

Policy Recommendation: Bariatric Surgery Revision

Date of issue: April 2018

The committee were asked to review the statement on Bariatric Revision now that commissioning responsibilities for these procedures have been transferred to the CCGs from NHS England Specialised Commissioning.

Representations were canvassed from a variety of clinicians and a Secondary Care Clinician was in attendance. Three different surgical interventions are already commissioned. Over the previous 4 years there had been 77 cases in SHIP where gastric bands were revised. About a quarter of these were due to mechanical failure such as obstruction and were readily identifiable. NHS England identified four cohorts (Group 1-4) and has issued commissioning advice on the first three.

The committee made the following recommendations;

- When revising a gastric laparoscopic adjustable gastric banding (LAGB) to sleeve gastrectomy or bypass (Roux-en-Y gastric bypass) the band removal and revision surgery should be attempted as a single stage procedure and a two stage approach should only be undertaken if it is technically and mechanically impossible (Evidence suggests 90-95% are possible in a single procedure).
- Revision surgery is considered more specialised than primary interventions and should only be undertaken in specialised centres with a multi-disciplinary team (MDT) approach.
- Patients whose gastric bands fail due to mechanical failure such as obstruction, band slippage etc. (Group 1) should be offered revision to sleeve gastrectomy or bypass.
- Patients who have had primary bariatric surgery but fail to achieve expected weight loss or who regain their pre-operative weight (Group 2) will not be routinely offered revision surgery unless they fall into Group 3 when the case will be considered via the IFR process.
- Patients who have been fitted with a gastric band and whose weight does not fall consistently but whose clinical condition deteriorates developing multiple, severe and life threatening co-morbidities (Group3) will not be routinely offered revision surgery but, because of the small numbers involved, will be considered using the IFR route
- Patients who have funded their own primary bariatric surgery (Group 4) should be eligible for treatments in the same way and with the same thresholds as NHS patients.
- The committee heard that there were exceptional cases with the super morbidly obese who required two stage interventions as they would not be fit enough for sleeve gastrectomy or bypass until they had lost weight. However the numbers were considered to be so small as to be best dealt with through the IFR process and not routinely funded.