The Impact of Obesity on Clinical Practice: Is there any Progress?

The Impact of Clinical Obesity on the Management of Acutely Ill Patients

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Bariatric Treatment Centers

Emergency care - operative risks
Obesity in the Hospitalized Population

• 1989: 24% of blunt trauma victims overweight (BMI > 27)
  10% of the population severely overweight (BMI > 31)

• 1993: 37% of the elective adult surgical population overweight
  17% - severely overweight
Medical Disease

• CHF increases with each BMI unit
  – 5% females
  – 7% males

• CAD 1986 to 1997
  – Obesity increased 20% to 33%

• Pediatric Patients 6-17 ys
  – 1979-1999
  – Obesity assoc annual costs increases 3x
Increased Mortality?
Abdominal Hysterectomy

- > 300 lb mortality 20 % (1/5)
  250-299 lb mortality 5.5% (1/18)
  200-249 lb mortality 1.5% (1/65)
- Overall mortality 3.4% patients > 200 lb
- Non-obese patients mortality 3.2%

Prem et.al. 1965
Increased Risks?

Surgical Treatment

- Postlethwait & Johnson
  Duodenal Ulcer Surgery
- Pemberton & Manax
  Cholecystectomy
- Pitkin
  Abdominal Hysterectomy

- INCREASED INCIDENCE OF WOUND INFECTION
Emergency Care

Medical ICU outcomes

- Mortality
  Obese 30%
  Non-Obese 17%

- Increase in Days of Mechanical Ventilation

- Increase in Organ dysfunction

- Increase in ICU stay
Obesity and Acute Illness

• Are they going to worse?
• Not with Elective surgery
• Yes in emergency settings
Obesity and Acute Illness

• What do I need to do?
• Be Aggressive
• Avoid complications!
Operative Risks
Summary

• The obese patient is at an increased risk for acute disease resulting in hospitalization

• The obese patient has a significantly increased risk of having a wound-related complication

• The obese patient can undergo any elective surgical procedure with the same degree of safety as their non-obese counterparts