Physician's perspective on public bariatric surgery

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Conflict of Interest Disclosure

A/Prof Samantha L Hocking has received research grants from The Diabetes Australia Research Trust/Program and The National Health and Medical Research Council of Australia; received honoraria for lectures from Eli Lilly, Novo Nordisk, Inova, Sanofi Aventis, Astra Zeneca, Servier and Amgen and has been or is on advisory boards for Novo Nordisk, Eli Lilly, Inova, Seqirus and Pfizer; and has been an investigator for industry-sponsored clinical trials run by Novo Nordisk, Eli Lilly, Rhythm pharmaceuticals, Millendo, Spruce Biosciences and Amgen.

Overview – from the physician's perspective

- Access to public bariatric surgery
- Efficacy of public bariatric surgery
- Safety of bariatric surgery
- Medical therapy vs bariatric surgery
- Attitudes to bariatric surgery
  - Patients
  - Physicians
- Do public clinics create barriers to accessing bariatric surgery?

Access to public bariatric surgery

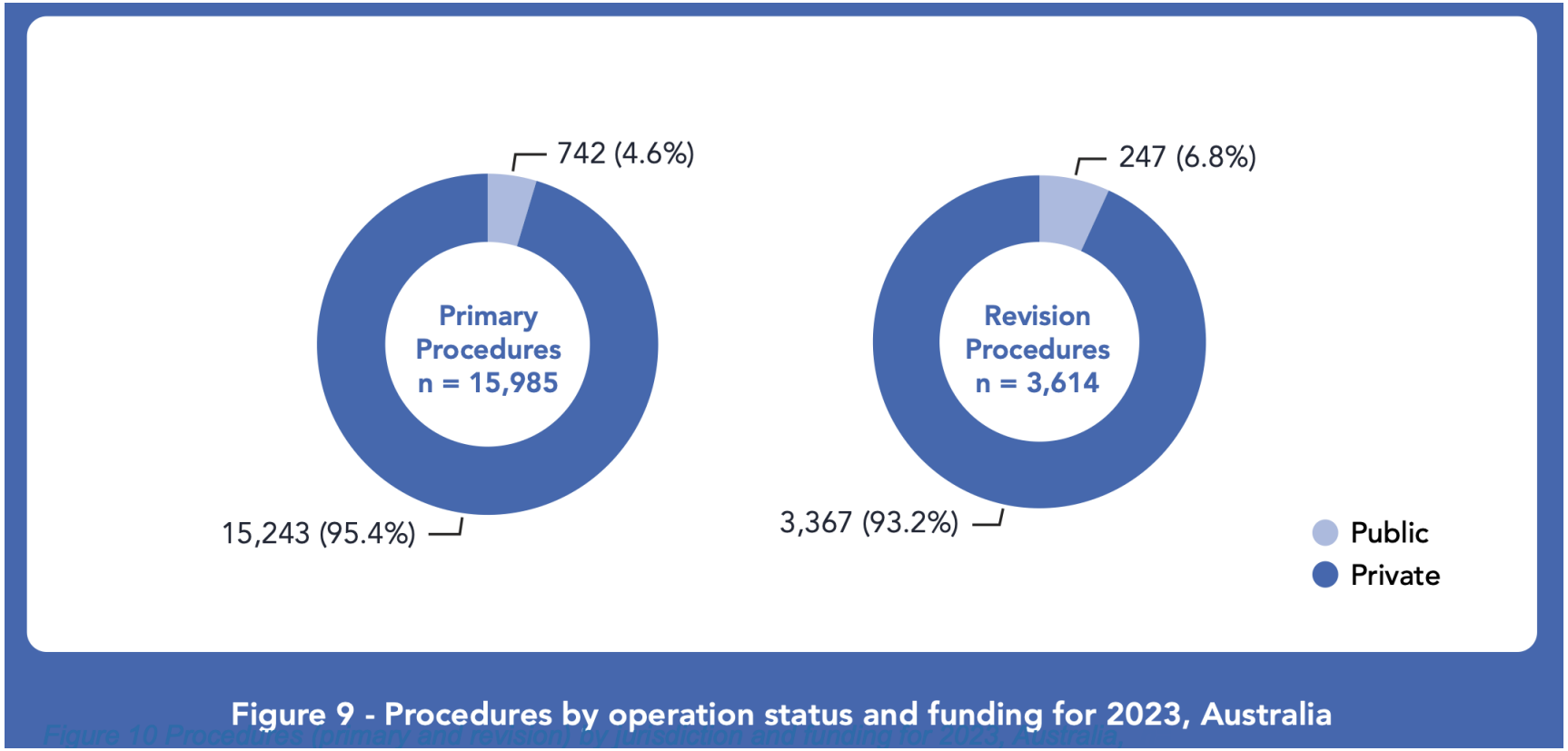


Figure 9 - Procedures by operation status and funding for 2023, Australia

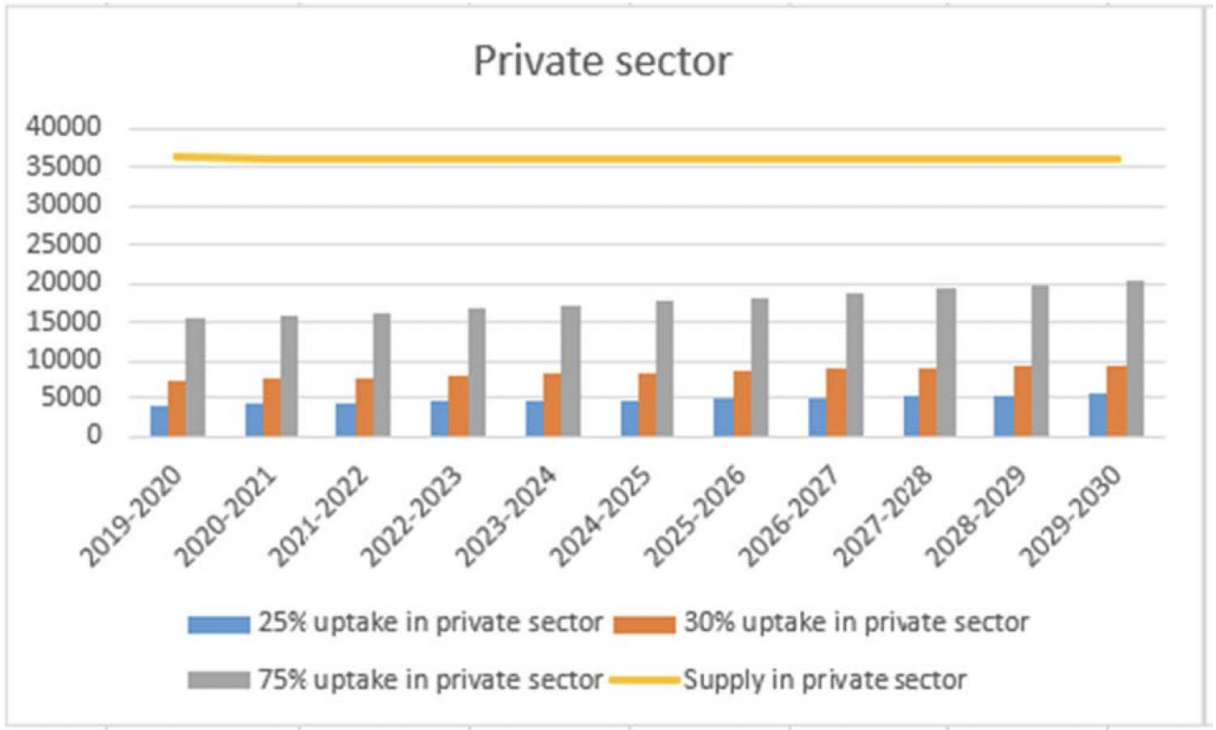
Figure 10 Procedures (primary and revision) by jurisdiction and funding for 2023, Australia.

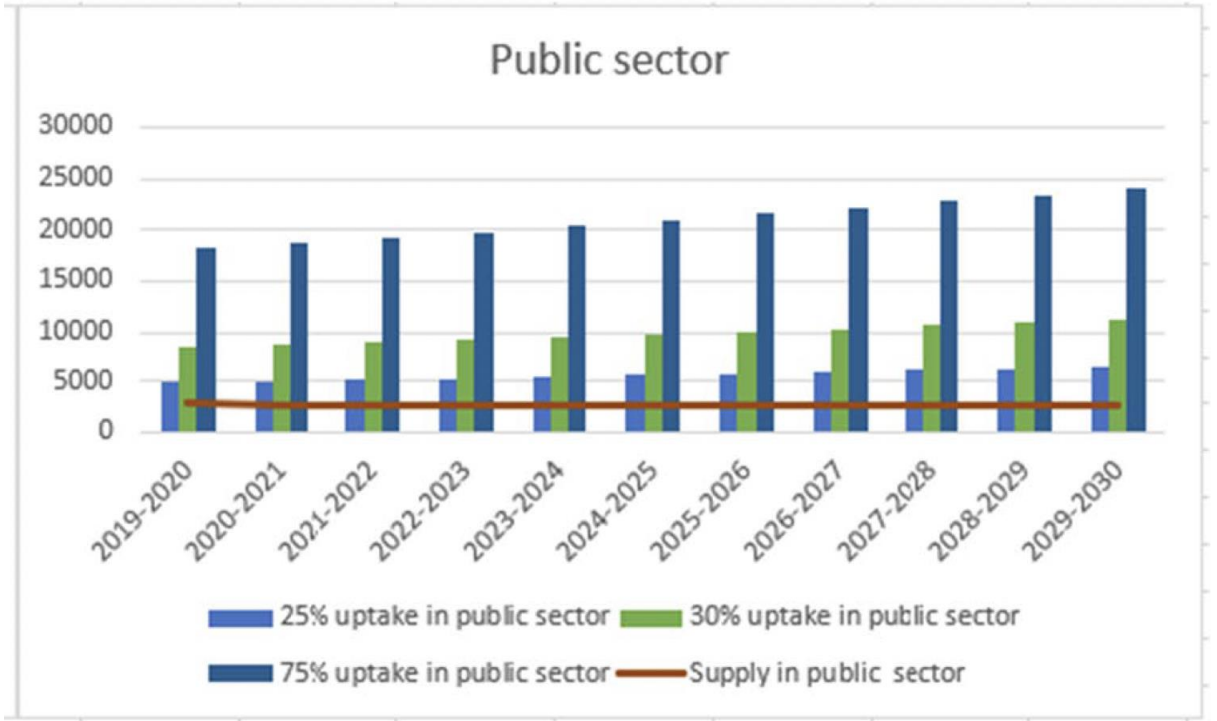
Limited public bariatric surgery

Revision surgery is disproportionate in the public system

https://www.monash.edu/__data/assets/pdf_file/0007/3757876/Bariatric_Surgery_Registry_-Annual_Report_2023.pdf

Access to public bariatric surgery



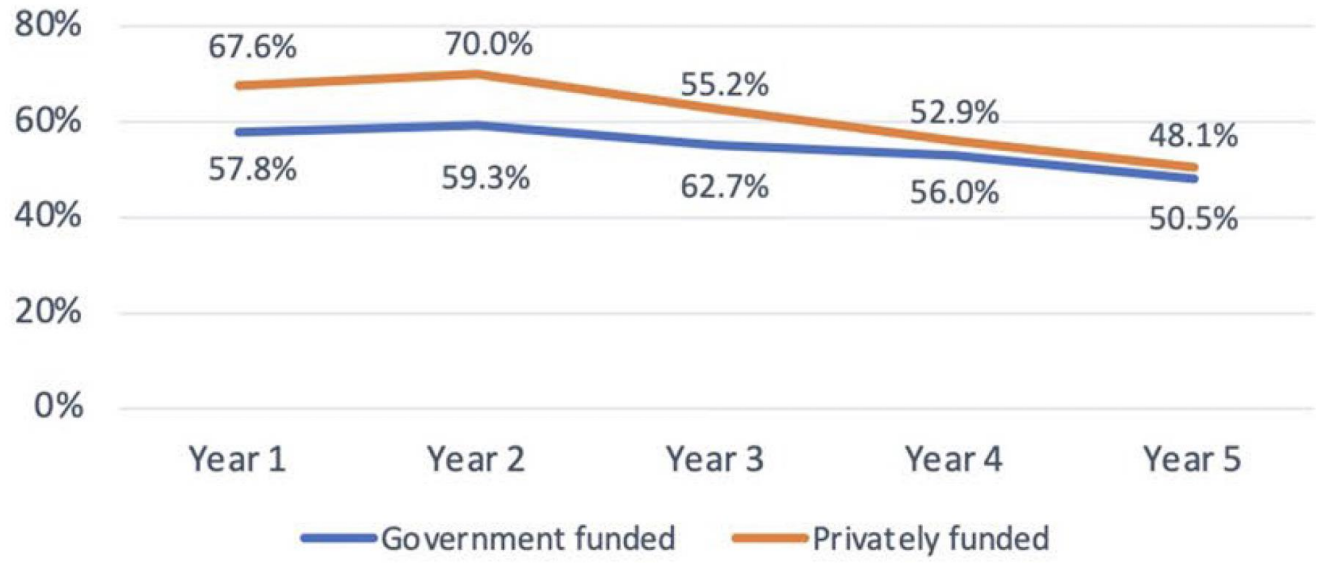


Supply and demand for bariatric surgery for newly eligible patients using ANZMOSS criteria

Dona SWA et al. Obesity Surgery (2022) 32:3013–3022

Efficacy of public bariatric surgery

a) Percentage Excess BMI Loss vs time following primary bariatric procedure



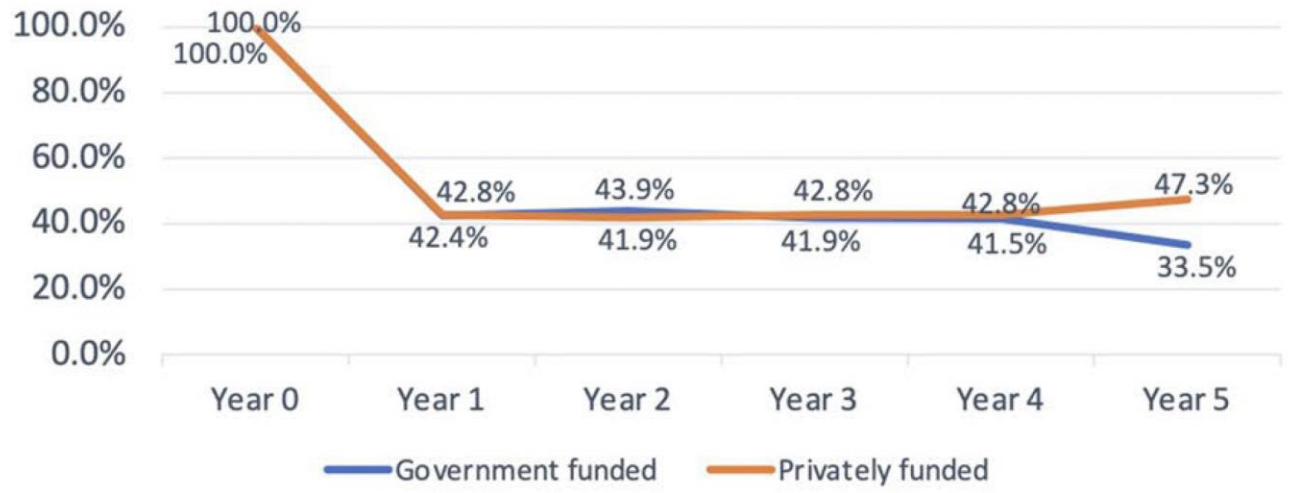
Public patients were

- Older by mean 2.4 years
- Higher body weight by mean 9 kg
- More likely to have diabetes OR 2.55
  - on more than 1 oral agent OR 2.55
  - on insulin 3.24

Chadwick C et al. Obesity Surgery (2023) 33:1160–1169

Efficacy of public bariatric surgery

b) Prevalence of diabetes following primary bariatric surgery (within diabetic population)



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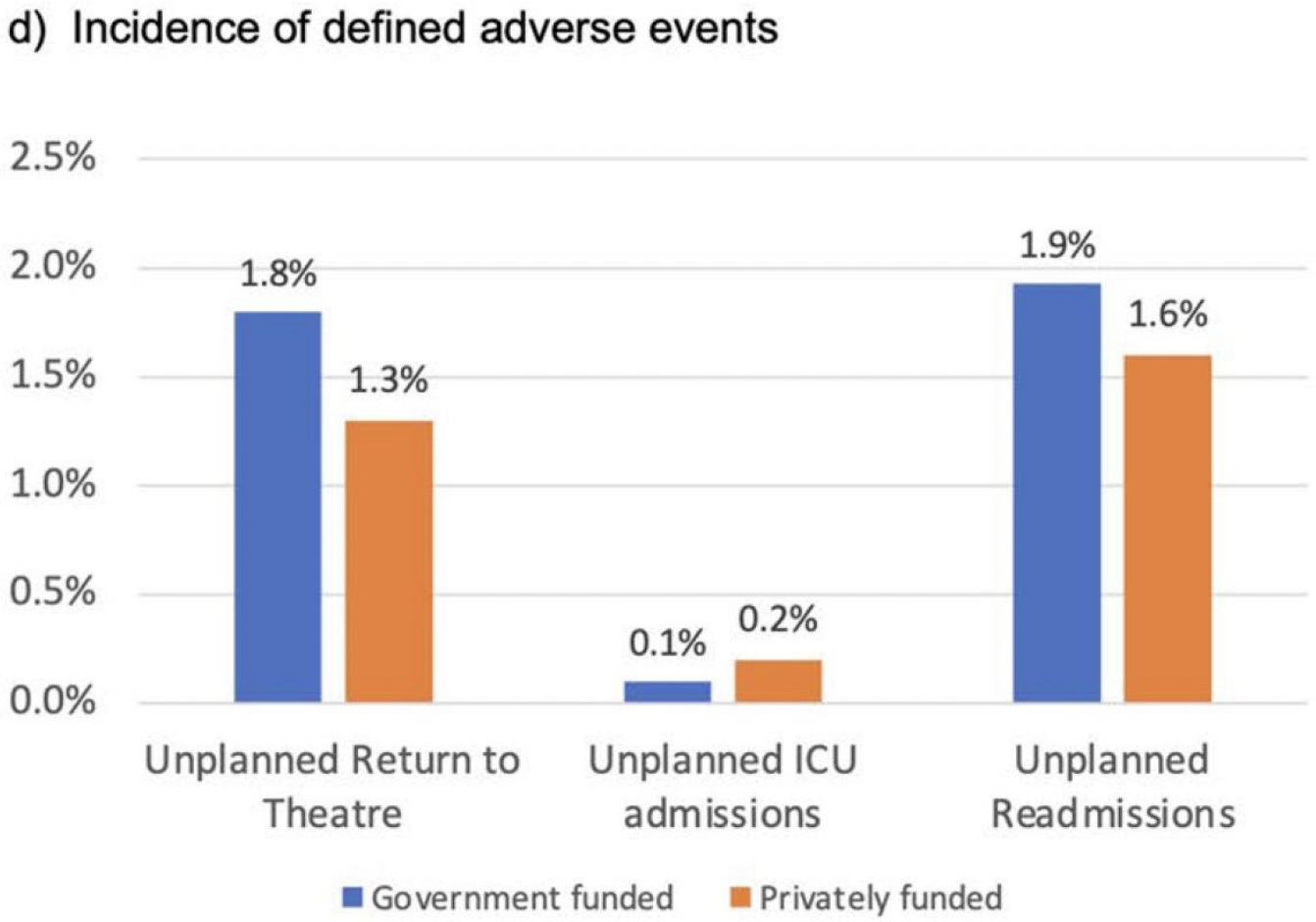
Safety of public funded bariatric surgery



In public hospitals there were increased
LAGB-associated complications (OR = 3.05 P < 0.001),
wound complications (OR = 3.5 P = 0.002),
leak (OR = 1.84 P = 0.032)
reflux/dysphagia (OR = 4.75 P < 0.001)
mean LOS (2.58 days compared to 2.22 days)

Chadwick C et al. Obesity Surgery (2023) 33:1160–1169

Efficacy of public bariatric surgery

Key Points

- Bariatric surgery performed in government-funded or privately funded hospitals provides safe and sustained weight and metabolic health improvements.
- Patients who received bariatric surgery in government-funded hospitals are demographically higher risk when compared with the privately funded hospital patients.
- Government-funded hospital patients had longer length of stay reflecting their higher base line risk and the higher frequency of conversion surgery.

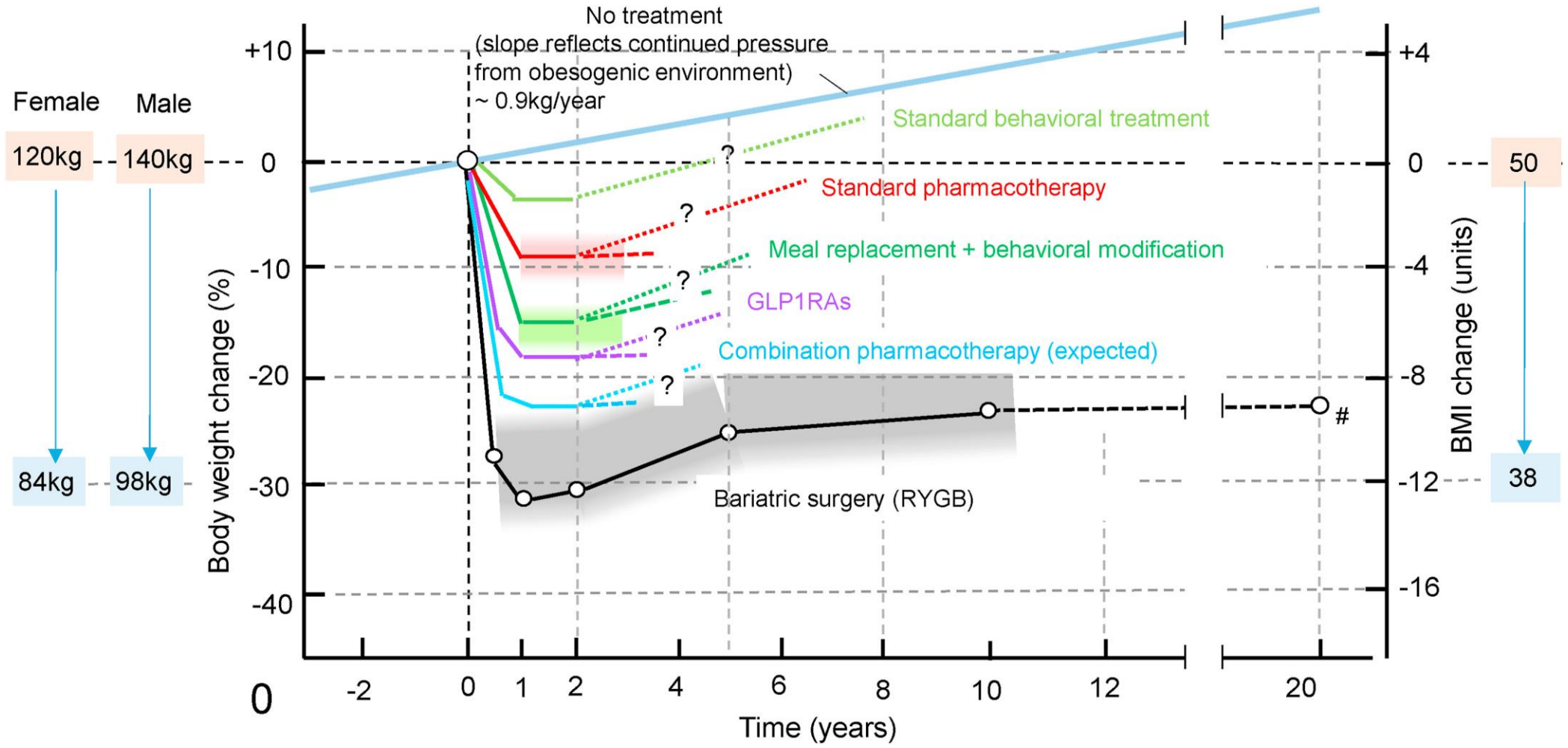
Chadwick C et al. Obesity Surgery (2023) 33:1160–1169

Perceived safety of bariatric surgery by public MDTs

- "Inherit patients" with post-operative complications from private
  - Severe GORD
  - Weight regain
  - Nutritional deficiencies
  - Post-bariatric hypoglycaemia
  - Post-bariatric hypotension
  - Concerns about osteoporosis
    - Elevated PTH

Can lead to the perception that complications from bariatric surgery are more common than they actually are

Medical therapy vs bariatric surgery



https://doi.org/10.1016/j.molmet.2022.101517

Medical therapy vs bariatric surgery

- Cost of pharmacotherapy vs public bariatric surgery
- Adherence to pharmacotherapy
- Reliability of supply of pharmacotherapy

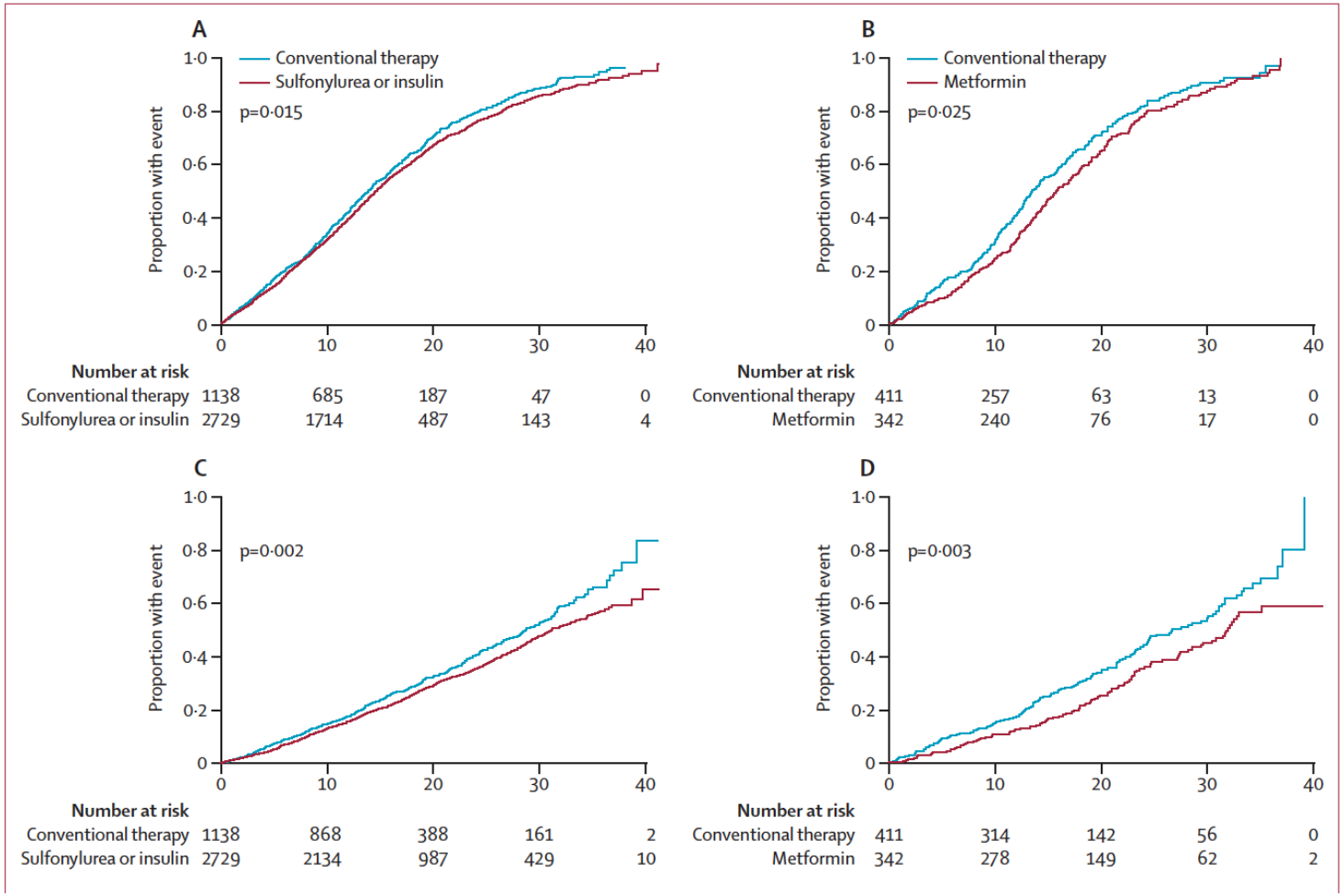
Has the promise of highly effective pharmacotherapy led to treatment inertia?

- Are we prolonging years of untreated /poorly treated obesity?
- What about the legacy effect of early treatment of T2 diabetes

Legacy effect of intensive glycemic control at diagnosis persists for up to 42 years - UKPDS

Any diabetes related endpoint

Myocardial infarction

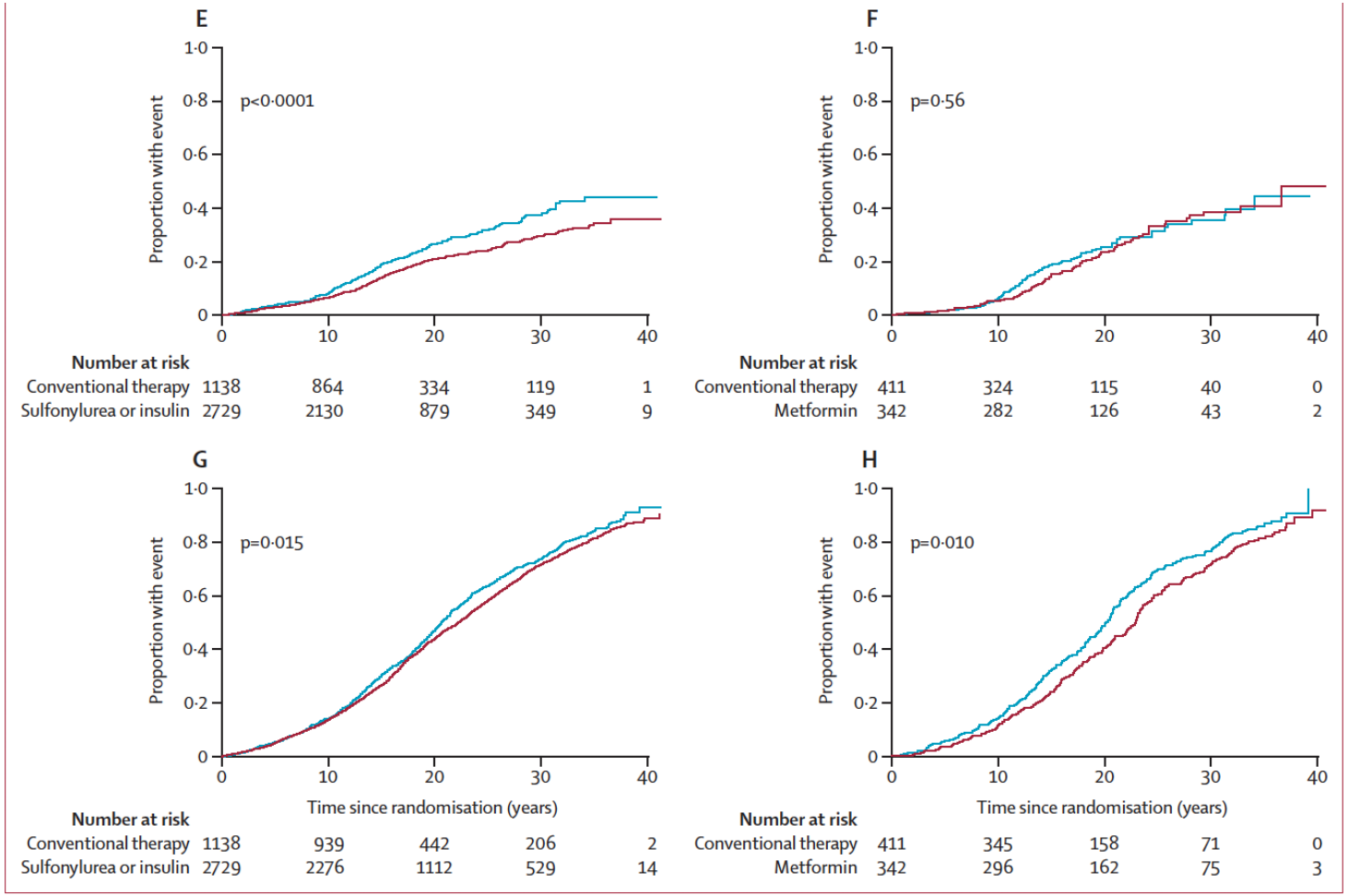


Lancet 2024; 404: 145–55

Legacy effect of intensive glycemic control at diagnosis persists for up to 42 years - UKPDS

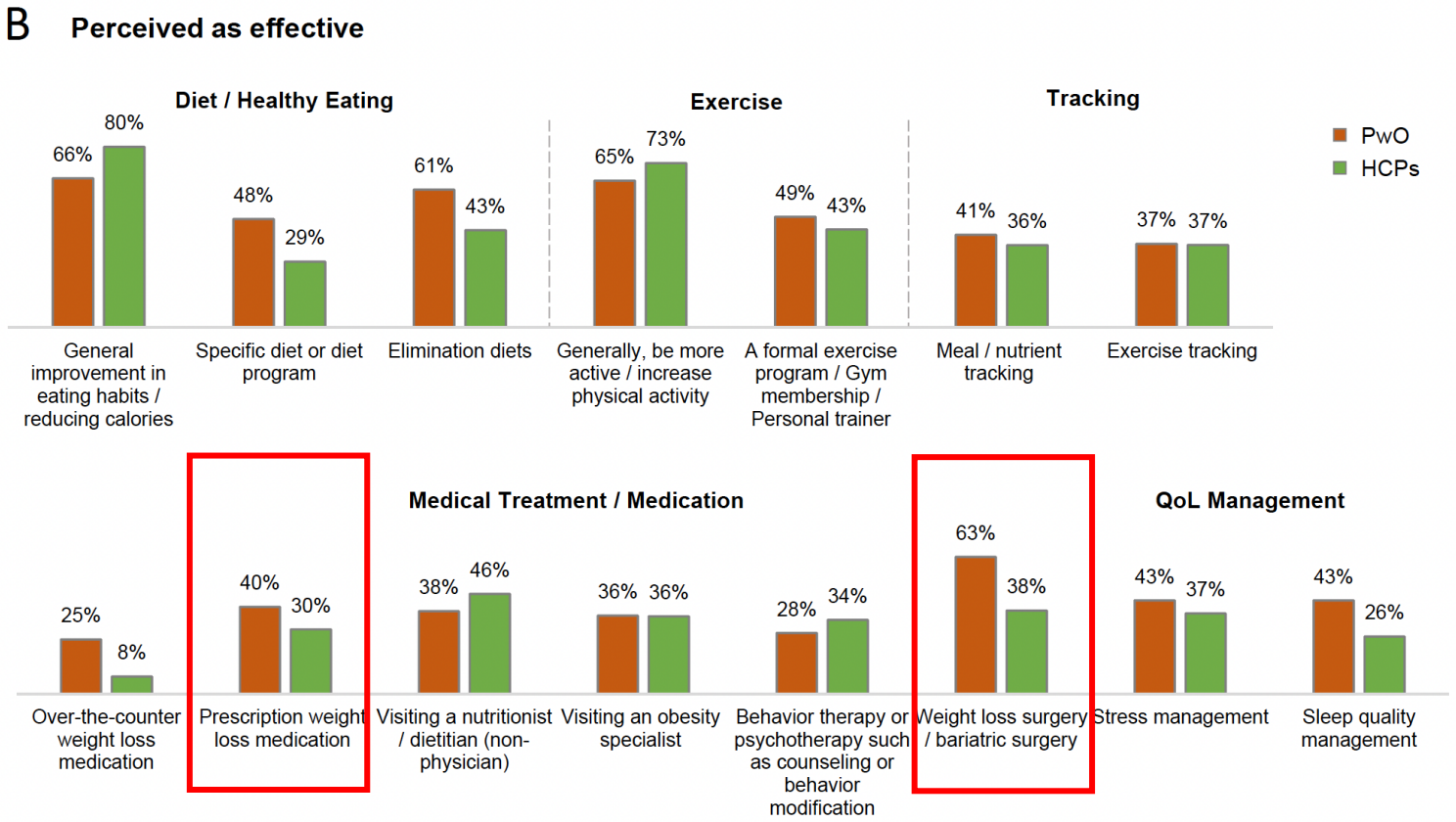
Microvascular disease

Death from any cause



Lancet 2024; 404: 145–55

Attitudes to bariatric surgery – ACTION–IO Study



PwO, discussed with HCP, made weight loss effort, and tried method, *n* = variable base; HCPs, discusses weight management with patients, *n* = 2,735; PwO Q210D; HCP Q515; 'Other' = 86% PwO, 1% HCPs;
'I have not found any of these methods to be effective for weight loss'/'none of the above' = 12% PwO, 0% HCPs.

Caterson I et al. Diabetes Obes Metab. 2019;21:1914–1924.

Are public pre-surgery requirements barriers to care?

- Mandatory participation in a behavioural weight loss program
- Mandatory pre-operative weight loss
- Lifestyle changes
- Smoking cessation

Concluding thoughts

- Attitudes to bariatric surgery need to change
  - Medical community
  - Public perception
- Public bariatric surgery is a very limited resource
  - Should it be a state-wide service
- New pharmacotherapies are extremely promising
  - Need to mindful of treatment inertia
- Cost-effectiveness analyses are needed comparing medical and surgical treatment of obesity