ROYAL AUSTRALASIAN COLLEGE OF SURGEONS RACS

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24 August 2015

Victoria's Citizens' Jury on Obesity
C/- VicHealth

RE: Submission to VicHealth Citizens' Jury on Obesity.
How can we make it easier to eat better and why is it important?

As the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand, the Royal Australasian College of Surgeons (RACS) is committed to taking informed and principled positions on issues of public health at both state and federal levels.

HEALTH AND WELLBEING IMPACTS OF OBESITY

The effects of being obese are significant public health problems that are associated with a broad range of chronic clinical conditions and premature mortality.[1] People who are obese are far more likely to develop problems with their blood pressure, cholesterol, triglycerides and insulin resistance. Risks of coronary heart disease, ischemic stroke, Type 2 diabetes and a range of cardiovascular disease subtypes also increase steadily with increasing BMI.[2] Raised BMI increases the risk of cancer of the breast, colon, prostate, endometrium, kidney and gall bladder. Mental health and eating disorders are also associated with being overweight or obese.[3]

Anaesthesia of patients who are obese can be problematic because of the increased risk of high blood pressure, heart disease, decreased oxygen delivery, hiatus hernia, and a higher risk of regurgitation and aspiration. Obtaining intravenous access and performing regional anaesthesia may also be difficult. For these and other reasons, it is advisable that in the first instance, patients who are obese try to lose weight prior to elective surgery.[4]

An increasing number of research studies have demonstrated the link between obesity and poorer outcomes following surgery.[5 6 7] Patients with a BMI over 40 suffer disproportionately greater complications and morbidity than those who are less obese or in the recommended weight range. Compared with patients in the recommended weight range, those with the modified metabolic syndrome (obesity, hypertension, treated diabetes) had two to three times higher risk of cardiac complications, 1.5 to 2.5 times higher risk of pulmonary complications, two times higher risk of coma and stroke, and a three to seven times higher risk of acute kidney injury.[8]

WHAT CAN BE DONE?

RACS believes a combination of preventative measures and an increase in the availability of treatment options for those who are already obese is the most effective way to address obesity. Evidence suggests that taking steps to maintain a healthy weight and lifestyle throughout life is one of the most important ways to protect against many types of cancer[9] and a range of other diseases.

The 2010 ACE-Prevention study funded by the National Health and Medical Research Council is described as, "the largest and most rigorous evaluation of preventative strategies undertaken anywhere in the world." It found that a **10 per cent tax on unhealthy non-core foods** would lead to substantial health gain and considerable future cost savings by averting treatment of obesity-

related diseases.[10] The WHO also recognises **the influence of price on food choices** and supports a fiscal approach.

Examples of other preventative measures **include better labelling on food packaging** and **public education programs.** There is evidence to suggest that education programs can have a positive impact on physical activity levels.[11] [12]

RECOMMENDATIONS

RACS supports the development of plans in Victoria to coordinate efforts to reduce obesity.

In 2009 the Australian Government's Preventative Health Taskforce released a technical report on obesity, calling for urgent action.[13] Key aspects of this report in relation to the question presented to the jury include:

- **reshaping the food supply towards lower risk products and pricing,**
- **addressing food composition (specifically sugar levels),**
- **improving access to healthy food and addressing this from a new settings approach that includes schools, workplaces and communities, not just the home.**

Funding for the Preventative Partnership and its formal evaluation process was ceased in 2014.

RACS supports the Australian governments' role and the measures outlined in these reports. The obesity epidemic will not be reversed without government leadership, regulation, and investment in programs, monitoring, and research.[14] [15] [16]

OTHER CONSIDERATIONS

Surgery for weight loss

All individuals seeking weight loss should begin with non-surgical therapy and consider bariatric surgery only if they are unable to achieve sufficient long-term weight loss and co-morbidity improvement.[17] Clinical decisions should be based on a comprehensive evaluation of the patient's health and prediction of future morbidity and mortality.

There is strong evidence to suggest that surgery is an effective intervention for weight loss in the morbidly obese (BMI > 40) where non-surgical interventions have been ineffective, and that this may reduce the long-term costs and health impacts of obesity.[18]

RACS recommends equity of access to weight loss surgery by publicly funding bariatric surgery, including support from a team of expert clinicians for patients that meet appropriate clinical guidelines.

In Australia, public patients do not have the same access to bariatric surgery as private patients.[19] In 2007/08, over 90 per cent of separations for weight loss surgery in Australia were in private hospitals, with private health insurance funding 82 per cent of separations.[20]

Medicare pays for privately insured patients to undergo surgery aimed at reducing obesity, while uninsured patients face restricted access to surgery in public hospitals. Edye & Talbot (2014) argue that bariatric surgery for obesity complicated by severe comorbid conditions should be accessible to all.

Providing surgery as an alternative option for weight loss will improve quality and length of life, and reduce the cost of managing comorbid conditions, medication and food.

RACS recommends the use of national bariatric surgery registries.

Audit to progressively enhance standards of clinical care is a key result area for RACS. A registry that captures data on the number of patients, the success of surgery and any possible complications will allow the Victorian government and health professionals to effectively monitor and evaluate the role of bariatric surgery in addressing obesity. The bariatric registry run by the Obesity Surgery Society of Australia and New Zealand is one such example.

RACS recommends that health services should be adequately equipped to deal with the growing number of obese patients.

Appropriate equipment such as beds, mattresses, shower chairs, commodes and wheelchairs should be in place to accommodate heavier patients and guidelines/measures should be in place for healthcare professionals to safely manage obese patients. Refer also to the College's Position Paper: Implications of Obesity for Outcomes on Non-bariatric Surgery.

More information is detailed in the College position paper:

http://www.surgeons.org/media/21856188/2015-06-25_ppr_rel-gov-035_reducing_the_burden_of_obesity.pdf

Yours
Sincerely,

Mr Jason Chuen, FRACS
Chair, Victorian Regional Committee
Royal Australasian College of Surgeons

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