



Management of Elective Surgical and Obstetric Patients with an Elevated Body Mass Index Procedure

1. Guiding Principles

This procedure covers all elective surgical and obstetric patients. It describes the process to ensure the safe management of obese and morbidly obese patients scheduled for elective surgery.

The procedure includes patient selection criteria, referral to tertiary hospital and referral for pre-anaesthetic assessment by the surgical team.

1.1 General Considerations

Safe and successful treatment of the morbidly obese patient requires a level of organisational commitment, protocols, expertise and staff training.

1.2 Risk Reduction

Consideration is given to each stage of the patient journey to minimise risk of injury to patients and staff and to ensure appropriate equipment are available. Planned additional staff may be required to help in such cases. Specific points to be addressed include:

- case selection
- preoperative assessment
- waiting list management
- counselling or referral for counselling (e.g. smoking cessation and dietary advice)
- thromboprophylaxis
- planning for postoperative care
- discharge planning.

1.3 Anaesthetic Considerations

For patients deemed suitable for general anaesthesia by their own anaesthetist, meticulous perioperative planning is required. A second anaesthetist and extra staff should be considered.

1.4 Preoperative Assessment

The patient's weight and height is to be measured and Body Mass Index (BMI) calculated. There should be ready access to imaging, laboratories and specialist services such as cardiology (including echocardiography and stress-testing) and respiratory medicine (including spirometry and arterial blood gases analysis). Advice from a consultant anaesthetist should also be readily available.

Specific attention should be paid to other comorbidities:

- Respiratory: dyspnoea or wheeze due to airway closure, obstructive sleep apnoea.
- Cardiovascular: hypertension, hyperlipidaemia, ischaemic heart disease and heart failure.
- Metabolic: diabetes.
- Renal: renal impairment.
- Autonomic: autonomic dysfunction.

1.5 Anaesthetic Guidelines

Elective surgical and obstetric patients with a BMI greater or equal to 45kg.m^{-2} are only to be operated on if they are booked for minor procedures under local anaesthesia with **NO** sedation. They must be able to position themselves unaided onto the operating table before and after their procedure. Otherwise, such patients are to be transferred to a Tertiary Hospital for appropriate care.

Patients with a BMI greater than 40 and less than 45kgm^{-2} are to be accepted for surgery after they have been assessed by their own anaesthetist and deemed suitable. If the responsible anaesthetist is unhappy about the case, they are to refer to the specialist anaesthetist for advice or review before cancellation.

For obstetric patients with raised body mass index, please refer to the WACHS [Maternity Body Mass Index Risk Management Policy](#) (29/01/2016).

2. Procedure

Elective Surgical and obstetric patients with elevated BMI

BMI	ASA Status	Surgical Category	Outcome
³ 45	Any	Any	Refer the patient to a tertiary hospital
³ 45	1-2	Minor	The patient has local anaesthesia without sedation
³ 40<45	Any	Any	The patient is referred to the anaesthetist allocated to the theatre list and booked for anaesthetic pre-assessment. If the anaesthetist considers the comorbidities put the patient at risk after consultation, the patient should be referred to the specialist anaesthetist for advice or review before cancellation.

3. Definitions

Obesity Morbidly obese	BMI 30 kg.m^{-2} BMI >40 , or $>35 \text{ kg.m}^{-2}$ in the presence of obesity related comorbidity.
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4. Roles and Responsibilities

All Staff are required to work within their credentialing and scope of practice.

The Heads of Department of Surgery, Obstetrics and Gynaecology and Anaesthesia have overall clinical leadership responsibilities for practice in their respective specialty areas, including promoting the implementation of this procedure with theatre staff.

5. Compliance

It is a requirement of the WA Health Code of Conduct that employees “comply with all state government policies, standards and Australian laws and understand and comply with all WA Health business, administration and operational directives and policies”. Failure to comply may constitute suspected misconduct under the [WA Health Misconduct and Discipline Policy](#).

6. Evaluation

Monitoring of compliance with this document is to be carried out by Head of Department of Anaesthesia by audit annually, or as deemed necessary by clinical case review.

Audit of Datix CIMS for compliance of procedure and adverse incidences involving Anaesthetic BMI issues on an as necessary basis.

Audit of OSH forms annually or as deemed necessary for injuries in theatre due to BMI theatre cases.

7. Standards

Standard 1 Governance for Safety and Quality in Health Service Organisations:

- 1.5.2 Actions are taken to minimise risks to patient safety and quality of care.
- 1.6.2 Actions are taken to maximise patient quality of care.

Standard 9 Recognising and Responding to Clinical Deterioration in Acute Health Care:

- 9.4.3 Action is taken to maximise the appropriate use of escalation processes

Standard 11 Service Delivery:

- 11.3.1 The organisation evaluates and improves its system for admission / entry and prioritisation of care.
- 11.5.1 The organisation ensures appropriate and effective care through:
 - processes used to assess the appropriateness of care
 - an evaluation of the appropriateness of services provided

Standard 12 Provision of Care:

- 12.2.1 The assessment process is evaluated to ensure that it includes:
 - timely assessment with consumer / patient and, where appropriate, carer participation
 - regular assessment of the consumer / patient need for pain /symptom management
 - provision of information to the consumer / patient on their health status.
- 12.2.2 Referral systems to other relevant service providers are evaluated and improved as required.

8. References

Perioperative management of the morbidly obese patients - Association of Anaesthetists of Great Britain and Ireland June 2007.

9. Related Policy Documents

WACHS [Maternity Body Mass Index Risk Management Policy](#) (29 January 2016)
Management of Bariatric Patients - WACHS Great Southern March 2007

WACHS [Risk Assessment for Admission of the Heavier Patient](#) - generic site assessment (29 January 2014)

WACHS [Theatres Clinical Practice Standards](#) (18 March 2015)

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