

**Hampshire, Southampton & Isle of Wight Clinical Commissioning Group
Portsmouth Clinical Commissioning Group and Frimley Clinical Commissioning
Group (North East Hants and Farnham)
Priorities Committee**

Policy title	Policy 31 Bariatric Surgery Revision (September 2021) <i>Update to policy Bariatric surgery revision April (2018)</i>
Policy position	Criteria Based Access
Update	This policy will be updated as per 3-year cycle or in light of a substantial body of new evidence or new national guidance (e.g. NICE)

Revisional bariatric surgery is supported for medical and/or surgical complications related to primary obesity surgery. This policy is based on patient groups outlined in the NHS England (2016) Guidance for Clinical Commissioning Groups (CCGs): Clinical Guidance: Revision Surgery for Complex Obesity.

- Laparoscopic adjustable gastric banding (LAGB) revision to sleeve gastrectomy or bypass (Roux-en-Y gastric bypass) should be attempted as a single stage procedure and a two-stage approach should only be undertaken if it is technically and mechanically necessary.
- Revision surgery should be undertaken in specialised centres with a multi-disciplinary team (MDT) assessment. Tier 3 service is the access point to referral onto Tier 4 specialist providers.

Revision surgery is supported with the following thresholds:

- Patient whose gastric band fails due to mechanical failure such as obstruction or band slippage (Group 1) should be offered revision to sleeve gastrectomy or bypass.
- Surgery for patients who have had primary bariatric surgery but fail to achieve expected weight loss or who regain their pre-operative weight (Group 2) **is not normally funded**. In case where the patient falls into Group 3, the case can be considered via the Individual Funding Request process (IFR).
- Surgery for patients who have a gastric band and whose weight does not fall consistently but whose clinical condition deteriorates with the development of multiple, severe and life-threatening co-morbidities (Group 3) can be considered via the IFR process.
- Patients who have funded their own primary bariatric surgery (Group 4) are eligible for treatments within the same thresholds as other NHS patients.
- Some higher risk patients may require a second bariatric operation as a planned staged procedure according to a risk reduction strategy, these applications can be considered via the IFR process.

Version	Date	Reason for change
Version 1.0	2018	New policy
Version 1.1	September 2021	3 yearly update. No significant new guidance or evidence, no change to core content of the policy.

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status

Coding

ICD10 Diagnosis Codes

E66	Obesity
E660	Obesity due to excess calories
E661	Drug-induced obesity
E662	Extreme obesity with alveolar hypoventilation
E668	Other obesity
E669	Obesity, unspecified
K910	Vomiting following gastrointestinal surgery
K911	Post gastric surgery syndromes
K912	Postsurgical malabsorption, not elsewhere classified
K913	Postoperative intestinal obstruction
K918	Other postprocedural disorders of digestive system, not elsewhere classified
K919	Postprocedural disorder of digestive system, unspecified
T855	Mechanical complication of gastrointestinal prosthetic devices, implants and grafts
T857	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts
T858	Other complications of internal prosthetic devices, implants and grafts, not elsewhere classified
Z458	Adjustment and management of other implanted devices
Z468	Fitting and adjustment of other specified devices
Z488	Other specified surgical follow-up care

OPCS Procedure Codes

Code	Description
G251	Revision of fundoplication of stomach
G281	Partial gastrectomy and anastomosis of stomach to duodenum
G282	Partial gastrectomy and anastomosis of stomach to transposed jejunum
G283	Partial gastrectomy and anastomosis of stomach to jejunum NEC
G284	Sleeve gastrectomy and duodenal switch
G285	Sleeve gastrectomy NEC
G288	Other specified partial excision of stomach
G289	Unspecified partial excision of stomach
G301	Gastroplasty NEC
G302	Partitioning of stomach NEC
G303	Partitioning of stomach using band
G304	Partitioning of stomach using staples
G305	Maintenance of gastric band
G308	Other specified plastic operations on stomach
G309	Unspecified plastic operations on stomach
G311	Bypass of stomach by anastomosis of oesophagus to duodenum
G312	Bypass of stomach by anastomosis of stomach to duodenum
G313	Revision of anastomosis of stomach to duodenum
G315	Closure of connection of stomach to duodenum
G316	Attention to connection of stomach to duodenum
G318	Other specified connection of stomach to duodenum
G319	Unspecified connection of stomach to duodenum
G310	Conversion from previous anastomosis of stomach to duodenum
G321	Bypass of stomach by anastomosis of stomach to transposed jejunum
G331	Bypass of stomach by anastomosis of stomach to jejunum NEC
G332	Revision of anastomosis of stomach to jejunum NEC
G382	Open insertion of prosthesis into stomach
G384	Open removal of foreign body from stomach
G385	Incision of stomach NEC
G387	Removal of gastric band
G388	Other specified other open operations on stomach
G389	Unspecified other open operations on stomach
G485	Insertion of gastric balloon
G486	Attention to gastric balloon
Y752	Laparoscopic approach to abdominal cavity NEC