

# ESPEN Congress Glasgow 2002

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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# The Impact of 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

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- > 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%

# Increased Risks ?

## Surgical Treatment

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- Postlethwait & Johnson  
Duodenal Ulcer Surgery
- Pemberton & Manax  
Cholecystectomy
- Pitkin  
Abdominal Hysterectomy
- **INCREASED INCIDENCE OF  
WOUND INFECTION**

# Emergency Care

## Medical ICU outcomes

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- 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

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- 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