

# Bariatric surgery for non-alcoholic steatohepatitis in obese patients

NICE has developed the Cochrane Quality and Productivity topics to help the NHS identify practices that could be significantly reduced or stopped completely, releasing cash and/or resources without negatively affecting the quality of NHS care. Each topic has been derived from a Cochrane systematic review that has concluded that the evidence shows that the practice is harmful or ineffective and should not be used, or that there is insufficient evidence to support widespread use of the practice.

Unless otherwise stated, the information is taken with permission from the Cochrane systematic review.

### **NICE summary of Cochrane review conclusions**

Bariatric surgery for non-alcoholic steatohepatitis in obese patients is not supported by sufficient good quality evidence. Consideration could be given to using it only within the context of a research or audit project. Reducing or stopping bariatric surgery for non-alcoholic steatohepatitis in obese patients is likely to improve quality of patient care and result in productivity savings by avoiding unnecessary operations.

### **The 'Implications for practice' section of the Cochrane review stated:**

'The lack of randomised clinical trials to demonstrate the beneficial or harmful effects of bariatric surgery procedures for treatment of non-alcoholic steatohepatitis (NASH) could not enable us to reach any scientifically sustained conclusion. Despite positive results observed in cohort studies, due to their high risk of bias and the potential risk for worsening in fibrosis scores, bariatric surgery needs to be assessed in randomised clinical trials.'

## Details of Cochrane review

### Cochrane review title

Bariatric surgery for non-alcoholic steatohepatitis in obese patients

### Citation

[Chavez-Tapia NC, Tellez-Avila FI, Barrientos-Gutierrez T, Mendez-Sanchez N, Lizardi-Cervera J, Uribe M. Bariatric surgery for non-alcoholic steatohepatitis in obese patients. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD007340. DOI: 10.1002/14651858.CD007340.pub2.](#)

### When the review content was assessed as up to date

25 June 2009

### Quality and productivity category

Right Care, Safe care

Relevant codes	OPCS G26, G27, G28, G30,	ICD10 K73.9	HRG FA04, FB02, FA05,
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# Cochrane Quality and Productivity topics

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G31, G32, G33, G71,  
G38, G48

FA15, UZ05, in  
children FA16, FA07

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## Programme budget:

Endocrine, nutritional and metabolic

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## Evidence

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### Relevance to the NHS

The Cochrane authors found no randomised clinical trials that met their inclusion criteria and assessed the benefits or the harms of bariatric surgery in NASH. Prospective and retrospective cohort studies reported on the positive effects on steatosis and inflammation, with potential increase of liver fibrosis; the design of the studies was very variable and only included small numbers of patients.

Although the cohort studies demonstrated some positive results, well-designed randomised trials to assess bariatric surgery as a safe and effective treatment of NASH are still needed.

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### Relevant NICE guidance and products

[National Institute for Health and Care Excellence \(August 2016\) Obesity: clinical assessment and management. NICE quality standard 127](#)

[National Institute for Health and Care Excellence \(January 2016\) Obesity in adults: prevention and lifestyle weight management programmes. NICE quality standard 111](#)

[National Institute for Health and Care Excellence \(November 2014\) Obesity: identification, assessment and management. NICE guideline \(CG189\)](#)

### Other accredited guidance and products

[Scottish Intercollegiate Guidelines Network \(February 2010\) Management of Obesity: A national clinical guideline 115](#)

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## Potential productivity savings and related fatty liver disorders.

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### Estimate of current NHS use

There is no available evidence on current NHS usage.

According to data from the [2015 Health Survey for England](#), 27% (11million) of adults in England are obese and 3% (1.3 million) of all adults are morbidly obese.

The median prevalence of NASH in the obese population is 33%, ranging from 10% to 56% (Vernon et.al 2011). For the morbidly obese adult population of England, this is equivalent to 429,000 people (ranging from 130,000-728,000). However, not all will be considered for bariatric surgery.

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### Level of productivity savings anticipated

The level of savings cannot be quantified and will depend on existing rates of surgery.

The tariff for Health Resource Group FZ80C – FZ81E (Very Complex, Oesophageal, Stomach

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# Cochrane Quality and Productivity topics

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or Duodenum Procedures) range from £4,600 to £15,300 ([National tariff payment system 2017/18](#)).

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## Type of saving

Real cash savings will be achieved through reduced activity; hospitals' capacity might be released to deal with other patients eligible for obesity surgery.

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## Any costs needed to achieve the savings

Minimal additional resources needed to stop providing bariatric surgery for this condition, however, these patients may then require other support to lose weight.

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## Potential impact on quality of NHS care

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### Impact on clinical quality

Clinical quality will be improved by reducing the use of unproven therapies.

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### Impact on patient safety

Improved patient safety, such as reducing the risk of adverse events associated with surgery, is anticipated.

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### Impact on patient and carer experience

Improved patient and carer experience anticipated by reducing unnecessary surgery.

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## Likely ease of implementation

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### Time taken to implement

Can be achieved quickly: 0–3 months.

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### Healthcare sectors affected

Affects one department or team.

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### Stakeholder support

Likely to get a mixed reception, such as staff understand and support the change, but patients affected may be unhappy.

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## References

[National Institute for Health and Care Excellence \(2016\) QS127 Obesity: clinical assessment and management.](#)

[National Institute for Health and Care Excellence \(2016\) QS111 Obesity in adults: prevention and lifestyle weight management programmes.](#)

[National Institute for Health and Care Excellence \(2014\) CG189 Obesity: identification, assessment and management. NICE guideline](#)

[Scottish Intercollegiate Guidelines Network \(2010\) Management of Obesity: A national clinical guideline 115](#)

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[Vernon G, Baranova A, Younossi ZM Systematic review: the epidemiology and natural history of non-alcoholic fatty liver disease and non-alcoholic steatohepatitis in adults. Alimentary Pharmacology & Therapeutics 2011; 34: 274–285.](#)