

## CLINICAL PRACTICE GUIDELINE FOR SURGICAL MANAGEMENT OF OBESITY IN ADULTS

- **Title:** Clinical Practice guideline for surgical management of obesity in adults
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- **Abstract:**

Objective: to provide evidence-based clinical recommendations for surgical management of obesity in adults. Method: a guideline task force (GTF) was formed with specialized physicians and methodologists. The group proposed 10 clinical questions to be answered in this Clinical practice guideline (CPG). Systematic searches of preview reviews were performed and when it was necessary, primary studies from PubMed and CENTRAL until November 2019 were reviewed. The evidence was selected aiming to answer each proposed question. Certainty of evidence was evaluated using Grading of Recommendations Assessment, Development, and Evaluation (GRADE) methodology. In periodical work sessions, the group used GRADE methodology for reviewing the evidence and formulated recommendations, good clinical practice items and the flowcharts. Finally, the CPG was approved by Resolution Nº 115-IETSI-ESSALUD-2020. Results: This CPG approached 7 clinical questions about the surgical management of obesity in adults. Based on these questions; 6 recommendations (3 strong and 3 conditional), 18 good clinical practice items and 2 flowcharts were formulated.

- **PICO questions for CPG:**

MANAGEMENT			
<b>Question 1. In patients with BMI <math>\geq</math> 40 kg/m<sup>2</sup> with or without comorbidity, should bariatric surgery be indicated?</b>			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Adult patients with BMI $\geq$ 40 kg/m <sup>2</sup>	Bariatric surgery	No surgery or other weight reduction intervention	<ul style="list-style-type: none"> <li>- Mortality</li> <li>- Weight reduction</li> <li>- Quality of life</li> <li>- Adverse events</li> <li>- Nutritional deficiencies</li> </ul>
<b>Question 2: In patients with BMI 35 to 39.9 kg/m<sup>2</sup> and diagnosis of type 2 diabetes mellitus, should bariatric/metabolic surgery be indicated?</b>			

POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Adult patients with BMI 35 to 39.9 kg/m <sup>2</sup> and diagnosis of type 2 diabetes mellitus	Bariatric surgery	No surgery or other weight reduction intervention	<ul style="list-style-type: none"> <li>- Mortality</li> <li>- Microvascular Complications</li> <li>- Macrovascular Complications</li> <li>- Remission of type 2 diabetes mellitus</li> <li>- Quality of life</li> <li>- Adverse events</li> <li>- Nutritional deficiencies</li> </ul>
<b>Question 3: In patients with BMI 35 to 39.9 kg/m<sup>2</sup> and diagnosis of hypertension, should bariatric/metabolic surgery be indicated?</b>			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Patients with BMI 35 to 39.9 kg/m <sup>2</sup> and diagnosis of hypertension	Bariatric surgery	No surgery or other weight reduction intervention	<ul style="list-style-type: none"> <li>- Cardiovascular mortality</li> <li>- All-cause mortality</li> <li>- Changes in blood pressure</li> <li>- Quality of life</li> <li>- Nutritional deficiencies</li> </ul>
<b>Question 4: In patients with BMI 35 to 39.9 kg/m<sup>2</sup> and osteoarthritis with or without indication for arthroplasty, should bariatric/metabolic surgery be indicated?</b>			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Patients with BMI 35 to 39.9 kg/m <sup>2</sup> and osteoarthritis without indication for arthroplasty	Bariatric surgery	No surgery or other weight reduction intervention	<ul style="list-style-type: none"> <li>- Pain</li> <li>- Mobility</li> <li>- Quality of life</li> <li>- KOOS</li> <li>- KSS</li> <li>- Nutritional deficiencies</li> <li>- Quality of life</li> </ul>

Patients with BMI 35 to 39.9 kg/m <sup>2</sup> and osteoarthritis with indication for arthroplasty	Bariatric surgery	No surgery or other weight reduction intervention	<ul style="list-style-type: none"> <li>- Pain</li> <li>- Mobility</li> <li>- Quality of life</li> <li>- Peri-prosthetic infection</li> <li>- Complications</li> <li>- Prosthetic dislocation</li> <li>- Surgical revision</li> <li>- Nutritional deficiencies</li> <li>- Quality of life</li> </ul>
<b>Question 5: In patients with BMI 35 to 39.9 kg/m<sup>2</sup> and diagnosis of Obstructive Sleep Apnea, should bariatric/metabolic surgery be indicated?</b>			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Adult patients with BMI 35 to 39.9 kg/m <sup>2</sup> and diagnosis of Obstructive Sleep Apnea	Bariatric surgery	No surgery or other weight reduction intervention	<ul style="list-style-type: none"> <li>- Mortality</li> <li>- Resolution of Obstructive Sleep Apnea</li> <li>- Changes in apnea hypopnea index</li> <li>- Adverse events</li> <li>- Nutritional deficiencies</li> <li>- Quality of life</li> </ul>
<b>Question 6: In patients with indication for bariatric/metabolic surgery, which type of surgery should be performed?</b>			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Patients with BMI $\geq$ 35 kg/m <sup>2</sup>	Bariatric surgery	No surgery or other weight reduction intervention	<ul style="list-style-type: none"> <li>- All-cause mortality</li> <li>- Remission of comorbidities</li> <li>- Weight reduction</li> <li>- Adverse events</li> </ul>
<b>Question 7: In patients with indication for bariatric/metabolic surgery, should Obesity surgery mortality risk score (OS-MRS) be used to determine the risk of mortality and/or complications after surgery?</b>			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Patients with indication for bariatric/metabolic surgery	OS-MRS	Other prediction scores	<ul style="list-style-type: none"> <li>- Mortality</li> <li>- Postoperative complications</li> </ul>

- **Key words:** Obesity, Practice Guideline, Evidence-Based Medicine, GRADE Approach (MeSH-NLM)