

BMJ 2015;350:h426 doi: 10.1136/bmj.h426 (Published 5 February 2015)



## LETTERS

## BODY RECONTOURING AFTER BARIATRIC SURGERY

## Guidelines on body recontouring after bariatric surgery are available

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Bucknor and colleagues rightly state that recently updated National Institute for Health and Care Excellence (NICE) guidelines for management of obesity did not include reconstructive body contouring surgery after massive weight loss.<sup>1</sup> However, NICE accredited national commissioning guidelines for such surgery were published in 2014, to standardise referrals and avoid the current postcode lottery.<sup>2</sup>

Such surgery is not cosmetic. Its aim is to improve functional, psychological, and social problems secondary to redundant skin. Skin ulceration requires long term management,<sup>3</sup> while a quarter of patients with obesity have psychological disorders.<sup>4</sup> Over 70% of patients seek reconstructive surgery after massive weight loss,<sup>5</sup> and procedures include apronectomy, upper body lift, and medial thigh lift.

Inclusion criteria for such surgery are:

- Starting body mass index (BMI) of  $\geq$ 40 (or  $\geq$ 35 with comorbidities)
- Current BMI  $\leq$ 28 (those with BMI <40 eligible for a pronectomy only)
- Weight stability for 12 months
- Serious functional disturbances.

The full guidance is published on the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)

website.<sup>2</sup> Wider dissemination of these guidelines is essential to practise with best available evidence. This would allow obese patients who have lost weight a real chance to reintegrate into society as healthy contributing individuals.

Competing interests: RW is the current president of the British Obesity and Metabolic Surgery Society (BOMSS); MS is chairman of the body contouring special interest group for the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS).

Full response at: www.bmj.com/content/349/bmj.g7637/rr.

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## Cite this as: BMJ 2015;350:h426

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