

**Key Points for Weight Optimisation**

- BMI 30–35, Health Optimisation for 12 months, if >10% weight loss or BMI goes below 30, patient can be listed
- BMI 35-40. Health Optimisation for 12 months, if 10% weight loss managed patient can be listed. If less than 10% weight reduction in 12 months – IFR required before proceeding to listing. If BMI is <35 at 12 months, patient can be listed (IFR not required)
- BMI 40+, IFR required before listing. Weight loss still advised. If BMI goes below 40 then BMI 35-40 category rules apply.

Adult assessed as needs surgery by primary or secondary care and health optimisation policy applies to this case and type of surgery. (Surgery involves GA/Epidural of Spinal anaesthesia and is none urgent) See exclusions appendix A

Patient meets BMI or Smoking Criteria (none smoker, and BMI<30).

BMI <40

No

BMI >40

Health Optimisation period begins. Starting time from date of 1<sup>st</sup> conversation had with regards weight loss or smoking cessation. Health optimisation period finishes if successful smoking cessation or weight loss\*1.

BMI 40+, IFR required before listing. Weight loss still advised. If BMI goes below 40 then BMI 35-40 category rules apply.

Yes

Patient held by secondary care or returned to gp depending on clinical appropriateness.

Successful weight loss or smoking cessation

Health Optimisation period finishes at 12 months

BMI <35, or 10% weight reduction.

No

Yes

Refer and/or List for Surgery

IFR

**\*1 Successful weight loss is:**  
>10% weight loss or BMI under 30.

## Appendix A

### Exclusion criteria for Optimising Outcomes from all Elective Surgery

Exclusions apply to enable access to urgent care, but all patients must be offered access to smoking cessation and/or weight management concurrently regardless of urgency.

Exclusions include:

Patients receiving surgery for the treatment of **cancer or the suspicion of cancer**

Patients requiring **emergency surgery** or with a clinically urgent need where a delay would cause clinical risk:

Some examples are:

1. Cholecystectomy
2. Surgery for arterial disease
3. Anal fissure
4. Hernias that are at high risk of obstruction
5. Anal fistula surgery
6. Revision hip surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, recurrent dislocations, impending peri-prosthetic fracture, gross implant loosening or implant migration.
7. Revision knee surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, impending peri-prosthetic fracture, gross implant loosening/migration, severe ligamentous instability.
8. Primary hip or knee surgery which is clinically urgent because there is rapidly progressive or severe bone loss that would render reconstruction more complex.
9. Nerve compression where delay will compromise potential functional recovery of nerve.
10. Surgery to foot/ankle in patients with diabetes or other neuropathies that will reduce risk of ulceration/infection or severe deformity.
11. Orthopaedic procedures for chronic infection.
12. Acute knee injuries that may benefit from early surgical intervention (complex ligamentous injuries, repairable bucket handle meniscal tears, ACL tears that are suitable for repair).
13. The destruction of the patient's joint is of such severity that delaying surgical correction would increase technical difficulty of the procedure or there is impending loss of independence.

#### **Referrals for opinion or interventions of a diagnostic nature such as:**

- o Gastroscopy
- o Colonoscopy
- o Nasopharyngolaryngoscopy
- o Laparoscopy
- o Hysteroscopy
- o Cystoscopy

#### **Patients who despite having a BMI >30 have a waist circumference of:**

o Less than 94cm (37 inches) male

o Less than 80cm (31.5 inches) female

- **Children under 18 years of age**
- Any surgical interventions that maybe required as a result of pregnancy
- Vulnerable patients who will need to be clinically assessed to ensure that, where they may be able to benefit from opportunities to improve lifestyle, that these are offered. (Please note that deferring elective interventions may be appropriate for some vulnerable patients based on clinical assessment of their ability to benefit from a non opportunity to stop smoking/reduce their BMI/improve pre-operative fitness).

This includes patients with the following:

- **learning disabilities**
- **significant cognitive impairment**
- **severe mental illness\*\***

\*\*Adults with a serious mental illness are persons who currently or at any time during the past year, have a diagnosable mental, behavioural, or emotional disorder of sufficient duration that has resulted in functional impairment which substantially interferes with or limits one.