

## GUIDELINE

# Obesity

### Preamble

The Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Committee develops professional guidelines to assist physicians in meeting high standards of medical practice and conduct. A guideline reflects a recommended course of action established based on the values, principles and duties of the medical profession. Guidelines attempt to define practices that meet the needs of patients in most circumstances and are not a replacement for clinical judgment. As a result, situations may arise in which deviations from these guidelines may be appropriate and physicians may exercise reasonable discretion in their decision-making based on the guidance provided.

The NHMSFAP Committee recognizes that obesity is a major contributor to chronic diseases; however, there is a need for access to high-quality surgical care. The decision to recommend surgery for obese patients in the non-hospital setting requires comprehensive evaluation of the patient's American Society of Anesthesiologists (ASA) classification, medical history, comorbidities and lifestyle habits to assess weight-related health issues and the impact these will have on a proposed surgery and anesthetic.

Patients with ASA 1 and 2 can be considered for surgery in a non-hospital facility. Patients with ASA 3 may be accepted under certain circumstances.

### Practice guidelines

#### **Obese patients must be carefully screened prior to a proposed surgery and anesthesia.**

Patients are screened using: body mass index (BMI) = weight in kg/height in metres<sup>2</sup>

1. BMI  $\geq 30$  and  $< 40$  – obesity classification I (30-34.9) and II (35-39.9)

Consideration of surgery and anesthesia for patients with a BMI  $\geq 30$  and  $< 40$  the following conditions should be met:

- a. Comorbid conditions are well-controlled and unlikely to add significant risk to the procedure or anesthetic; and
  - b. The proposed surgery and anesthesia are unlikely to aggravate or precipitate significant changes in these conditions.
2. BMI  $\geq 40$  – obesity classification III (morbid obesity)

The decision to perform surgery on a patient with morbid obesity of BMI  $\geq 40$  should take into account the health risks and comorbidities associated with the planned surgery and the impact those conditions will have on the patient outcome.

Consideration of surgery and anesthesia for patients with a BMI  $\geq 40$  the following conditions should be met:

- a. Patient presents with no other severe systemic disease with substantive functional limitation other than morbid obesity of BMI  $\geq 40$ ;
  - b. Patient's morbid obesity is unlikely to add significant risk to the procedure or anesthetic;
  - c. The patient must have had a recent recorded history, physical examination, and appropriate laboratory and diagnostic investigations within 60 days of the surgery;
  - d. The proposed anesthesia should be limited to topical, local or peripheral nerve block anesthesia, or anesthesia with single-agent oral sedation if needed; however,
  - e. Under certain circumstances, at the discretion of the preoperative and intra-operative anesthesiologists, the delivery of a higher level of anesthesia (i.e. IV sedation/analgesia, regional block or general anesthetic) may be acceptable; the plan must be consistent to that set out in the preoperative anesthetic consult;
  - f. If considering a higher level of anesthesia (i.e. IV sedation/analgesia, regional block or general anesthetic), a documented preoperative anesthetic consultation must be completed before admission for the surgical procedure, not more than 28 days before surgery and at minimum, one day prior to surgery. The consult must include the possible impact of the surgery, plan for anesthesia and the post-operative course;
  - g. All patients with BMI  $\geq 40$  who require unplanned IV sedation/analgesia, regional block or general anesthetic during the course of any surgery must be reported by the medical director to the College using the NHMSFAP reportable incident form; and
  - h. In all circumstances, planned or unplanned, for which a higher level of anesthesia is required an anesthesiologist must be dedicated to the patient at all times throughout the conduct of all IV sedation/analgesia, regional block or general anesthetic until the patient is transferred to the post anesthesia recovery.
3. BMI  $\geq 45$  - obesity classification III (morbid obesity)

Patients with a BMI  $\geq 45$  are not suitable for surgery under any circumstance in the non-hospital setting with the following exceptions:

- In vitro fertilization (IVF) procedures.
- Procedures performed **under local and/or topical anesthesia only**; no other sedation or central nervous system affecting analgesic medication, by any route including oral and/or sublingual, is administered at the facility.

If considering the decision to perform surgery on a patient with a BMI  $\geq$  45 to which the exceptions apply:

- The patient's physician must consult with the medical director before proceeding with any proposed procedure on a patient with a BMI equal to or greater than 45.
  - The medical director's decision authorizing the procedure and level of anesthesia on the patient with a BMI equal to or greater than 45 must be documented and filed in the patient's medical record.
  - The consent discussion with the patient must include the associated risks of obesity in relation to the proposed procedure and anesthesia. These risks and any special additional issues or concerns that arose in the discussion and how they were addressed must be documented.
4. General recommended principles of care for the obese patient include but are not limited to:
- a. Specialized equipment for treating obese patients (e.g. special seating, stretcher, OR table, transfer mats, toilet, sinks and monitoring equipment).
  - b. Planned management of potential surgical complications.
  - c. Follow-up care and outcome reporting.

## References

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