

# Dissemination of the 2022 ASMBS and IFSO Guidelines for Bariatric Surgery: What has reached Primary Care Providers?

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# **BACKGROUND**

- Only 1% of Americans eligible for metabolic and bariatric surgery (MBS) receive MBS.
- Prior studies have shown PCP referral patterns and perceptions of MBS as a potential barrier to increasing MBS uptake.
- Less data exists regarding PCP knowledge of MBS indications and outcomes.
- Following the 2022 update to the indications for MBS by the ASMBS and IFSO, the number of eligible patients is only expected to increase.

# **METHODS**

11 question survey distributed to internal medicine and family medicine departments at quaternary care center

- Study Period: 5/2023 10/2023
- Respondents: 151 providers
  - 16 internal medicine faculty
  - 3 internal medicine APPs
  - 103 internal medicine residents
  - 29 family medicine residents

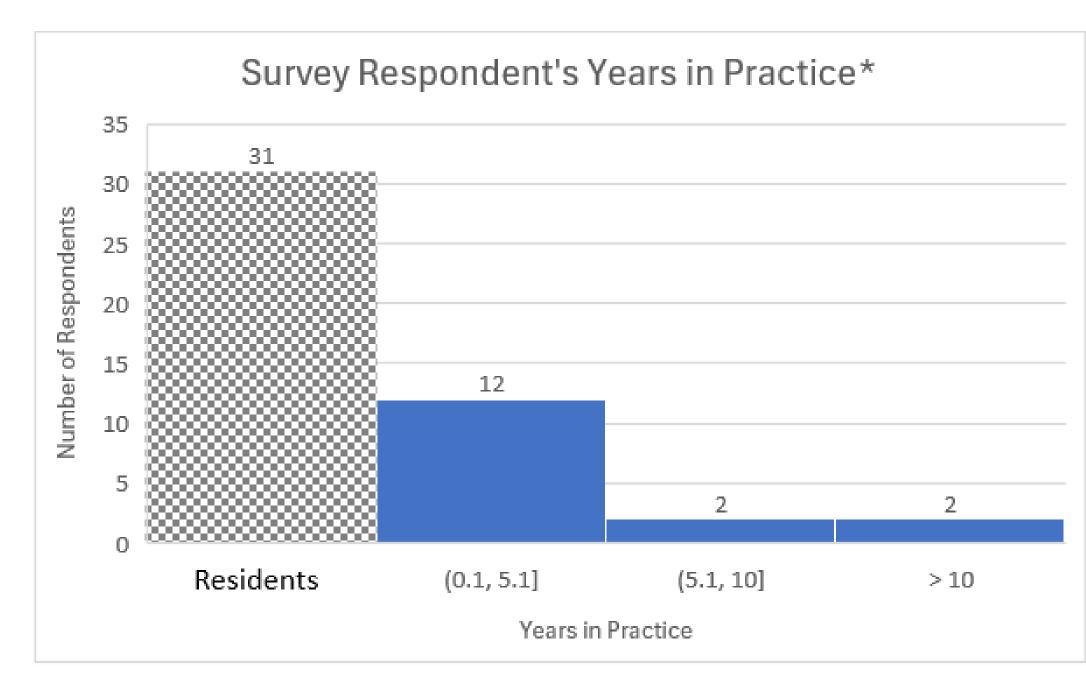
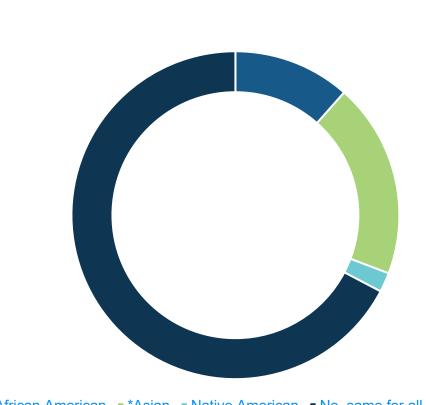


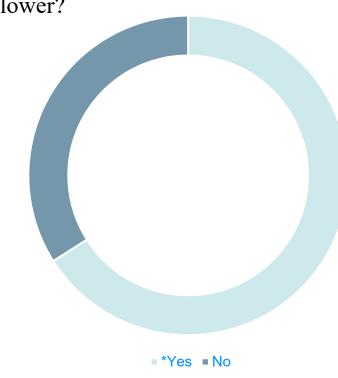
Figure 1: Distribution of years in practice for survey respondents

# ■Yes ■No

Question 1: Were you aware that there was an update to the indications for Metabolic and Bariatric Surgery in 2022 by the American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)?



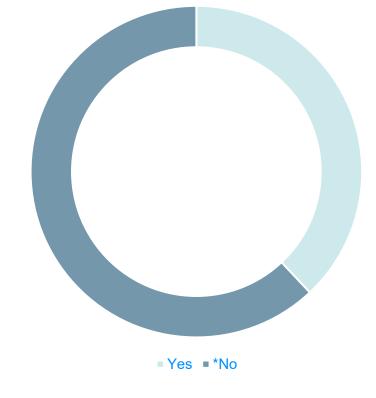
Question 3: Based on current recommendations, are there any ethnicities for which the BMI thresholds for referral for metabolic and bariatric surgery are lower?



Question 5: Based on current recommendations, should patients with BMI of 30-34.9 kg/m2 with associated metabolic disease undergo a trial of medical weight loss prior to bariatric referral?

Body Mass Index (BMI) ≥30 kg/m2, regardless
 \*BMI ≥35 kg/m2, regardless
 BMI ≥35 kg/m2, only with comorbidities

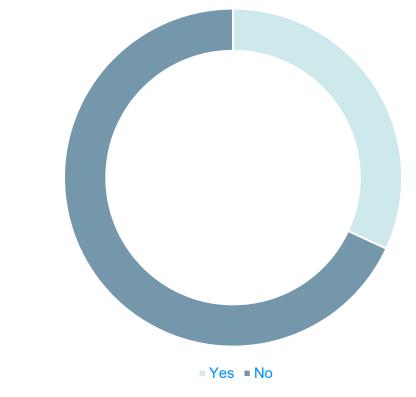
Question 2: Based on current recommendations, which of the following is considered an indication for Metabolic and Bariatric surgery referral? Check all that apply:



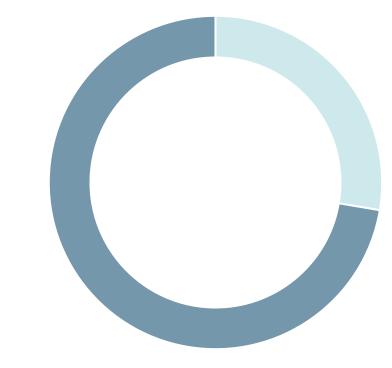
Question 4: Based on current recommendations, is it necessary for patients with (BMI) ≥35 kg/m2 to undergo a trial of medical weight loss prior to bariatric referral?

**SURVEY** 

Question 6: Based on current data, what is an approximate amount of weight loss to be expected following Metabolic and Bariatric Surgery?



Question 8: Have you personally referred a patient for consideration of metabolic or bariatric surgery with class 1 obesity (BMI of 30-34.9 kg/m2)?



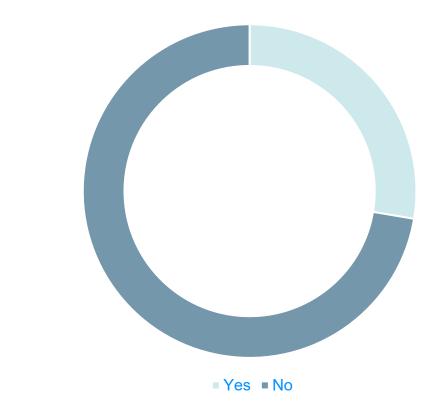
Yes No

Question 10: Would you be interested in receiving

and results?

additional education on Bariatric surgery indications

Question 7: Based on current data, what is the expected diabetes remission rate (Hemoglobin A1c < 6.5%) following a bariatric surgery on patients with BMI of 30-34.9 kg/m2?



Question 9: Do you feel like you received adequate education on Bariatric surgery indications and results during your training

Question 11: How many years have you been a primary care provider? Please enter a number (if you are a resident please enter "0"). \*\*See Figure 1

# RESULTS

- 95% of surveyed PCPs were unaware of the ASMBS and IFSO 2022 updated guidelines
- 16.3% of PCPs correctly identified the average weight loss expected from MBS
- 72.3% of PCPs reported inadequate education on MBS during training

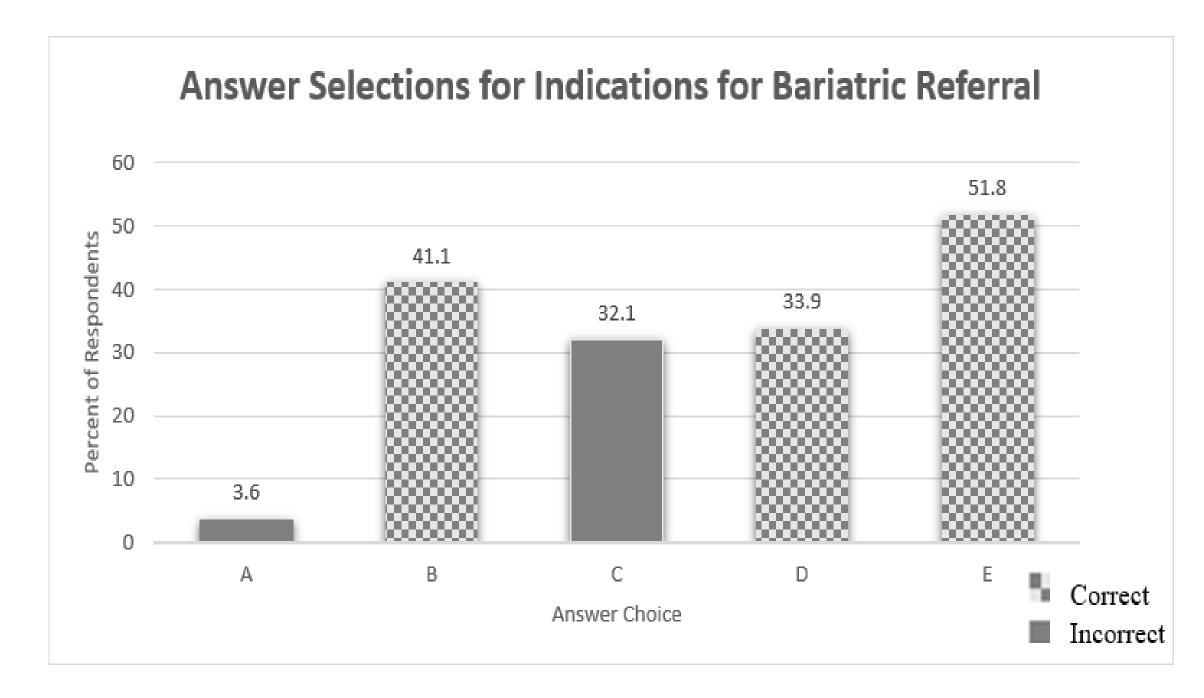


Figure 2: Percent of respondents selecting each answer choice for the multiple response question 2

# ASMBS/IFSO Guidelines for Surgery: THEN & NOW

## 1991 Guidelines

BMI  $\geq$  35 kg/m<sup>2</sup> with at least one obesity related condition

BMI 40 ≥ 40 kg/m<sup>2</sup> regardless of comorbidities

# **2022 Guidelines**

BMI 30-34.9 kg/m<sup>2</sup> with metabolic disease

BMI ≥ 35 kg/m<sup>2</sup> regardless of comorbidities

For Asian population, BMI BMI ≥ 27.5 kg/m<sup>2</sup> should be offered MBS

Appropriately selected children and adolescents should be considered for MBS

# **KEY POINTS**

- We present the first assessment of PCP MBS knowledge since the release of the 2022 updated ASMBS and IFSO guidelines.
- Next Steps:
  - Improved distribution and dissemination of updated guidelines to our PCP colleagues
  - Provide educational opportunities for primary care residents regarding MBS indications, as well as perioperative/postoperative care, in the form of lectures and shared grand rounds
  - Overall improving referral patterns and access to patients who are candidates for MBS

<sup>\*13</sup> respondents' level of experience is unknown