

National Health Board Prioritisation System for Bariatric Surgery

Patient details

- Patient NHI (format AAA1234)
- Date of birth
- Ethnicity
- Height and weight / Latest BMI

Impact on Life

Indicate all that apply:

- Lifestyle
- Hypertension
- Dyslipidaemia
- Urology (eg Stress Incontinence)
- Gastrointestinal Reflux Disease
- Arthritis
- Arthritis with significant limitation
- Non alcoholic steatohepatitis (NASH)
- Obstetric / Gynaecological issues
- Renal (Including hyper filtration)
- Fertility
- Obstructive sleep apnoea

Likelihood of achieving maximum benefit with respect to control of diabetes

Specify one of the following:

- No Diabetes
- IGTT
- Diet or Oral medications only
- On Insulin

Duration of treatment of Diabetes

- Less than 4 years
- Between 4 and 7 years
- Greater than 7 years

Latest HbA1c _____

Surgical Risk

Risk of pulmonary embolism

- Normal
- High

Additional Information

Impact on life

The "score" assigned to each of the impact on life conditions represents an assessment of reversibility of that condition if present rather than an absolute measure of the direct impact on the patient's life of that condition.

- Lifestyle includes such things as participation in family or other activities (including paid or unpaid work), choice of clothes, self esteem issues etc.
- Hypertension and Dyslipidaemia are defined as "requiring active treatment".
- Obs/Gynae issues include such things as having a history of diabetes of pregnancy or eclampsia complicating previous pregnancies and the desire for more children. The non-fertility part of PCOS would also be captured here.
- Arthritis (mild) is arthritis exacerbated by obesity restricting activities of daily living but as an accompanying symptom rather than Arthritis (with significant limitation) where the obesity is considered to be a contraindication for surgery to fix the problem or the duration of benefit of the surgery is considered to be extremely adversely affected by the patient's obesity.

Diabetes requires documentation of "severity" of the diabetes by choice of the following -

- Impaired glucose tolerance test, or
- Diabetes managed solely with diet and/or oral medications, or
- Insulin is used to try to improve the diabetic control

Likelihood of achieving maximum benefit with respect to control of diabetes

Benefit has three components;

- Quantum
- Likelihood
- Duration

The quantum of benefit is difficult to determine at this point. With respect to the reversal of diabetes, and the benefit accrued from that, more is known about the key factors;

- Type of medication required (none; Diet and oral, Insulin)
- Duration of active treatment of diabetes (<4 yrs, 4-7 yrs, >7 years)
- Control achieved (HbA1c < 7.0 >)

These factors can be used to estimate the likelihood of achieving the maximum control of diabetes in this group of patients.

Surgical Risk

Determination in this situation is relative risk. Absolute risk is determined when the decision is made that the patient would benefit over all, and that surgery would be offered (if it were available). The relative risk is used to determine who should be treated first, on the assumption that the lower risk patient, all other things being equal, would be treated first. Relative risk is determined by giving one point each to: Male gender, Age =>45, BMI =>50, Hypertension and Risk of pulmonary embolism. Risk of pulmonary embolus includes history of superficial or deep vein thrombosis or PE, coagulation abnormalities, use of oral contraceptive or malignancy.