



BAPRAS

British Association of Plastic
Reconstructive and Aesthetic Surgeons



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ADVANCING SURGICAL STANDARDS

2017

UK Commissioning guide:

Massive Weight Loss Body Contouring



Sponsoring Organisation: British Association of Plastic, Reconstructive and Aesthetic Surgeons

Date of evidence search: March 2016

Date of publication: March 2017

Date of Review: March 2020



NICE has accredited the process used by Surgical Speciality Associations and Royal College of Surgeons to produce its Commissioning guidance. Accreditation is valid for 5 years from September 2012. More information on accreditation can be viewed at www.nice.org.uk/accreditation

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Executive Summary

This document is about guidance for commissioning reconstructive procedures, post massive weight loss and is based on the best available evidence.

General criteria for body contouring surgery

- Age over 16 years
- Starting BMI above 40kg/m² or above 35kg/m² with co-morbidities AND current BMI of less than 30.0kg/m² AND weight stability of 12 months AND significant functional disturbance (both physical and psychological)

Exceptions to general criteria

- Starting BMI above 40kg/m² or above 35kg/m² with co-morbidities and 75% excess body weight lost— should be eligible for apronectomy only - if they are unable to slim down to a BMI of less than 30.0g/m². A BMI of up to 40kg/m² can be considered here.
- Weight stability of 12 months and significant functional disturbance applies here too.

Key Recommendations

- Request for central funding for body contouring surgery – submitted 2015.
- Development of registry of operations and complications (+/- quality of life measures) to which patient data are mandatorily submitted.
- National use of referral document for GPs for body contouring surgery

This guidance will be reviewed in March 2020 if BAPRAS in agreement and sufficient administrative support available

Glossary

Term	Definition
Body mass index (BMI)	A measure for human body shape based on an individual's weight and height. BMI = body weight in kilograms / height in meters squared
Excess body weight	Calculation of change of BMI relative to a maximum normal BMI of 25kg/m ²
Massive weight loss	Loss of 50% or more excess body weight
BODY-Q	The Patient-Reported Outcome Instrument for Weight Loss and Body Contouring Treatments

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Significant functional disturbance	This includes infections, disability, time in hospital, smell, excoriation, severe intertrigo, evidence of significant interference with activities of daily life, ulceration and psychological disturbance (e.g. depression)
Weight stability	Weight stability described in this document allows for a maximum of 5kg increase or a 5kg decrease in weight.

Benefits versus Risks

Consideration	Benefit	Risk
Patient outcome	Ensure access to effective conservative, medical and surgical therapy. Reduce long-term follow-up for the chronic complications of skin redundancy (psychology, dermatology, clinical nurse specialist, physiotherapy).	Unrecognised deterioration on conservative therapy
Patient safety	Surgery will be undertaken in a specialist centre with appropriate support for the massive weight loss patient.	Complications of Surgery
Patient experience	Improve access to patient information, support groups and equitable access to body contouring service.	Patient dissatisfaction with outcome
Equity of access	Improve access to effective procedures.	
Resource impact	Reduce unnecessary referral and intervention.	Increased cost of Commissioning

Introduction

Body contouring surgery is reconstructive surgery following massive weight loss.

In 2014, 58-60% of all adults aged 16 years and over were overweight or obese. Women are more likely to be morbidly obese than men, across all age groups. 3.6% of women were morbidly obese in 2014, compared to 1.8% of men.

Weight loss surgery or bariatric surgery is commissioned nationally across England. In adults with a BMI of more than 40kg/m² (or more than 35kg/m² with co-morbidities) in whom surgical intervention is considered appropriate, bariatric surgery is recommended as a treatment option in the National Institute for Health and Clinical Excellence (NICE) guidelines. ⁽¹⁾

As a result of the drive to tackle obesity, there are increasing numbers of patients with massive weight loss and skin redundancy. This has led to post-weight loss deformities of loose, ptotic skin envelopes and residual adiposities with resultant contour irregularities. ⁽²⁾ The resultant redundant skin presents new quality of life concerns in a range of areas such as mobility, decreased activity, body image dissatisfaction ⁽³⁾ and depression. ⁽⁴⁾ The excess skin causing physical discomfort, psychosocial problems, lost work days/productivity and concern about quality of life ⁽⁵⁾ in general has led to an increasing uptake of body contouring surgery, ⁽⁶⁾ to manage the complex problems ⁽⁷⁾ that span multiple parts of the body after massive weight loss.

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NICE guidelines state that surgery for obesity should only be undertaken by a multidisciplinary team that can provide expertise including psychological support before and after surgery as well as information on or access to plastic surgery where indicated. According to the 2004 review of bariatric surgical services in Scotland:⁽⁸⁾

- Plastic surgery is an integral part of an overall bariatric surgical service.
- Criteria for patients undergoing plastic surgery must be clearly defined.
- The number of patients being referred for this type of surgery is small at present but is likely to increase in the foreseeable future. This will have implications for waiting lists.

Variation of provision

In England standardised guidance for provision of body contouring following massive weight loss was first published in 2014. A study presented at BAPRAS Summer meeting 2015 revealed low uptake of the guidelines.⁽⁹⁾ Devolving funding decisions to local CCGs has continued the 'post code lottery' with limited provision for reconstructive surgery continuing in spite of BAPRAS and BAAPS support.

Access to body contouring surgery

According to a cohort study published in 2013, of 34 patients who had not yet applied for plastic surgery, 13 had been told by their general practitioners (GPs) that they would not qualify for plastic surgery on the National Health Service despite losing more than 75% of their excess body weight.⁽¹⁰⁾

Why is this surgery a priority?

Research demonstrates significant improvements in patients' physical function, emotional wellbeing, stability in mood, body image satisfaction, identity shifts and identity transformation, sexual vitality, greater wellbeing and quality of life once they have undergone body contouring surgery following massive weight loss.^{(11) (12) (13)}

Contemporary studies support body contouring surgery after massive weight loss. A recent systematic review including studies reported significant clinical improvements in appearance, well-being and Quality of Life. These included primary outcomes pointing to body image satisfaction, improved self-esteem and confidence, improved physical function/pain and improved social function.^{(14) (15) (16) (17) (18) (19)}

Al-Hadithy et al demonstrated that the QualityMetric SF-36[®] health survey parameters for physical function, bodily pain, general health, vitality and overall physical health are significantly better in barioplastic surgery patients than in those who only had bariatric surgery.⁽²⁰⁾ A recent paper concluded that patients who had undergone body contouring surgery had significantly better long term weight loss than a matched cohort who had not. This highlights a clear medical benefit to body contouring surgery as well as the well documented and equally important psychosocial and physical benefits.⁽²¹⁾ Previous studies have shown that physical dimensions of the SF-36[®] improve after bariatric surgery and other studies have demonstrated that body image and quality of life improves following abdominoplasty in non-bariatric and bariatric patients.⁽²²⁾ Early data demonstrated a greater change in physical health and functional outcome over psychological outcome for the patients who had received body contouring surgery. Following plastic surgery in the bariatric population patients had more active lifestyles, improved self-confidence and greater career progression.⁽²³⁾

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1 High value care pathway for body contouring surgery

Referral pathway

Referral to plastic surgery should be encouraged through the primary care sector if the patient fulfills the criteria below.

Psychological assessment should be included as part of the patient pathway, to be undertaken by a clinician with experience in treating obese patients.

General criteria for body contouring surgery

- Age over 16 years
- Starting BMI above 40kg/m² or above 35kg/m² with co-morbidities AND current BMI of less than 30.0kg/m² AND weight stability of 12 months AND significant functional disturbance (both physical and psychological)

Body contouring surgery creates large wounds. The current evidence favours this surgery when patients have 'fully deflated'. Performing BCS at higher BMI's is associated with higher risk of complications. ^{(24) (25) (26) (27) (28) (29) (30) (31) (32) (33)}

After reviewing British Obesity & Metabolic Surgery Society (BOMSS) input the group decided to increase the BMI from 28 to 30 for reconstructive body contouring surgery. This BMI level is considered safe for surgery.

Exceptions to general criteria

- Starting BMI above 40kg/m² or above 35kg/m² with co-morbidities and 75% excess body weight lost – should be eligible for apronectomy **only** – if they are unable to slim down to a BMI of less than 30. A BMI of up to 40kg/m² can be considered here.
- Weight stability of 12 months and significant functional disturbance applies here too.

Exclusion criteria

- Current smoker
- Active psychiatric or psychological condition that would benefit from diagnosis and treatment prior to referral for body contouring surgery or that would contraindicate surgery including: ⁽³⁴⁾
 - patients who have had an episode of self-harm within the last two years;
 - patients with a previous diagnosis of body dysmorphic disorder;
 - patients with a disproportionate view of the problem following consultation with a consultant Plastic Surgeon;
 - patients who currently have on going alcohol or drug misuse problems.

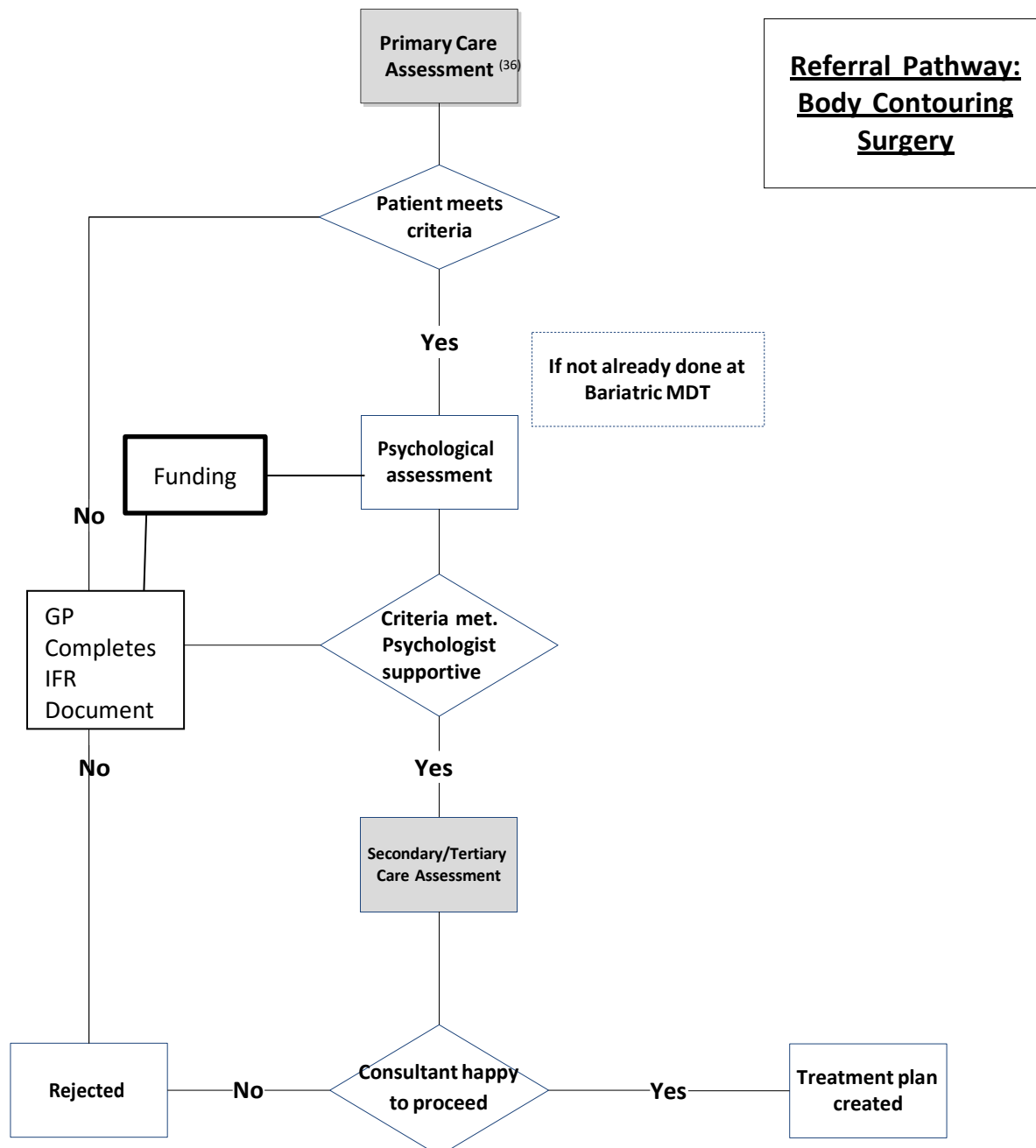
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If a patient meets the criteria for body contouring surgery, the GP may begin the pathway to surgery. If a patient is very deserving of surgery, but does not meet all the criteria, they can still be considered via the exceptional circumstances route. Patients meeting all criteria can be directly referred for Plastic Surgery and treatment. Patients not meeting all criteria would require Individual Funding Request (IFR) approval in the Primary sector.

Where should surgery be undertaken?

Body contouring surgery should be undertaken at a centre where there is a bariatric multidisciplinary team or integrated links to a bariatric multidisciplinary team. ⁽³⁵⁾



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2 Levers for implementation

2.1 Audit and peer review measures

The following measures and standards are those expected at primary and secondary care. Evidence should be able to be made available to commissioners if requested.

Measure	Standard
BMI	Provider demonstrates adherence to BMI eligibility criteria
Multidisciplinary team (MDT) status	Provider has MDT in place or can demonstrate integrated links to MDT
Body contouring database	Provider can demonstrate collection of data

2.2 Quality specification/CQUIN (Commissioning for Quality and Innovation)

Measure	Description	Data specification (if required)
Referral	Referral for bariatric surgery patients as well as for patients who have lost weight through diet and exercise	Hospital data
Readmission rates for complications	Provider demonstrates a readmission rate of <10%	Data available from Hospital Episode Statistics
Psychological evaluation in patient pathway	Provider demonstrates access for patients to psychological evaluation, to be undertaken by a clinician with experience in treating obese patients	
Aspirational: patient reported outcomes measures		The Body Q is recommended as the outcome measure of choice ⁽³⁷⁾

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3 Directory

3.1 Patient information for body contouring surgery

Name	Publisher	Link
Body reshaping – patient information guide	BAPRAS	http://www.bapras.org.uk/public/patient-information/surgery-guides/body-reshaping

3.2 Clinician information for body contouring surgery

Name	Publisher	Link
G43 Obesity: NICE guideline	NICE	http://guidance.nice.org.uk/CG43/NICEGuidance/

(38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50)

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4.2 Guide development group for Body contouring surgery

A commissioning guide development group was established to review and advise on the content of the commissioning guide. This group met once, with additional interaction taking place via email.

Name	Job Title/Role	Affiliation
Mark Soldin, Chair	Consultant Plastic Surgeon	BAPRAS
Fiona Hogg	Consultant Plastic Surgeon	BAPRAS
Titus Adams	Consultant Plastic Surgeon	BAPRAS
Jane Deville-Almond	Patient Representative	Chair, British Obesity Society
Jo Gilmartin	Lecturer in Health and	Leeds University
Kiranmayi Penumaka	GP	Halesowen Central Medical Practice
Nick Wilson-Jones	Consultant Plastic Surgeon	BAPRAS, Wales Representative
Richard Welbourn	Consultant General and Bariatric Surgeon;	British Obesity and Metabolic Surgery Society (BOMS)
Steve Lloyd	Chair	Hardwick CCG

4.3 Funding statement

The development of this commissioning guidance has been funded by the following sources:

- DH Right Care funded the costs of the guide development group, literature searches and contributed towards administrative costs.

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- British Association of Plastic, Reconstructive and Aesthetic Surgeons provided staff to support the guideline development.

4.4 Conflict of Interest Statement

Individuals involved in the development and formal peer review of commissioning guides are asked to complete a conflict of interest declaration. It is noted that declaring a conflict of interest does not imply that the individual has been influenced by his or her secondary interest. It is intended to make interests (financial or otherwise) more transparent and to allow others to have knowledge of the interest.

The following interested were declared by the group:

Name	Job title/role	Declared interest
Miss Fiona Hogg	Consultant Plastic Surgeon	<ul style="list-style-type: none"> Received fees from Ethicon to attend education events on massive weight loss body contouring surgery
Dr Jo Gilmartin	Lecturer in health and psychology University of Leeds	
Mr Mark Soldin	Consultant Plastic Surgeon	<ul style="list-style-type: none"> Runs a private clinic in South West London Chair, BAPRAS Body Contouring SIG. Member of BAPRAS and BAAPS
Mr Richard Welbourn	Consultant General Surgeon Musgrove Park Hospital, Taunton	<ul style="list-style-type: none"> Chair GDG for Weight Assessment and Management Clinics – Tier 3 (BOMSS), Past-President BOMSS, Chair National Bariatric Surgery Registry, member GDG NICE CG189, NICE QSAC for obesity Consultancy for Novo Nordisk (2015-) Ethicon Endo-Surgery funded a Clinical Fellowship in my hospital as part of the RCS National Surgical Fellowship scheme (2007-2015) Member BOMSS, AUGIS, ALSGBI, ASGBI
Jane DeVille Almond	Patient Representative	<ul style="list-style-type: none"> Chair, British Obesity Society Independent Nurse Consultant

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Mr Nick Wilson Jones

Consultant Plastic Surgeon,
Welsh Centre for Burns and
Plastic Surgery
Morrison Hospital

- Member BAPRAS
-



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