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ASMBS Guidelines/Statements

Safer through surgery: American Society for Metabolic and Bariatric Surgery statement regarding metabolic and bariatric surgery during the COVID-19 pandemic

Executive Council of ASMBS

The surgical treatment of obesity and its complications has been postponed in many parts of the world during the COVID-19 pandemic, similar to the postponements for nonurgent surgical treatment of many other human conditions and disease processes. Many have characterized bariatric and metabolic surgery along with cosmetic plastic surgery as clear-cut examples of elective procedures that must be postponed during COVID-19. Some U.S. states have included these types of procedures in their state-wide order as examples of “elective” surgical procedures that should be the last to be restarted.

For those who define “elective” surgery as not necessary or optional, the American Society for Metabolic and Bariatric Surgery (ASMBS) asserts that metabolic and bariatric surgery is NOT elective. Metabolic and bariatric surgery is medically necessary and the best treatment for those with the life-threatening and life-limiting disease of severe obesity.

The definition of *elective* in the Merriam-Webster dictionary is “relating to, being, or involving a nonemergency medical procedure and especially surgery that is planned in advance and is not essential to the survival of the patient.” Metabolic and bariatric surgery is life-saving surgery, with multiple studies confirming the survival benefit for patients treated by surgery over those treated without surgery [1]. Metabolic and bariatric surgery creates long-term changes in metabolism and reduces or eliminates multiple serious obesity-related diseases improving long-term health and quality of life as well as survival. The ASMBS supports the use of the term “medically necessary time-sensitive surgery,” as proposed by Prachand et al. [2], or “medically

necessary nonemergent surgery,” as far superior to the term “elective” surgery and what it connotes.

Metabolic and bariatric surgery should be restarted when it is safe to do so. The ASMBS disagrees with the concept that bariatric surgery should be postponed until the pandemic is declared over.

The global nature of the pandemic, the potential for a second wave or persistent ongoing infection in some parts of the world, along with more traditional risks, such as annual influenza outbreaks, make postponement potentially indefinite. There is clear evidence bariatric surgery improves survival [1] and significantly improves the disease of obesity and several critical obesity-related conditions (including diabetes, hypertension, and cardiovascular events). Obesity and obesity-related diseases have been identified as independent risk factors for adverse outcomes in COVID-19 infection [3], including need for intubation, ventilatory support, intensive care unit care, and mortality. From a patient-centered and public health standpoint, it is critical to resume metabolic and bariatric surgery.

We also understand that obesity and related diseases are the same risk factors that must be taken into consideration for temporarily postponing bariatric surgery in certain higher risk subsets of patients. The risks and benefits at that particular time for that specific patient need to be carefully considered. Factors to consider in making that decision also include the local prevalence of COVID-19, the availability of testing, the available resources, including hospital beds, ventilators and personal protection equipment, as well as strategies to protect healthcare workers and patients. However, delay in the life-saving surgical treatment of

obesity and its complications for many months or years is not in the best interest of our patients.

The ASMBS has advocated for many years that patients suffering from the disease of obesity and its many serious associated diseases should strongly consider metabolic and bariatric surgery as a life-changing intervention that improves health, quality of life, and long-term survival. COVID-19 is the most recent of many diseases in which underlying obesity worsens the prognosis.

Before COVID-19 began, it was clear that patients with obesity were “safer through surgery.” In the era of COVID-19, “safer through surgery” for patients with obesity may prove to be even more important than before.

References

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- [2] Prachand VN, Milner R, Angelos P, et al. Medically necessary, time-sensitive procedures: scoring system to ethically and efficiently manage resource scarcity and provider risk during the COVID-19 pandemic. *J Am Coll Surg*. Epub 2020 Apr 9.
- [3] COVID-19 treatment guidelines: care of critically ill patients with COVID-19, summary recommendations [homepage on the Internet]. Bethesda: National Institutes of Health; [updated 2020 May 20; cited 2020 May 1]. Available from: <https://www.covid19treatmentguidelines.nih.gov/critical-care/>.