

The NCEPOD report 'Too Lean a Service?' looked into the care of patients who underwent bariatric surgery. NCEPOD and our advisors have looked at what the report means for those that may be considering bariatric surgery and suggest that patients considering bariatric surgery should ask the following questions of themselves and of their bariatric surgery provider:-

Group 1: Questions you should ask yourself

Bariatric surgery is a personal choice. The indications for it range from a desire to combat some of the diseases associated with obesity, such as hypertension, diabetes, sleep apnoea and gastric reflux, to a personal desire to change appearance. We think you should ask yourself the following questions.

1. Am I in the right frame of mind to be undergoing a bariatric surgery operation and am I prepared to make a long term commitment to my diet and undertake more physical exercise? Are my expectations of surgery realistic?

You should avoid elective surgery if you have just undergone a major life event, such as moving house, changing job, bereavement, break-up of a relationship or the arrival of children.

2. Am I confident that those who are proposing to undertake this operation fully understand the emotional needs that have brought me to this decision?

Note: What the NCEPOD report says about the value of psychological evaluation on pages 45-46 and 51.

3. Have I received enough information about this procedure, including any possible risks, well before making the decision to undergo surgery?

Note: The process of gaining information about what is available for you and the decision that you should opt to undergo this operation should be separated, so that you have a chance to consider the advantages and disadvantages.

4. Has consent for the surgical procedure been split into two stages? The first at the time of the consultation, where you should have been given a copy of the consent form and written information about the procedure, and the second stage just before the surgery – at least 2 weeks later when you should have been invited to ask questions before signing?

Note: The risks and other disadvantages of this sort of surgery should be spelled out well before you take your decision, you need to make preparations to be off work and generally become emotionally committed to the decision you have taken.

5. Am I confident that I have been given enough time for reflection or have I been hurried into a decision or offered any financial incentive to have the procedure done soon?

Note: Beware of what appear to be “free” consultations and any financial arrangements that may appear to influence your judgement or lock you into a decision.

Group 2: Questions you could ask the Clinic

These questions may seem pointed and direct, but they are all requests for information that we think should be made available to people who are proposing to undergo surgery. If the clinic/hospital does not welcome the opportunity to answer them you may be in the wrong place.

1. *Is there a financial penalty if I change my mind about having surgery? If yes, up to which date can I change my mind without a financial penalty?*

2. *How many times has the surgeon performed the same operation I am to undergo, with the same team, in the hospital where I am to have my operation in the last 12 months?*

Note: What the NCEPOD report says about infrequent surgery on pages 23-25 and 35. The Independent Healthcare Advisory Service has also recommended that surgeons should perform procedures at least 50 times per year based on a distillation of international guidance.

3. *How many of those patients have complained to you about the quality of their result or any other aspect of their experience?*

4. *Does the surgeon hold an NHS consultant appointment? If yes, in which hospital is this? And in which specialty is the surgeon on the GMC specialist register?*

Note: Consider the sort of operation you are proposing to undergo and the relevance of the training that your surgeon has received.

5. *Is the surgeon a member of an appropriate specialist association e.g. ASGBI, BOMMS, ALS, AUGIS?*

6. *Does the anaesthetist hold an NHS consultant appointment? If yes, in which hospital is this? And is the anaesthetist on the GMC specialist register?*

7. *When will my first post-operative review be, how often will I be seen, and will the review include both surgical and dietetic input?*

Note: Consider whether the team you see has different health care professionals involved in discussing your care both prior to surgery and ongoing care afterwards.

8. *Will I be provided with guidelines on what to do if I become ill after going home, and is there an emergency 24 hour telephone help-line to call?*

9. *Which hospital will I go to if I become ill after going home?*

10. *If there is a problem during or after my operation and I need a greater level/dependency of care than can be provided at this hospital, where will I go?*

Note: What the NCEPOD report states on this subject of post operative support.