

# The “dilemma” of limited resources in Public Bariatrics.....

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# State-wide Bariatric Service- Queensland

- Commenced in 2017 in Queensland with strict eligibility criteria (despite existing delivery of bariatric surgery with limited resources)
- Aim of Statewide Bariatric Service- deliver a service with an equitable assessment and prioritisation process
  - Bariatric Surgery Assessment and Prioritisation Tool (BAPT/BSAT) score developed
  - State- wide central referral hub for referral management

## Eligibility criteria

- T2DM have had an HbA1c  $\geq 6.5\%$  as part of or following their diagnosis with type 2 diabetes despite treatment with metformin(or alternative) plus at least one other diabetes medication (only indication for referral until ~2022)
  - Endometrial hyperplasia or apparent stage 1 endometrial cancer (confined to the uterus)
  - Idiopathic intracranial hypertension
  - Patients awaiting a renal transplant
- +
- ✓ Aged between 18-65 years of age
  - ✓ Have a BMI  $>35\text{kg/m}^2$
  - ✓ Under the management of a public hospital specialist or Aboriginal and Torres Strait Islander Health Service for conditions that may be improved through bariatric surgery

## Exclusion criteria

- Cigarette smoking (a period of 6 months abstinence required prior to referral)
- Current alcohol or drug dependency (a period of 6 months abstinence required prior to referral)
- Previous bariatric surgery (including lap banding)
- End stage complications of obesity (eg end stage cardiac disease, portal HTN, cirrhosis)
- End stage renal failure (eGFR <15 or on dialysis) **and not eligible for transplant**
- Malignancy under active treatment (excluding non-metastatic skin cancer). Previous malignancies must be under remission for 5 years prior to referral
- Any medical conditions where surgery would increase morbidity or mortality risk (eg portal hypertension with varices, received or awaiting solid organ transplants)
- Unstable mental health conditions. Patients with a history of mental illness must be stable for at least 6 months prior to referral
- Weight > 185kg

# Bariatric Surgery Assessment and Prioritisation Tool

BAPT scoring system was developed by “clinical and operational reference group” (CORG) of bariatric surgeons, primary care physicians, dietitians, endocrinologists, a health economist to identify those who will benefit most from surgery based on-

- Age
- BMI
- Diabetes duration
- Medications
- Co- morbidities
- Surgical risk
- Quality of life

# Multidisciplinary Team

- Surgeons
- Physician (endocrinologist)
- Dietitian
- Psychologist
- Clinical Nurse Consultant
- Pharmacist

The RBWH Bariatric Surgery Service team- Dr George Hopkins, Dr Robert Finch, Dr Ben Dodd, Dr Kevin Chan, Dr David Mitchell, Dr Kevin Lah, Dr Matthew Seymour, Katherine Bradley, Zoe Jarrott, Jessica Donnan, Robin Hay, Carrie- Anne Lewis, Andrea Cawte, Nicolas Anning, Abby Yu, Mala McHale, Clare Pekin, Kathryn Nolan, Helen MacLaughlin, Rebecca Healy

The Statewide Bariatric Service was supported by Clinical Excellence Queensland and represents a collaboration between CEQ, MNHHS and MSHHS. The evaluation was led by Centre for Applied Health Economics, Griffith University.

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