Complications of bariatric surgery on Critical Care

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Could you turn the feed off? He's been trying to lose weight for a wedding

Obesity

- 2021-2022 63.8% Adults in England overweight or living with obesity
- Increase of 0.5% since 2020-2021 -
- 2021-2022 25.9% adults in England overweight or living with obesity
- Increase of 0.7%
- In CCU:
- Between 28-36% patient CCU admissions are obese
- Limited research (both ends of the BMI spectrum)
- "Obesity Paradox"

Almost three quarters of people aged 45-74 in **England are overweight** or obese

Data: NHS Digital

Chart: House of Commons Library

Obese

Overweight

or obese



Critical Care

-Critical care is the immediate care of those with life-threatening illness or injuries

-It is a physiologically demanding treatment

-Admission is dependent if the risks of admission will benefit patient once immediate condition managed

-Dietitian works as part of the MDT to ensure nutritional needs are adapted to clinical condition





In March 2024, the waiting list stood at 7,538,800 consisting of around 6,288,564 individual patients waiting for treatment in England.

Source: BMA analysis of NHS Waiting times data. Includes estimates for missing data.



The latest Referral to Treatment (RTT) figures for March 2024 show:

- the waiting list stood at 7.54 million cases, consisting of approximately 6.29 million individual patients waiting for treatment
- around 3.23 million of these patients have been waiting over 18 weeks;
- Over <u>309,000 o</u>f these patients have been waiting <u>over a year for treatment</u>, about the same as the previous month (February 2024).
- a median waiting time for treatment of 14.9 weeks more than double the pre-COVID median wait of 6.9 weeks in March 2019.

The target in the elective backlog recovery plan (February 2022) to eliminate waits longer than 65 weeks by March 2024 has been missed. The longer-running target that 92% of patients should receive treatment within 18 weeks of referral has not been met since September 2015.

What does this mean?



Bariatric tourism care costs NHS more than actual surgery - study

() 15 January

A Turkish doctor selling weight-loss "holidays" abroad told an undercover BBC reporter to gain weight so she could have gastric sleeve surgery.

The interventions at the five hospitals for the 35 patients cost the NHS a total of £560,234, or £16,006 per patient, in 2022.

The equivalent amount would have covered the cost of about 110 bariatric surgeries in UK hospitals.

Obesity op health tourists suffering complications, medics warn

() 6 February

"Seven to eight years ago, I used to see one complication from Turkey every six weeks, now I am seeing one a week," said Mr Singhal.

He said the majority are leaks that become infected and over time cause significant difficulties.





 Post abdominal surgery • Abdominal sepsis

Case Study

- Male, 57
- 31/07 laparoscopic sleeve gastrectomy
- Discharged 10/08
- History:
 - High BMI, HTN, T2DM, OSA (no CPAP), prev DVT, B/L knee replacements, poor mobility
- Social
 - Exercise tolerance of 600m
 - Works with medical devices
- Known to bariatric team

- Readmitted 11/08 infected intraabdominal haematoma with gas forming organism +/- leak
 – WCC 16, CRP 200
- 12/08 Laproscopic washout and drainage with esosponge insertion
 - Sips for comfort
 - PN for nutrition
- Subsequent 53 day CCU admission
 - 47 days on PN
- 1.88m
- 170kg
- 48kg/m2



Pitfalls and Practicalities

- PN availability / formulation
- Outsourcing
- Monitoring and measuring
- Limited evidence base

Guidelines

Source	Energy	Protein
ASPEN 2022	 Indirect calorimetry (not to exceed 65-70% mREE If no IC BMI 30-50kg/m2: 11-14kcal/kg actual body weight BMI >50kg/m2: 22-25kcal/kg ideal body weight 	BMI 30-40kg/m2: 2.0g/kg ideal body weight BMI >40kg/m2: 2.5g/kg IBW
ESPEN 2023	 Indirect calorimetry. 70% early acute phase 80-100% mREE after 72 hours If no IC: 20-25kcal/kg adjusted body weight 	1.3 g/kg adjusted body weight
EFFORT Protein 2023	n/a	Nil benefit from higher protein

Medical summary Patient Anthropometry

Mr N	63-year-old male.
	Intubated and
	ventilated due
	to respiratory
	fait an an an and a second

- Weight: 125.8 kg
- · Height: 1.76 m BMI: 40.6 kg/m²
- IBW (BMI 23 kg/m²):
- Modified Penn State [>60 yrs old + BMI >30 kg/m2] (Mifflin St Jeor: 2048 kcal: Ve: 7.9)

Predictive equations

- /day idi BW
- Indirect calorimetry Outcome
- REE 1415 kcal/day
 Predictive equations

· RQ: 0.91

· RQ: 0.86

- would have overfed by
 - -605-708 kcal/day · Dietitian reduced the
 - energy prescription to prevent overfeeding.



ventilated

EN CO Adi BW: 71 kg

(Mifflin 2 kcal; max. 30.0c; Ve: 10.2) = 1816 kcal/day 25 kcal/kg Adj BW = 1775 kcal/day

- would have underfed by -590-631 kcal/day
- Dietitian increased energy prescription to ensure aiming for adequate energy delivery

In summary: These are all critically ill patients with obesity yet completely different mREE and different goals of nutrition therapy, further demonstrating that 'one size does not fit all'.

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