obesity](#), has been suspended during the pandemic. This is to free up inpatient capacity for COVID-19 and reduce the risks of infection among patients and staff. However, experts warn the backlog of operations could

increase risks of morbidity and mortality for patients awaiting surgery.

Professor Francesco Rubino, chair of bariatric and metabolic surgery at King's College London and a consultant surgeon at King's College Hospital, said: "In times of limited resources, patients with greatest risk of harm from untreated disease should be identified and prioritized for timely-access to the treatment they need. The misconception that [bariatric surgery](#) is a 'last resort', widespread stigma of obesity and inadequate criteria for patients' selection can penalize candidates for surgical treatment of obesity and diabetes."

Social distancing policies and lockdown might limit adherence to lifestyle interventions such as healthy diet and physical exercise, which can worsen the health of affected patients. Compared to non-surgical treatments, bariatric and metabolic surgery leads to greater long-term weight loss, reduction of cardiovascular risk, remission of diabetes and can improve survival.

Severe obesity, diabetes, hypertension can increase risk for severe Covid-19 complications and bariatric/metabolic surgery can dramatically and rapidly improve these conditions. Delaying surgery may therefore leave many people vulnerable to severe consequences of SARS-Cov-2 infection.

Professor Paul Zimmet, from Monash University, Honorary President of the International Diabetes Federation and a co-author of the study, said: "These operations are called "elective" because they can be scheduled in advance not because the treatment they provide is less necessary. Metabolic surgery is a potentially lifesaving treatment for selected obese persons with type 2 diabetes."

Experts from the DSS recommend the following to

have access to surgical treatment within 90 days:

- Being at substantial risk of complications of diabetes such as cardiovascular disease or renal failure
- Type 2 [diabetes](#) requiring insulin
- Poor control of blood sugar levels despite taking multiple medications
- Severe forms of obesity (BMI >60) or less severe obesity if there are at least three co-morbidities including liver, respiratory, renal or cardiac disease.
- Need weight loss and/or metabolic improvement for other time sensitive treatments such as organ transplants.
- Standard access to bariatric and metabolic surgery can be reserved for patients who are unlikely to deteriorate within 6 months, but these patients need to be optimised using intensive medical treatment to maintain optimal control.

The group also recommends mandatory COVID-19 screening pre-operatively for all patients considering [metabolic surgery](#). Despite the theoretical higher risk of contagion for staff, the study found laparoscopic (keyhole) [surgery](#) remains the best approach, but appropriate personal protective equipment (PPE) should be used.

Provided by King's College London

APA citation: Delaying bariatric and metabolic surgery during COVID-19 pandemic puts patients at risk, experts warn (2020, May 7) retrieved 28 April 2021 from

<https://medicalxpress.com/news/2020-05-bariatric-metabolic-surgery-covid-pandemic.html>

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