



Saint Mary's Hospital

Gynaecology Service – Warrell Unit

I want an operation and have a raised BMI. Why is this important?

Information for Patients



What is a 'BMI'?

Over the years, many different ways of calculating a healthy weight have been developed. Most health professionals use the Body Mass Index (BMI) formula to work out whether your weight is within a healthy range. Although this formula isn't perfect, it is a good estimation of the amount of body fat you have. It is the most useful tool available to help doctors calculate the risk of you experiencing health problems or complications from treatment as a result of your weight.

To calculate your BMI, you will need to know your current height (measured in metres) and weight (measured in kilograms). BMI calculators and charts, including those using imperial measurements (feet and inches, stone and pounds) are widely available on the internet.

BMI is your weight divided by your height squared (multiplied by itself). For example, a woman measuring 1.5 metres tall and weighing 50 kilograms would have a BMI of:

$$50 \div 1.5^2 = 22.2$$

Your BMI should be calculated at your first appointment in the Warrell Unit and again at any pre-operative assessment appointments.

What is a healthy BMI?

A healthy BMI measures between 18.5 to 24.9.

A BMI below 18.5 suggests you are underweight. A BMI of over 24.9 suggests you are overweight.

Women with a BMI of over 30 have obesity. This means that their weight has reached a level where it is likely to have a negative effect on their health, increase their risk of some diseases and reduce their life expectancy.

Women with a BMI of 40 or more have morbid obesity. Women with a BMI of 35 or more who are experiencing an obesity-related medical condition, such as diabetes or high blood pressure, also have morbid obesity.

My BMI may be raised but I'm happy with it and feel well.

It is good that you feel well. However, having a raised BMI may be causing problems for your body that you are not yet aware of and may take time to show. Unfortunately, even if you feel healthy, a raised BMI is not good for you.

What are the risks of having a BMI of 30 or more?

The number of women with a BMI of 30 or more is increasing. Having a BMI of 30 or more affects all the parts of the body. Human beings are not designed to carry that much extra fat and it causes us harm.

Obesity is now one of the leading causes of preventable death worldwide and is a major risk factor for heart disease, stroke and many cancers, including cancers of the breast and womb.

On average, a BMI of 30 or more reduces life expectancy by about 6 years and a BMI of over 40 reduces life expectancy by about 10 years.

The very good news is that reducing your weight also reduces these risks.

Can a raised BMI affect bladder problems or a prolapse?

Yes, it can.

The pressure generated in your tummy (intra-abdominal pressure) is related to your weight, especially if you carry excess weight around your middle. This pressure places stress on your pelvic floor.

Having a high BMI tends to make a prolapse worse. Women with a high BMI are more likely to have urinary leakage on coughing, laughing and sneezing (stress incontinence). They are also more likely to have problems with an overactive bladder which makes them have to rush to pass urine and might cause urine to leak if they can't make it to the toilet in time.

Losing weight can reduce problems from prolapse and bladder leakage and may also improve the results of treatment such as an operation.

Why is a raised BMI important when thinking about having an operation for prolapse or bladder leakage?

Having a raised BMI increases the risk of having a complication from any operation and this includes operations for prolapse or bladder leakage.

The Association of Anaesthetists of Great Britain and Ireland (AAGBI) have advised that anyone with a raised BMI who is considering an operation should think very carefully about the risks caused by their weight. It may be more appropriate to delay an operation until your weight is lower.

Although they can be very distressing, prolapse and bladder leakage are not usually harmful. Delaying an operation is unlikely to significantly worsen your prolapse or bladder leakage.

Will having my operation now affect how successful it is?

Having an operation when your BMI is raised may affect the chance of it being successful. Having a large amount of body fat can make the surgery more difficult. It can be harder for your surgeon to identify important structures in the body. Fatty tissue tends to bleed more and this can also make the operation more difficult.

Keyhole (laparoscopic) surgery can be especially difficult and carry high risk of complication if your BMI is raised. Keyhole surgery causes a lot of stress on your breathing because of the high pressure in your abdomen during the operation and the carbon dioxide gas used. Having a thicker abdominal wall also restricts the movement of the laparoscopic instruments and the fat covers structures inside the abdomen making them difficult to see. As keyhole surgery has an increased risk of complications and may need to be abandoned, it is unlikely that your surgeon will offer you a keyhole operation if you have a raised BMI.

What are the other risks of having an operation now?

The risks include:

Other medical problems: Women with raised BMI are more likely to have other medical problems such as diabetes, high blood pressure or heartburn which increase the risk of having an anaesthetic or getting a complication of an operation.

DVT/PE: Deep vein thrombosis (DVT) is a clot in the deep veins of the leg. Sometimes parts of this clot break off and travel to the lungs where they get stuck and cause a serious medical problem known as a pulmonary embolus (PE). Women with a raised BMI are four times more likely to suffer a DVT after a day-case operation and 40 times more likely to suffer a DVT after an operation which keeps them in hospital.

Infection: Women with raised BMI are 1½ times more likely to get a urinary tract infection and at least twice as likely to get a wound infection as women with normal BMI. When a wound infection occurs, it is more likely to be serious and more likely to need another operation to treat it.

Other wound problems: Women with a raised BMI are more likely to have other problems from their wound after an operation such as developing a hernia or having the wound come apart (dehiscence).

Breathing problems: Women with raised BMI are more likely to have problems with their breathing after an operation. They are more likely to get pneumonia and more likely to need extra support with their breathing. The risk of respiratory failure, where the body is not able to get enough oxygen because of breathing problems, is doubled in women with raised BMI.

Heart problems: Women with raised BMI are at higher risk of heart problems after an operation including abnormal heart rhythms. Women with raised BMI are 3 to 5 times more likely to suffer a heart attack after an operation.

Nerve injury: Women with raised BMI are four times more likely to suffer a nerve injury during an operation. This can cause muscle weakness or an area of numbness. Most of the time these injuries heal but they can be permanent.

Admission to intensive care: Women with a raised BMI are more likely to develop serious medical problems after an operation which means they need to be looked after on an intensive care unit.

Death: No-one likes to think about the risk of dying and fortunately the risk of dying during or after an operation is very rare. However, for women with a raised BMI this small risk is doubled compared to women with a lower BMI.

What can I do to reduce the risk?

The good news is that these increased risks of having an operation come down with weight loss.

It is likely to be safer for you to delay your operation until your BMI is lower. You can talk to your doctor or nurse about what to do about your prolapse or bladder leakage in the meantime. They will also be able to advise you what target weight to aim for. Ideally, you should aim for a BMI of less than 30.

Will it be easy?

No. It won't.

Losing weight is hard work and there are only a lucky few people who haven't had to worry about their weight at some point. When there is a large amount of weight to be lost it can be even harder and mean making some big changes. Sometimes having a reason, such as wanting an operation, can be the nudge that makes you do something about your weight when you have been meaning to for some time.

Although having a prolapse or bladder leakage can make it difficult to exercise regularly, most women are overweight because they eat and drink too many calories. It is therefore possible to achieve good weight loss even with a prolapse or bladder leakage.

Where can I find help to lose weight?

Losing weight is hard work and having some help to get started and keep going is important. It is easy to get fed up. There are sources of help and support. Getting your friends and family on board is really helpful and they might even want to join you so you can lose weight together.

You might find the following helpful:

Following a popular diet plan: Many diet plans are promoted to help weight loss and fall in and out of fashion over the years. Following a popular 'diet plan' may or may not work for you. The Association of UK Dietetics has looked at the pros and cons of many of these and has published their advice on the NHS Choices website to help you decide.

NHS Choices weight loss plan: This is a 12 week weight loss plan which can be followed free of charge on the NHS Choices website. It includes lots of help including a calorie calculator, e-mail support and a supportive discussion forum.

Joining a commercial weight loss programme: Some women find joining a programme such as Weightwatchers or Slimming World helpful. Usually they allow you to attend supportive meetings to encourage you or you may choose to follow a programme on a phone app or on-line. These programmes will involve a subscription fee.

Tablets or surgery: If you have a lot of weight to lose and suffer with morbid obesity, your GP may be able to offer you medical help to lose weight. These usually have side-effects, require you to stick to a diet and are not a 'quick fix'. However, it may be worth discussing this with your GP, especially if you have any obesity related medical problems such as diabetes or high blood pressure.

Checklist of questions to ask your doctor before deciding on an operation for prolapse and/or bladder leakage.

- What is my BMI?
- Does my BMI mean I suffer from obesity or morbid obesity?
- How is my BMI affecting my prolapse or bladder leakage problem?
- What operation is recommended for my prolapse/bladder leakage?
- Would there be other options if my BMI was lower?
- Are there any alternatives to an operation?
- Will my BMI affect the chance of having a successful operation for my prolapse/bladder leakage?
- What are the risks of the operation and how does my BMI affect the risks?
- What can be done to reduce the risks if I decide to go ahead with an operation at my current BMI?
- What will happen to my symptoms if I delay an operation?

Other sources of information

The NHS Choices website has lots of resources and information for anyone wishing to lose weight. It includes the 12 week weight loss plan, a BMI calculator and the popular diet reviews and can be found here:

www.nhs.uk/Livewell/loseweight

The Association of UK Dietitians has information about finding a dietician and information about weight loss including factsheets. They can be found here:

www.bda.uk.com

The British Heart Foundation has a free BMI calculator and lots of information about healthy eating and weight loss. They can be found here:

www.bhf.org.uk

The Anaesthetists Association of Great Britain and Ireland (AAGBI) have a website where you can read all their publications including their advice for the perioperative management of patients with morbid obesity. Their website is found at:

www.aagbi.org

Violence, Aggression and Harassment Control Policy

We are committed to the well-being and safety of our patients and of our staff. Please treat other patients and staff with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecutions.

Suggestions, Concerns and Complaints

If you would like to provide feedback you can:

Ask to speak to the ward or department manager.

Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL

Log onto the NHS Choices website www.nhs.uk – click on 'Comments'.

If you would like to discuss a concern or make a complaint:

Ask to speak to the ward or department manager – they may be able to help straight away.

Contact our Patient Advice and Liaison Service (PALS) – Tel: 0161 276 8686 e-mail: pals@cmft.nhs.uk. Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

No Smoking Policy

The NHS has a responsibility for the nation's health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on Tel: (0161) 205 5998 (www.stopsmokingmanchester.co.uk).

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

تنص سياستنا على عدم السماح لافراد عائلة المرضى او اقاربهم او اصدقائهم بالترجمة لهم. اذا احتجت الى مترجم فيرجى ان تطلب ذلك من احد العاملين ليرتب لك ذلك.

بماری یہ پالیسی ہے کہ خاندان ، رشتہ دار اور دوست مریضوں کے لئے ترجمہ نہیں کر سکتے۔ اگر آپ کو مترجم کی ضرورت ہے تو عملے کے کسی رکن سے کہیں کہ وہ آپ کے لئے اس کا بندوبست کر دے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

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我们的方针是，家属，亲戚和朋友不能为病人做口译。如果您需要口译员，请叫员工给您安排。



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