

# NATIONAL CLINICAL GUIDELINE ON BARIATRIC SURGERY

## Quick guide

BMI and age limits for bariatric surgery	
↑↑	Bariatric surgery assessment should be offered to patients with a BMI above 40 kg/m <sup>2</sup> (⊕⊕⊕○). * Please note that the evidence is based on patients with obesity-related diseases, primarily type 2 diabetes. However, it is assessed that a beneficial effect on weight loss and increased physical quality of life will also apply to overweight patients without comorbidities.
↑↑	Bariatric surgery assessment should be offered to patients aged 18-25 years with a BMI above 40 kg/m <sup>2</sup> (⊕⊕⊕○). * Please note that the evidence is based on patients with obesity-related diseases, primarily type 2 diabetes.
Non-alcoholic fatty liver disease and bariatric surgery	
√	It is not good practice to offer bariatric surgery on a routine basis to severely obese patients with non-alcoholic fatty liver disease (non-alcoholic steatohepatitis – NASH) and liver fibrosis due to lack of evidence.
Pregnancy and bariatric surgery	
↑	Consider offering bariatric surgery to infertile women with a BMI above 35 kg/m <sup>2</sup> in order to reduce mother and child morbidity and mortality during pregnancy and birth (⊕○○○).
Surgical method	
↑	Consider offering Roux-en-Y gastric bypass surgery rather than sleeve gastrectomy to adult patients referred to bariatric surgery (⊕⊕○○).
↑	Consider closing the surgically created spaces in the abdominal cavity during the primary, laparoscopic, antegastric, antecolic Roux-en-Y gastric bypass surgery (⊕○○○).
Follow-up examinations	
√	It is not good practice to offer psychological assessment on a routine basis following bariatric surgery due to lack of evidence.
√	It is not good practice to offer dual energy X-ray absorptiometry (DXA) scanning on a routine basis to patients following bariatric surgery in order to prevent osteoporosis due to lack of evidence.

## About the quick guide

This quick guide contains the key recommendations from the national clinical guideline on bariatric surgery. The guideline was prepared by the DHA.

The national clinical guideline focuses on surgical treatment of obesity.

Thus, the guideline contains recommendations for selected parts of the field only and therefore must be seen alongside the other guidelines, process descriptions etc. in this field.

The recommendations are preceded by the following indications of their strength:

- ↑↑ = a strong recommendation for
- ↓↓ = a strong recommendation against
- ↑ = a weak/conditional recommendation for
- ↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the following symbols which indicate the strength of the underlying evidence – from high to very low:

- (⊕⊕⊕⊕) = high
- (⊕⊕⊕○) = moderate
- (⊕⊕○○) = low
- (⊕○○○) = very low

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

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### Further information at [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk)

At [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk), a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

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### About the national clinical guidelines

The national clinical guideline is one of the 47 national clinical guidelines to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk).

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