



**Kernow Clinical Commissioning Group
Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group**

This commissioning decision was adopted by the above organisations on 1st April 2013, having been originally agreed by the previous commissioning organisations (Cornwall and Isles of Scilly PCT, Devon PCT, Plymouth Teaching PCT and Torbay Care Trust).

Peninsula Commissioning Priorities Group

Commissioning decision: Hip and knee replacement surgery in obese patients (those with a body mass index of 30 or greater)

The Peninsula Commissioning Priorities Group has come to a decision regarding total knee and total hip replacement surgery in obese people (defined as a body mass index (BMI) of 30 or greater). No BMI threshold will be placed on patients who require immediate referral for total knee and hip replacement surgery for clinical reasons. However, patients with a BMI of 35 or more will be actively supported to engage with local weight management programmes to reduce their BMI to maximise the functional benefit of surgery and reduce the risk of complications during or following surgery.

Rationale for the decision

The evidence reviewed indicates that obese patients will benefit from total knee or hip replacement surgery in terms of functional gain and pain reduction. However, the absolute level of function attained following surgery may be less good than those achieved by non-obese individuals (BMI less than 30).

There is some evidence to suggest that morbidly obese patients (defined as those with a BMI of 40 or greater) are at increased risk of complications during and following surgery. This includes the risk of infection and joint failure. This association appears to be stronger in morbidly obese patients following total knee replacement.

To maximise the chances of the most beneficial patient outcomes, referring clinicians should actively engage patients with a BMI of 35 or more into existing weight management pathways. However, patient engagement with weight management services should not be considered a criterion of eligibility for total knee/hip surgery.

It is important to note that there are weaknesses in the current evidence base and that this decision should be reviewed in light of any new evidence.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought.

Plain language summary

The number of obese people who require hip and knee replacement surgery is proportionally greater than those who are not obese. The increasing tendency towards obesity is expected to further increase this imbalance. There are limitations in the research evidence that has examined whether obese people do less well after hip and knee replacement surgery than non-obese patients. It seems likely that obese patients attain a lower level of function than non-obese patients and are also at a higher risk of complications such as infection. However, it also appears likely that obese patients will gain worthwhile improvement in pain and function as a result of the joint replacement. The risks of surgery to an individual will depend upon a range of factors of which obesity and its effect on other aspects of health is just one.

The local NHS has pathways of care to help people manage their weight. The availability of various weight management plans is usually defined in terms of a calculation involving the person's weight and height to produce a measurement known as the body mass index (BMI). To help people maximise their chance of the best outcome from surgery it is considered appropriate to encourage people with a BMI above 35 to receive the help of weight management programmes. However, no restriction will be placed on the availability of hip and knee replacement surgery based on BMI measures alone.

Date of decision: 22nd June 2011