

1. Executive Summary

- 1.1 Obesity and type 2 diabetes are serious chronic diseases associated with complex metabolic dysfunctions that increase the risk for morbidity and mortality.
- 1.2 The dramatic rise in the prevalence of obesity and diabetes has become a major global public health issue and demands urgent attention from governments, health care systems and the medical community.
- 1.3 Continuing population-based efforts are essential to prevent the onset of obesity and type 2 diabetes. At the same time, effective treatment must also be available for people who have developed type 2 diabetes
- 1.4 Faced with the escalating global diabetes crisis, health care providers require as potent an armamentarium of therapeutic interventions as possible.
- 1.5 In addition to behavioural and medical approaches, various types of surgery on the gastrointestinal tract, originally developed to treat morbid obesity (“bariatric surgery”), constitute powerful options to ameliorate diabetes in severely obese patients, often normalising blood glucose levels, reducing or avoiding the need for medications and providing a potentially cost-effective approach to treating the disease.
- 1.6 Bariatric surgery is an appropriate treatment for people with type 2 diabetes and obesity not achieving recommended treatment targets with medical therapies, especially when there are other major co-morbidities.
- 1.7 Surgery should be an accepted option in people who have type 2 diabetes and a BMI of 35 or more
- 1.8 Surgery should be considered as an alternative treatment option in patients with a BMI between 30 and 35 when diabetes cannot be adequately controlled by optimal medical regimen, especially in the presence of other major cardiovascular disease risk factors.
- 1.9 In Asian, and some other ethnicities of increased risk, BMI action points may be reduced by 2.5 kg/m².

- 1.10 Clinically severe obesity is a complex and chronic medical condition. Societal prejudices about severe obesity, which also exist within the health care system, should not act as a barrier to the provision of clinically effective and cost-effective treatment options.
- 1.11 Strategies to prioritise access to surgery may be required to ensure that the procedures are available to those most likely to benefit.
- 1.12 Available evidence indicates that bariatric surgery for obese patients with type 2 diabetes is cost-effective.
- 1.13 Bariatric surgery for type 2 diabetes must be performed within accepted international and national guidelines. This requires appropriate assessment for the procedure and comprehensive and ongoing multidisciplinary care, patient education, follow-up and clinical audit, as well as safe and effective surgical procedures. National guidelines for bariatric surgery in people with type 2 diabetes and a BMI of 35 or more need to be developed and promulgated.
- 1.14 The morbidity and mortality associated with bariatric surgery is generally low, and similar to that of well-accepted procedures such as elective gall bladder or gall stone surgery.
- 1.15 Bariatric surgery in severely obese patients with type 2 diabetes has a range of health benefits, including a reduction in all-cause mortality.
- 1.16 A national registry of persons who have undergone bariatric surgery should be established in order to ensure quality patient care and to monitor both short- and long-term outcomes.
- 1.17 In order to optimise the future use of bariatric surgery as a therapeutic modality for type 2 diabetes further research is required.