Gynecologic Surgery in the Obese Patient

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Key Points

- Defining obesity
- Comorbidities
- Surgical complications in the obese patient
- ACOG recommendations for patient management:
  - Preoperative
  - Intraoperative
  - Postoperative
  - Counseling
Prevalence
Obesity

- BMI $\geq 30$
- BMI = \(\frac{wt \ (kg)}{ht \ (m^2)}\)
- Class I: 30-35
- Class II: 35-39
- Class III: $> or = 40$

According to this BMI chart... I am too short.
Comorbidities

- Hypertension (HTN)
- Coronary artery disease (CAD)
- Diabetes mellitus (DM)
- Obstructive sleep apnea (OSA)
- Hypercholesterolemia
- Malignancy

- Metabolic Syndrome (ATP III Definition)
Surgical Risks

- Wound complications
- Surgical site infections
- Venous thromboembolism

- All increase as BMI increases
ACOG Surgery Recommendations

- Every effort should be made to offer all patients the least invasive procedure
- Difficult office abdominal and bimanual exam
- Vaginal hysterectomy associated with best outcomes
- Laparoscopic approach for poor vaginal surgery candidates
Preoperative Counseling

• Consider the least invasive approach and alternatives to surgery
• DM
  ○ Euglycemia
• Metabolic syndrome
  ○ Consider 12-lead EKG
• Anesthesia consultation
  ○ Suspected OSA
  ○ High risk for CVD
  ○ Difficult airway
  ○ Poorly controlled HTN
Intraoperative Issues

- Weight-based antibiotic dosing

- VTE Prophylaxis
  - Moderate Risk VTE: Obese, surgery >45min, not at risk for major bleeding
    - LMWH (40 mg/day), low-dose unfractionated heparin (10-15,000U), or mechanical prophylaxis
    - Cohort study by the AHA: BMI and VTE in Middle Aged Women
Intraoperative Issues

• Positioning
  o Maximize exposure and reduce injury
  o Lithotomy
    ✷ Candy canes
      ○ Caution to avoid extreme knee and hip abduction
    ✷ Boots
      ○ Better lower extremity alignment
Intraoperative Issues

- Often difficult to obtain pneumoperitoneum
- Suboptimal visualization of inferior epigastric vessels
- Ventilation difficulties
- Limited manipulation
- Difficulty closing port sites 10mm and greater
- Difficulty with adequate exposure in abdominal cases

- Longer operative times
Vaginal Surgery

- Visualization difficulty
- Breisky-Navratil vaginal retractors can be helpful
Postoperative Considerations

- Continue VTE prophylaxis until patient is fully ambulatory

- Patients not fully ambulatory prior to surgery may benefit from extended prophylaxis

- Many obese patients have degenerative joint disease
Postoperative Considerations

- Postoperative hypoxemia
  - Aggressive IS/CPAP
  - Conservative use of opioids
Postoperative Considerations

• Wound complications
  ○ Subcutaneous suture placement, talc application, wound vacuum
  ○ Good glycemic control
Obstructive Sleep Apnea

- Postoperative respiratory complications
  - Pneumonia
  - Postoperative hypoxemia
  - Unplanned reintubation
  - Prior to discharge should maintain SaO2 on RA, without stimulation while asleep
Counseling

- Discuss healthy behaviors at every visit
- Encourage physical activity and a range of healthy food choices
- Display handouts
- Phone apps
References


I've been dieting ALL morning.

AM I SKINNY YET???