

NORCOM REFERRAL FORM FOR CONSIDERATION FOR OBESITY SURGERY

Introduction

There is currently little evidence on the long term consequence and impact on quality of life of surgery for people with morbid obesity in whom all other conservative measures have failed to maintain weight loss¹. Consequently the use of surgery should be seen as a last-line therapy. At the end of this document is a statement of current NICE guidelines.

Due to high demand for obesity surgery and low capacity NORCOM is temporarily changing the referral guidelines. Therefore only patients who meet the following specific criteria will be accepted as new referrals:-

- BMI equal to or greater than 50 KG/M².
- BMI between 45 – 50 KG/ M² in the presence of significant co-morbid conditions that could be improved by weight loss **and** the co-morbidity is hypertension or diabetes.
- All patients referred for surgery should have exhausted all other non surgical ways to reduce weight including dietary support, exercise and drug treatment.

Please complete the referral form below and attach a dietician's assessment.

Cathy Edwards
NORCOM

Roger Ackroyd
Consultant Surgeon

Patient details

Name:

D.O.B/...../.....

Address:
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Hospital Number:

Patients telephone number:

Gender: M F

Current medical information

Weight: Height: BMI:

Morbidity:
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Past medical and surgical information

(General Lifetime Weight history, other co morbidities, previous surgery)

¹ National Institute for Clinical Excellence (2002). Guidance on the use of surgery to aid weight reduction for people with morbid obesity. Technology Appraisal Guidance – No 46. London

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Weight Loss History

Please describe efforts to lose weight **by diet**, for example, indicate what type of dietary measures tried and what dietary advice given; where the advice was from; whether patient has seen a dietician; what the subsequent weight loss was; and whether patient saw dietician in primary or secondary care.

Describe efforts to lose weight using **psychological therapy** e.g., has the patient been referred for cognitive behavioural therapy or another form of psychotherapy in relation to weight loss; when was this, who delivered it and what was the outcome.

Describe effort at weight reduction through **exercise**. Is the patient able to exercise; does the patient take regular exercise; has the patient been advised not to exercise? Describe present exercise behaviour. What, if any, exercise interventions have been recommended to this patient. Other relevant information.

Describe efforts at weight reduction using **drug therapy**, such as Orlistat or Sibutramine e.g. when used, for how long, outcome, why stopped use.

Duration of weight loss activity	Method (diet, psychological therapy , using exercise, drug therapy)	Results

Please attach a copy of a dietician’s assessment of this patient.

Exceptional Circumstances

If you are referring this patient for obesity surgery under exceptional circumstances please give details.

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NICE criteria for obesity surgery

Surgery is recommended, as a treatment option for people with morbid obesity providing all the following criteria are fulfilled:

- This type of surgery should be considered only for people who have been receiving intensive management in a specialised hospital obesity clinic.
- Individuals should be 18 years and older
- There should be evidence that all appropriate and available non-surgical measures have been adequately tried but failed to maintain weight loss
- There should be no specific clinical or psychological contraindications to this type of surgery
- Individuals should be generally fit for anaesthetic and surgery
- Individuals should understand the need for long term follow up

People are defined as having morbid obesity if they have a BMI either equal to or greater than 40 KG/m², or between 35-40 in the presence of significant co-morbid conditions (e.g. diabetes or hypertension) that could be improved by weight loss.

National Institute for Clinical Excellence (2002). Guidance on the use of surgery to aid weight reduction for people with morbid obesity. Technology Appraisal Guidance – No 46. London

Referring clinician (in capitals please), address and contact details

Name

Profession

Practice
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Signature..... Date Referral

Please remember to attach a copy of the dietician's assessment of this patient with this form.

Additional information may be provided in a covering letter.
**Please send this form to: Roger Ackroyd, Consultant Surgeon
The Royal Hallamshire Hospital
Glossop Road
Sheffield,S10 2JF
South Yorkshire**