



Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

I WANT AN OPERATION AND HAVE A RAISED BMI. WHY IS THIS IMPORTANT?

WHAT IS A 'BMI'?

Over the years, many 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 is not 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 because of your weight.

To calculate your BMI, you will need to know your current height (measured in meters) 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.

Your BMI should be calculated at your outpatient appointment 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.
- A BMI of over 30 is obese. This means that a person's 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.
- A BMI of 40 or more is known as morbidly obese. People 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 and may increase the risks of surgery or other treatments..

WHAT ARE THE RISKS OF HAVING A BMI OF 30 OR MORE?

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 3-6 years and a BMI of over 40 reduces life expectancy by about 10-14 years.

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

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 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. It may still be possible to do keyhole surgery with a raised BMI, but people with a BMI of 35 or above are at increased risk of having to have their keyhole operation converted to an open operation through a large cut on their abdomen. The medical team caring for you need to take this into account when advising you about your treatment.

WHAT ARE THE OTHER RISKS OF HAVING AN OPERATION NOW?

Other medical problems: A raised BMI means you 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). A raised BMI means you are four times more likely to suffer a DVT after a daycase operation and 40 times more likely to suffer a DVT after an operation with a hospital stay.

Infection & Wound complications: Urinary tract infection are 1½ times more likely if you have a high BMI, a wound infection is at least twice as likely. If a wound infection occurs, it is more likely to be serious and more likely to need another operation to treat it. Other problems a high BMI can cause with wounds after an operation, include developing a hernia or having the wound come apart (dehiscence).

Breathing problems: If you have a high BMI, you are more likely to get a post-operative chest infection (pneumonia) and more likely to need extra support with your breathing. The risk of respiratory failure, where the body is not able to get enough oxygen because of breathing problems, is doubled.

Heart problems: A raised BMI increases the risk of heart problems after an operation including abnormal heart rhythms and the risk of suffering a heart attack can increase by 3 to 5 times.

Nerve injury: A raised BMI increases the risk of nerve injury by up to 4 times. 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: A raised BMI can cause you to develop serious medical problems after an operation which means you 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, a raised BMI doubles this risk compared to those 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 managing your symptoms/condition 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?

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.

If you have urinary problems such as a prolapse or bladder leakage, it can make it difficult to exercise regularly, however, most people have a higher BMI due to a high diet and fluid calorie intake. It is therefore possible to achieve good weight loss with calorie monitoring and exercise 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 people 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 online. Please note these 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.

- What is my BMI?
- Does my BMI mean I suffer from obesity or morbid obesity?
- How is my BMI affecting condition and/or symptoms?
- What operation is recommended?
- 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?
- 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?

CAN A RAISED BMI AFFECT BLADDER PROBLEMS OR 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.
- A high BMI can mean you are more likely to have urinary leakage on coughing, laughing and sneezing (stress incontinence).
- A high BMI can mean you are more likely to feel the need to rush to pass urine and might cause urine to leak if you cannot make it to the toilet in time (overactive bladder).

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

If you require any further information or clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

CONTACT DETAILS

If you require any further information, please contact your clinical team, by calling the number below and selecting the required option:



0161 701 4455: 08:30 – 16:00

USEFUL RESOURCES

NHS Choices

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

Association of UK Dieticians

The Association of UK Dieticians has information about finding a dietician and information about weight loss including factsheets. They can be found here: www.bda.uk.com

British Heart Foundation

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

Anaesthetists association

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