

The State of Bariatric Surgery in Canada

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Obesity is estimated to affect at least one in five adults in Canada, and it poses a significant population health challenge. Obesity increases the risk of other chronic health conditions such as type 2 diabetes and hypertension. Many interventions can help individuals with obesity lose weight and improve their quality of life including lifestyle changes, medical counselling and medication, and evidence shows that bariatric surgery is another tool that can be used to achieve significant weight loss.

Improved access to bariatric surgery is an identified priority in several provinces. Administrative data on bariatric surgeries performed in Canadian hospitals are captured in the Canadian Institute for Health Information's Discharge Abstract Database, Hospital Morbidity Database and National Ambulatory Care Reporting System, and provides information on important aspects of a patient's hospital care. The analysis presented here is an update to our report released in May of 2014 (available free of charge at <https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC2609>).

Almost four out of five (78%) individuals who undergo bariatric surgery are women. The typical patient is in her forties and has obesity, as well as other conditions such as diabetes, hypertension or sleep disorders. These characteristics have remained relatively consistent since 2006–2007.

In total, 6,525 bariatric surgeries were performed in Canadian hospitals in 2013–2014. The volume of surgeries has increased more than four-fold over the past seven years, and this reflects the efforts of governments to expand access. Capacity has greatly increased in Ontario, where almost half (43%) of all surgeries are currently performed, as well as in other provinces including Quebec.

Gastric bypass (3,158 surgeries in 2013–2014) is currently the most common type of bariatric procedure performed in Canadian hospitals. Recent increases in the number of sleeve gastrectomy procedures have been paralleled by decreases in the number of gastric banding procedures (410 and 1,112 surgeries in 2009–2010 compared to 2,362 and 702 surgeries in 2013–2014, respectively). Additionally, the surgical approach

has changed over time as almost all (98%) bariatric surgeries are now performed laparoscopically compared with 65% in 2006–2007.

In 2013–2014, 5% of bariatric surgery patients experienced complications during their hospitalization for the surgery and 5% were readmitted to hospital within 30 days of discharge. Complication and readmission rates have shown steady declines over time.

Some patients show a noticeable increase in their pattern of healthcare utilization in the years following bariatric surgery. This may be due to follow-up care directly related to their surgery or may represent deferred procedures such as joint replacements or hernia repairs that could not be provided to patients prior to significant weight loss. Studies with longer follow-up periods will help to clarify how bariatric surgery affects long-term healthcare utilization and the associated costs.

Bariatric surgery can be an effective treatment for obesity and its related comorbidities. Variation in public coverage and capacity across jurisdictions will continue to shape the evolving landscape of bariatric surgery in Canada. **HQ**

About the Authors

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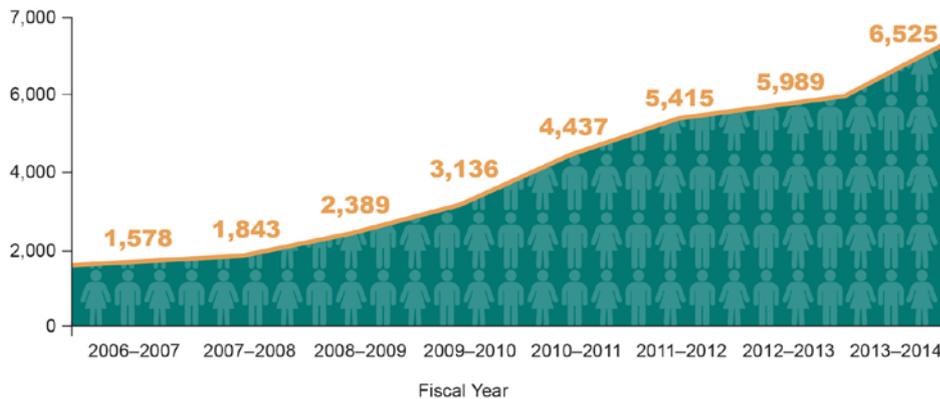
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Bariatric Surgery in Canada



↑300%

More than 6,500 bariatric procedures were performed in Canada in 2013–2014. This represents more than a four-fold increase over a 7-year period, due largely to increased capacity for bariatric surgery in Ontario. The most commonly performed procedures have changed over time, and they continue to vary across Canada.

Typical Patient



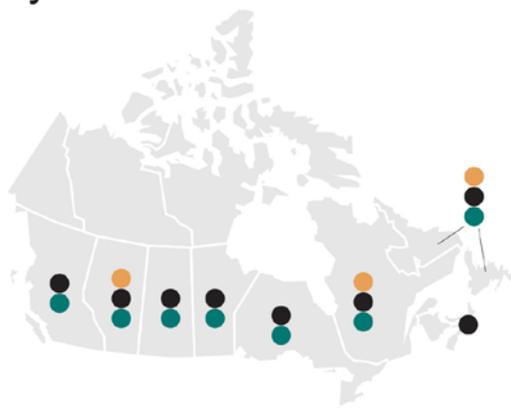
Who Qualifies for Bariatric Surgery?

- Efforts to lose weight with diet and exercise have been unsuccessful.
- Body mass index (BMI) is 40 or higher (severe obesity).
- OR**
- BMI is 35 to 39.9 (obesity), and there is a serious weight-related health problem, such as type 2 diabetes, high blood pressure or severe sleep apnea.



Obesity increases the risk of many other chronic health conditions—such as type 2 diabetes, high blood pressure and sleep apnea.

Common Bariatric Procedures Covered by Jurisdictional Health Care Plans in 2013–2014



Adjustable Gastric Banding

A procedure in which an adjustable band is placed around the upper portion of the stomach, thus reducing the overall size of the stomach.



Sleeve Gastrectomy

A procedure in which about 80% to 85% of the stomach is removed, thus creating a “sleeve” of the stomach, extending from the esophagus to the duodenum.



Gastric Bypass

A procedure where the size of the stomach is reduced and part of the small intestine is bypassed.

Notes

Prince Edward Island (sleeve and bypass), New Brunswick (sleeve, bypass and band) and Nova Scotia (bypass) cover additional types of bariatric surgery that may be performed out of province. Yukon and the Northwest Territories cover bariatric surgery; patients are referred to an affiliated province. Nunavut does not cover bariatric surgery.