



AB106. 124. Is pre-operative weight loss counselling successful in obese patients attending an orthopaedic pre-assessment clinic?

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Background: Obese patients require specific pre-operative care, however there is a lack of clear guidelines for pre-operative management and weight loss targets in the obese population. All patients with BMI ≥ 30 attending the PAC for elective orthopaedic surgery are counselled to lose weight.

Methods: A retrospective chart review was performed on patients with a BMI ≥ 30 who underwent total hip or knee replacements (THR, TKR) over 1 year. A subset (n=29) of these patients completed a questionnaire.

Results: Thirty-nine percent of patients who underwent THR/TKR had a BMI ≥ 30 (range, 30–48). Between the dates of PAC appointment and surgery, 40% lost and 37% gained weight, while weight was unchanged in 23%. Patients in the

higher BMI groups (>40) tended to lose weight. Chi-square analysis demonstrated no significant difference in weight change in gender (P=0.84), age (P=0.914), or THR *vs.* TKR groups (P=0.55), nor in patients who attended anaesthetist-led *vs.* nurse-led PAC (P=0.65). Only 55% of patients who completed the questionnaire reported receiving weight-loss counselling; these patients lost more weight than those who did not recall being counselled to lose weight (mean weight loss 2.8 *vs.* 1.9 kg).

Conclusions: Obese patients are capable of losing weight pre-operatively. Patients with higher BMIs tended to lose more weight, however, surgery may be cancelled in obese patients unable to achieve a target weight. Patients who recalled being counselled to lose weight lost more weight than those who did not, suggesting that weight loss counselling at the PAC should be standardized for obese patients.

Keywords: Obese; pre-assessment clinic (PAC); elective orthopaedic; weight loss

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