

Complex medical co-morbidities

Rhodri King

Mr DC

- 60 year old male
- Referred for help to lose weight after seeing an Orthopaedic surgeon for a knee replacement
 - “.....DC needs to lose a significant amount of weight before he can safely have a knee replacement. Please refer him to the bariatric surgeons”

Background

- Slow and steady weight gain over the years
- Never had a serious attempt at weight loss in the past
 - “never thought about it until recently”
- Not very active as gets very SOB and pains in knee
- Had experimented with reducing portion sizes which caused hypos and so needed to eat more

Co-morbidities

- T2DM diagnosed 2010
- Hypertension 2011
- IHD – LAD stent 2014

Medications

- Gliclazide 160 mg bd
- Humalog Mix 25; *80 units am 60 units pm*
- Ramipril 5 mg
- Amlodipine 10 mg
- Bisoprolol 5 mg
- Aspirin 75 mg
- Atorvastatin 80 mg
- Co-codamol

Examination

- Weight 134 kg
- BMI 42 kg/m²
- BP 158/94
- Central obesity
- Peripheral oedema

- Epworth Score 12/24

Blood results

- HbA1c 64 mmol/mol
- ALT 72 iu/L
- Cholesterol 3.9 mmol/L, LDL 1.6 mmol/L
- Creatinine 112 μ mol/L, eGFR 65 ml/min
- Vitamin D 34 nmol/L

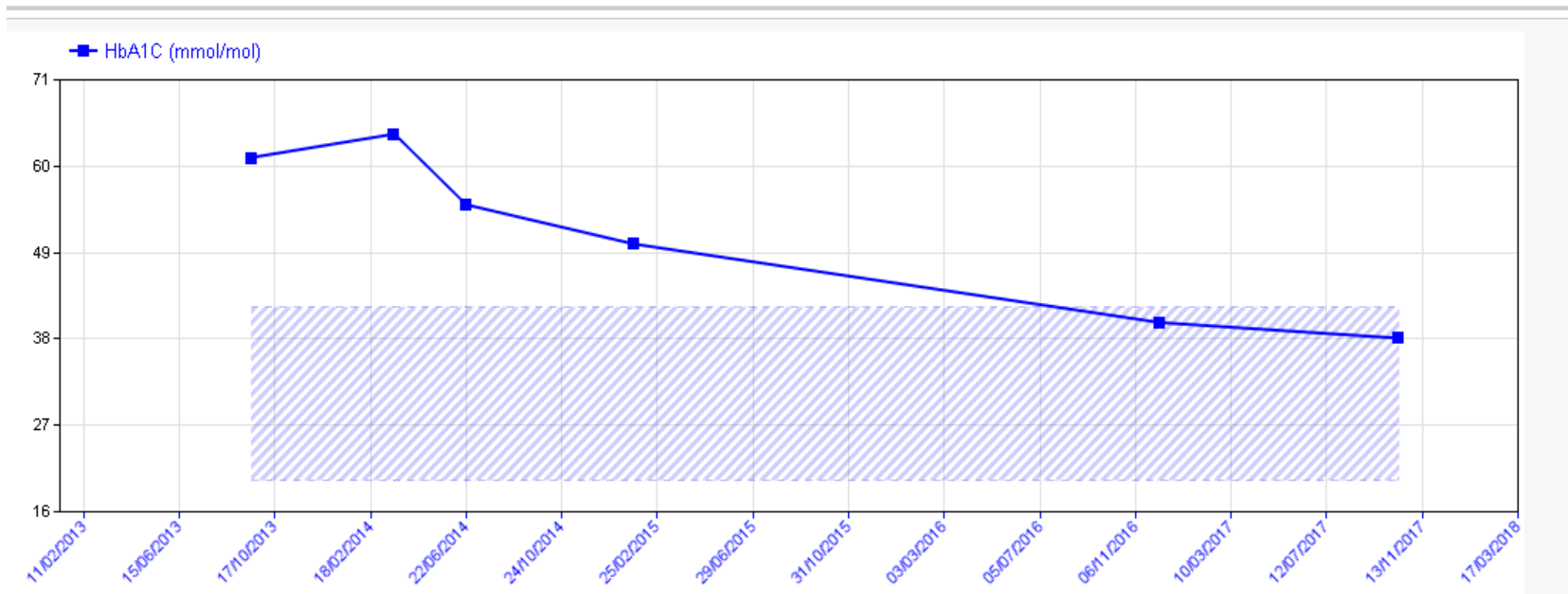
Things to consider.....

- Age
- Patient really only here to get his knee done
- Hasn't made attempts at weight loss in the past even after significant health events
- Logic of having 2 operations instead of 1
 - High cardiovascular risk

Plan

- Dietitian review
- Stop gliclazide
- Start metformin
- Sleep studies
- Start liraglutide
- Echocardiogram
 - titrate ramipril dose if LV impairment
 - ? swap amlodipine for furosemide

Progress



Weight 134 kg ➡ 127kg ➡ 121kg
 BMI now 38 kg/m²

Insulin doses reduced 60 units / 24 hours
 OSA confirmed – commenced on CPAP
 BP 138/78
 Less oedema

Progress....

- After 2-3 years, feels better – more energy
- Less knee pain
- Insulin doses continue to reduce

- Much healthier now - reduced anaesthetic risk

What now.....

1. Refer for bariatric surgery with the hope ortho will then do his knee
2. Discussion with ortho – what weight do they want him to be at?

Discussion points

- Optimising medical co-morbidities can have a positive effect on weight
- What is the best approach for patients referred from other specialties considering surgery
- Looking holistically can help achieve desired outcome without the need for surgery



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Thank You