

## **Thames Valley Priorities Committee Commissioning Policy Statement**

**Policy No. TVPC39**                      **Severe and complex obesity: Eligibility for bariatric surgery**

**Recommendation made by the Priorities Committee:**      **January 2016/ Updated May 2021<sup>1</sup>**

**Date of issue:**                      **July 2021**

Bariatric surgery is a treatment for appropriate, selected patients with severe and complex obesity that has not responded to any other non-invasive therapies.

Bariatric surgery will only be considered as a treatment option for people with obesity providing all of the following criteria are fulfilled:

- The individual has a BMI of 40kg/m<sup>2</sup> or more, or between 35 kg/m<sup>2</sup> and 40kg/m<sup>2</sup> in the presence of other significant diseases.
- There must be formalised MDT (multidisciplinary team) led processes for the screening of co-morbidities and the detection of other significant diseases. These should include identification, diagnosis, severity/complexity assessment, risk stratification/scoring and appropriate specialist referral for medical management. Such medical evaluation is mandatory prior to entering a surgical pathway.
- The individual has recently received and complied with a local specialist obesity service weight loss programme (non-surgical Tier 3 / 4), described as follows:

This will have been for a duration of 12-24 months.

For patients with BMI > 50 attending a specialist bariatric service, this period may include the stabilisation and assessment period prior to bariatric surgery. The minimum acceptable period is six months. The specialist obesity weight loss programme and MDT should be decided locally. This will be led by a professional with a specialist interest in obesity and include a physician, specialist dietician, nurse, psychologist and physical exercise therapist, all of whom must also have a specialist interest in obesity. There are different models of local MDT structure.

Important features are the multidisciplinary, structured and organised approach, lead professional, assessment of evidence that all suitable non-invasive options have been explored and trialled and individualised patient focus and targets. In addition to offering a programme of care the service will select and refer appropriate patients for consideration for bariatric surgery.

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<sup>1</sup> The requirement for severe obesity to have been present for at least five years has been removed.

- Plastic surgery correction of redundant skin following weight loss is not normally funded from NHS resources, except in exceptional clinical circumstances.

#### Bariatric surgery procedure codes

G485 - Insertion of gastric balloon  
G303 - Partitioning of stomach using band  
G282 - Partial gastrectomy and anastomosis of stomach to transposed jejunum  
G283 - Partial gastrectomy and anastomosis of stomach to jejunum NEC  
G311 - Bypass of stomach by anastomosis of oesophagus to duodenum  
G312 - Bypass of stomach by 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  
G323 - Conversion to anastomosis of stomach to transposed jejunum  
G332 - Revision of anastomosis of stomach to jejunum NEC  
G333 - Conversion to anastomosis of stomach to jejunum NEC  
G288 - Other specified partial excision of stomach  
G284 - Sleeve gastrectomy and duodenal switch  
G285 - Sleeve gastrectomy NEC

#### Plastic surgery correction of redundant skin procedure codes

S02% Plastic excision of skin of abdominal wall  
S03% Plastic excision of skin of other site (includes buttock, thigh, arms, other and unspecified)

All of the above procedures need to be recorded in the clinical record alongside the ICD10 code for obesity to ensure the correct retrieval of data:

E66.0 Obesity due to excess calories  
E66.1 Drug-induced obesity  
E66.2 Extreme obesity with alveolar hypoventilation  
E66.8 Other obesity  
E66.9 Obesity, unspecified

#### NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>