



Improving the quality of medical and surgical care

News Release

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National enquiry says obesity surgery is not a quick fix and calls for improvements to pre-surgery counselling

Bariatric weight loss surgery is now all too often thought of as a quick fix, and many patients undergo operations without proper assessment of the considerable risks the procedure poses to them, new findings from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reveal.

Report co-author and NCEPOD Clinical Co-ordinator in Surgery Mr Ian Martin expressed concern that weight loss surgery was being seen, and often sold, as a quick fix to today's obesity problems: "Bariatric surgery is a radical procedure with considerable risks, as well as benefits. It shouldn't be undertaken without providing full information and support to patients. But, when we reviewed cases we found examples of inadequate processes from start to finish – even the basics, such as giving patients dietary advice and education before decisions to operate are taken, were sometimes lacking."

He also highlighted concerns about extremely poor consent procedures in some hospitals and lack of psychological counselling prior to treatment: "Consent often happens on the day the patient is admitted for surgery. This means there is no time for patients to reflect on their choices and have the opportunity to ask further questions about the risks and benefits of surgery before committing themselves to an operation." Only 29% of patients in the survey had psychological counselling prior to treatment, when evidence shows that psychological disorders are common in obese patients who want surgery. A third (32%) of the cases looked at in the report did not receive adequate follow-up after surgery, and nearly a fifth of those patients had to be readmitted for treatment, with some people needing further surgery.

The report also identified a wide variation in advertising standards, which Mr Martin said tended to portray surgery only in a very positive light: "The important, active role of the individual in achieving success is often obscured. This is why NCEPOD is asking professional associations and regulators to agree a code of conduct for weight loss advertisements," he said.

Key findings

- 32% of patients did not receive adequate follow-up after surgery.
- Only 29% of patients had received psychological counselling prior to referral for surgery.

- Half (48%) of hospitals that carried out gastric banding surgery performed 10 or less operations in a year.
- Nearly half (44%) of patients ultimately paid privately for weight loss surgery.
- 80% of bariatric patients were women.
- 18% of patients (58/315) were readmitted within the first six months of surgery, and 21 required a further operation.
- 44% of patients had their first follow-up appointment more than six weeks after discharge.
- In a quarter (24%) of cases consent forms did not contain appropriate information.

Key recommendations

- Specialist associations involved with bariatric surgery should provide guidance on the number of procedures surgeons and hospitals need to perform to optimise patient outcomes.
- All patients must have access to the full range of specialist professionals appropriate for their needs in line with NICE guidelines.
- There should be greater emphasis on psychological assessment and support at an early stage in the care pathway.
- A deferred two-stage consent process must be in place so benefits and risks can be clearly spelt out, and not carried out on the day of surgery.
- Professional associations and regulators should agree a code of conduct for weight loss advertisements.
- A clear continuous long-term follow-up plan must be made for every patient undergoing bariatric surgery.
- Post-operative dietary guidance for patients is essential to achieve or sustain planned weight loss.

NCEPOD Chairman Mr Bertie Leigh said that obesity had reached epidemic levels in the UK costing around £5bn a year, but that surgery can only ever be a part of the solution: "Surgery is not a panacea, yet both the private sector and the NHS offer a surgical solution to people suffering from an extreme disorder of diet without involving the dietitian," he said, adding: "A clinician treating the problems of a patient needs to understand them at an individual level."

He said that the challenge of increasing obesity to the NHS "is second only to the advancing age of patients, and the surgical teams are now an important part of the response". But, he called for improvements to that response: "This report shows there is a failure to do the simple things methodically and well."

Ends

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Report author is available for interview

Notes to editors

- NCEPOD is an independent charitable organisation that reviews medical and surgical clinical practice and makes recommendations to improve the quality of the delivery of care. We do this by undertaking confidential surveys covering many different aspects of care and making recommendations for clinicians and management to implement. All of our core work is undertaken as the Clinical Outcome Review Programme into Medical and Surgical Care.
- The Clinical Outcome Review Programme into Medical and Surgical Care is commissioned and managed by the Healthcare Quality Improvement Partnership (HQIP) on behalf of the Department of Health (England), NHS Wales, the Channel Islands and the Isle of Man. HQIP was established in 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. It is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. HQIP commissions, manages and provides support, guidance and advice for the National Clinical Audit and Patient Outcomes Programme (NCAPOP), including the four National Clinical Outcome Review Programme Confidential Enquiries. More details can be found at: www.hqip.org.uk/clinical-outcome-review-programmes-2/
- NCEPOD Advisors reviewed the case notes and care of 381 patients, who had undergone bariatric surgery. Hospitals in England, Wales, Northern Ireland, the Isle of Man, Guernsey and Jersey took part. 223 operations were carried out in NHS hospitals, and 173 in the independent sector.
- The number of bariatric weight loss procedures in England rose by 70% from just over 4,200 in 2008/09 to just over 7,200 in 2009/10, and again rose by a further 10% in 2010/11 to 8,000.
- The cost to the health economy of obesity is estimated to be £5bn every year.
- For further information about NCEPOD visit our website on www.ncepod.org.uk
- Copies of *Too Lean a Service? An NCEPOD report into bariatric surgery* can be downloaded from the website as a PDF from 18 October 2012, or ring NCEPOD on 020 7600 1893.