Impact of preoperative supervised weight loss programs on bariatric surgery outcomes

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Record Status
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' conclusions
Health Problem: Patients eligible for bariatric surgery have excessive abdominal adipose tissue and enlarged and fatty livers. These conditions may complicate the technical performance of bariatric surgery and be associated with perioperative morbidity. Technology Description: In this technology assessment, preoperative supervised weight loss programs are defined as those supervised by a physician that include diet, exercise, and counseling components. This definition was adopted for consistency with definitions currently used in payer polices. Alternative terms for these programs include "medically" or "clinically" "managed" or "supervised" "weight management" or "weight loss programs." Supervised programs generally last 4 to 6 months and require physician documentation of participation. Details of the programs vary, and there is no consensus regarding which confers optimal outcomes. Controversy: Requirements for weight loss prior to payer authorization for bariatric surgery have been criticized as unethical and not based on science. Payer policies reviewed in this report do not stipulate that preoperative weight loss is required, as long as members participate in programs. Systematic reviews addressing the impact of preoperative weight loss on bariatric surgery outcomes report inconsistent findings among primary studies. Key Questions: For adults intending to undergo bariatric surgery: Does participation in a preoperative supervised weight loss program improve intraoperative, perioperative, or postoperative outcomes, including morbidity and mortality? Are these programs safe? Have definitive patient selection criteria been established for preoperative supervised pre-bariatric surgery weight loss programs?

Final publication URL
The report may be purchased from: http://www.hayesinc.com/hayes/crd/?crd=78206

Indexing Status
Subject indexing assigned by CRD

MeSH
Bariatric Surgery; Humans; Research Personnel; Weight Reduction Programs

Language Published
English

Country of organisation
United States

English summary
An English language summary is available.

Address for correspondence
HAYES, Inc., 157 S. Broad Street, Suite 200, Lansdale, PA 19446, USA. Tel: 215 855 0615; Fax: 215 855 5218 Email: hayesinfo@hayesinc.com

AccessionNumber
32018000104
Date abstract record published
15/02/2018