



Presidenti: P. Gentileschi, A. Giovanelli,
M.G. Carbonelli, F. Micanti

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XXVIII Congresso
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SICOB ONLINE

**Le implicazioni del lockdown sulle
aspettative del paziente bariatrico
in attesa dell'intervento**

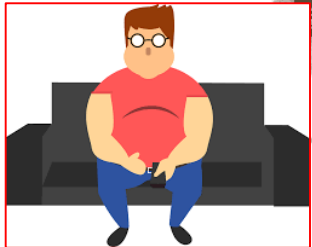
Emanuela Bianciardi

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All over the world, from the beginning of March 2020, lockdown regimens prevented patients with obesity from receiving bariatric surgery.....



**STANDBY
SITUATION**



Sedentary
lifestyle



Junk food



Isolation



Stress,
hopelessness
helplessness

Waiting list patients' expectations

Are you with performing bariatric surgery to enhance the immunity or postponing surgery to reduce the infection risk?

Total response: 266

Perform surgery: 65 (24.4%)

Postpone surgery: 201 (75.6%)

If the surgery was performed taking all preventive measures and the patient was diagnosed with COVID-19 infection within one week after surgery, who has the main responsibility?

Total response: 263

The surgeon: 28 (10.7%)

The patient: 12 (4.6%)

The hospital: 45 (17.1%)

No one: 178 (67.7%)

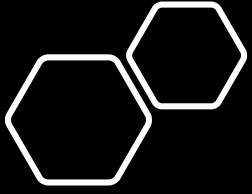
A total of 116 bariatric surgery candidates, referred to the Obesity Unit at the University of Rome “Tor Vergata”.

- During the lockdown, the majority of the study participants (80.0%) were living in personal homes and were unemployed (62.5%).
- Despite the majority of the sample (61.3%) being in agreement with the temporary closure of the bariatric unit due to the COVID-19 emergency, 73.8% would have proceeded with the surgery even during the COVID- 19 emergency.
- Patients who reported an increase in food consumption during the lockdown were younger, in disagreement and preoccupied with the closure of the bariatric unit, worsening of both their emotional and physical state due to the COVID-19 emergency.

*At the time
of the telephonic
interview, patients
were not supported
by any
telemedicine
service*

Bariatric Surgery Closure During COVID-19 Lockdown in Italy: The Perspective of Waiting List Candidates

Emanuela Bianciardi¹, Claudio Imperatori², Cinzia Nioiu¹, Michela Campanelli³,
Marzia Franceschilli³, Lorenzo Petagna³, Francesca Zerbin¹, Alberto Siracusano¹ and
Paolo Gentileschi^{3*}



- Both OSS severity index and EQ-5D quality of life outcomes were slightly worse after LD, mainly due to socio-labor and anxiety-related problems.
- Although perioperative risk perception had increased

Effects of COVID-19 lockdown on a bariatric surgery waiting list cohort and its influence in surgical risk perception

Langenbeck's Archives of Surgery
<https://doi.org/10.1007/s00423-020-02040-5>

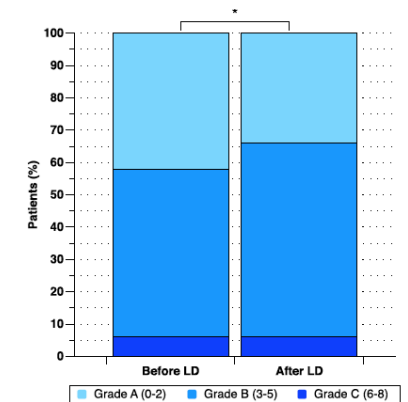
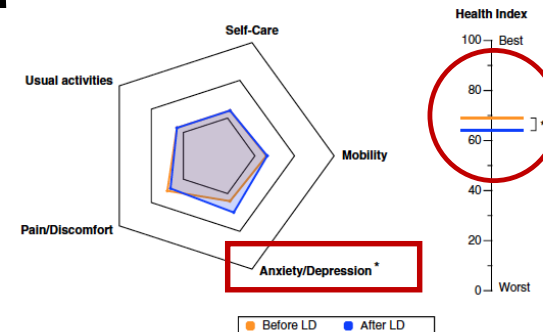


Fig. 2 Changes in Obesity Surgery Score grade on our bariatric surgery waiting list cohort ($n = 51$) before and after COVID-19 lockdown (LD).
* $p = 0.046$

Under the current circumstances, should patients be prioritized by severity?

Under regular circumstances, should patients be prioritized by severity?

Yes No

OPTION 1

**Continue to Schedule Elective
Surgical Procedures**



The NEW ENGLAND
JOURNAL of MEDICINE

OPTION 2

**Defer All Elective Surgical
Procedures**

CLINICAL DECISIONS
INTERACTIVE AT NEJM.ORG

Elective Surgery during the Covid-19 Pandemic

OCTOBER 29, 2020

OPTION 3

**Proceed with Scheduled
Elective Surgical Procedures
but Defer New Cases**

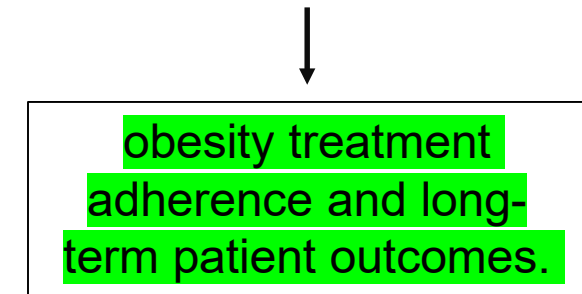
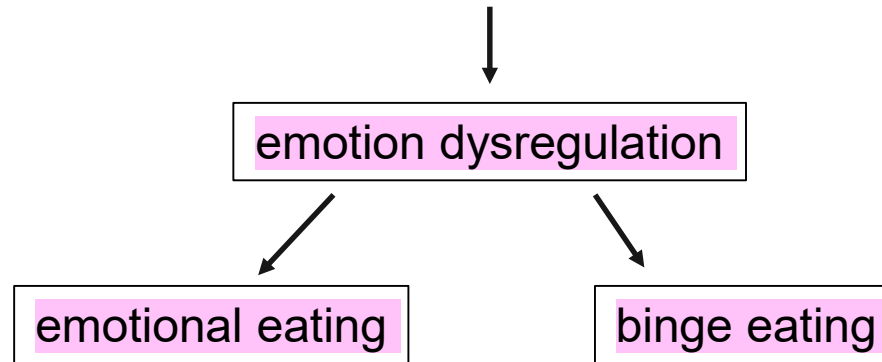
***What about
the non-
surgical
management ?***

The Impact of Coronavirus Disease 2019 on Bariatric Surgery: Redefining Psychosocial Care

Sanjeev Sockalingam ^{1,2,3,4}, Samantha E. Leung ^{1,2}, and Stephanie E. Cassin ^{1,3,5}



Approximately 70% of bariatric surgery candidates have a lifetime history of **psychiatric illness**, which could be exacerbated by **COVID-19 pandemic-related stress**



eHealth

Remotely delivered CBT; App-based tools, Obesity-specific support groups



THE LANCET

Bariatric and metabolic surgery during and after the COVID-19 pandemic: DSS recommendations for management of surgical candidates and postoperative patients and prioritisation of access to surgery

«We also offer a strategy to **prioritise** bariatric and metabolic surgery candidates on the basis of the diseases that are most likely to be ameliorated postoperatively».

Can psychopathology give a «prioritisation» to bariatric surgery candidates ?



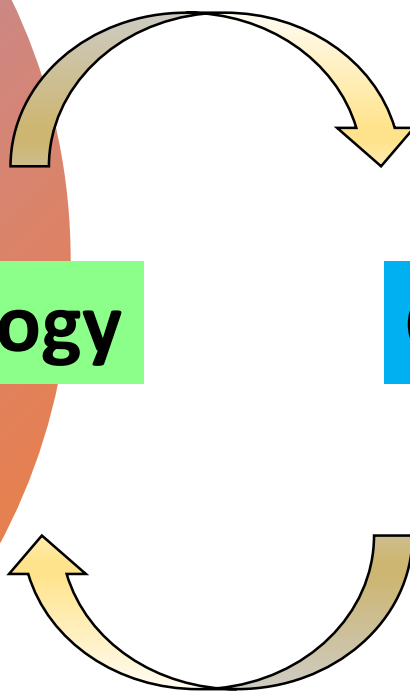


When access to elective surgery is reduced, doctors should prioritise patients with the greatest need or with a greater risk of harm from delayed treatment.



Psychopathology

Obesity



VIEWPOINT

Case-Fatality Rate and Characteristics of Patients Dying in Relation to COVID-19 in Italy



- Although severe obesity is a chronic progressive condition, the increase of waiting time for its treatment may worsen patients' prognosis and suffering.
- The closure of bariatric surgery will prolong the median waiting time for bariatric surgery compared to the year 2019.
- Social distancing and the need for isolation determined the interruption of all outpatient services dedicated to bariatric patients.
- In the near future, the increase of mortality rates in patients with obesity is expected.
- Improving the planning of bariatric surgery waiting list according to the burden of comorbidities.





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