

PRESS RELEASE

Hong Kong Society for Metabolic and Bariatric Surgery publishes the first Hong Kong position statement on eligibility criteria for bariatric and metabolic interventions

(Hong Kong, 3 June 2024) – **The Hong Kong Society for Metabolic and Bariatric Surgery (HKSMBS) recently publishes a position statement in the *Hong Kong Medical Journal* that provides updated recommendations on the eligibility criteria for bariatric and metabolic interventions within the local Hong Kong population. This comprehensive statement addresses the indications and contraindications for bariatric surgery, metabolic surgery, and bariatric endoscopic procedures.**

With the rising prevalence of obesity and metabolic disorders in Hong Kong, the HKSMBS recognises the need for evidence-based guidelines to ensure the safe and effective use of bariatric and metabolic interventions. This first-ever Hong Kong position statement aims to guide healthcare professionals in making informed decisions regarding patient eligibility for these procedures.

This Position Statement emphasises a multidisciplinary approach to patient evaluation and selection, and highlights the importance of thorough preoperative assessments, including surgical, medical, nutritional, anaesthetic and psychosocial evaluations. Furthermore, this statement provides detailed definitions for the distinction between bariatric surgery and metabolic surgery. It addresses the indications and contraindications for bariatric surgery, such as gastric bypass and sleeve gastrectomy, taking into consideration factors such as body mass index (BMI), obesity-related co-morbidities, and failed attempts at non-surgical weight loss interventions. For adults who are unable to sustain weight loss through optimal lifestyle, dietary, or non-surgical interventions, bariatric surgery can be recommended to appropriate individuals who have a BMI ≥ 35 kg/m², or a BMI ≥ 30 kg/m² with clinically significant obesity-related co-morbidities. The statement also covers metabolic surgery which are specifically aimed at treating type 2 diabetes. In addition, this Position Statement incorporates recommendations for bariatric endoscopic procedures, which are minimally invasive interventions designed to aid weight loss and improve metabolic health.

The HKSMBS encourages healthcare professionals, policymakers, and the general public to review this Position Statement to gain a comprehensive understanding of the eligibility criteria for bariatric and metabolic interventions within the local Hong Kong population. The Society believes that these guidelines will contribute to improved patient outcomes and the overall management of obesity and metabolic disorders in Hong Kong.



The article “Recommendations for eligibility criteria concerning bariatric and metabolic surgical and endoscopic procedures for obese Hong Kong adults 2024: Hong Kong Society for Metabolic and Bariatric Surgery Position Statement” was published in the *Hong Kong Medical Journal*.
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新聞稿

香港代謝及減重外科醫學會發表本港首份有關減重及代謝手術資格建議準則的立場聲明

(香港，2024年6月3日) — 香港代謝及減重外科醫學會最近在《香港醫學雜誌》發表了一份立場聲明，為香港市民提供最新有關減重和代謝外科治療資格標準的建議。這份綜合聲明闡述了減重手術、代謝手術和減重內窺鏡治療的適應症和禁忌症。

隨着香港肥胖和相關疾病患病率不斷上升，香港代謝及減重外科醫學會認為有需要制訂循證指南，以確保減重和代謝外科手術治療能安全並有效地使用。這是本港首份立場聲明，旨在導引醫護專業人員就患者是否適合接受這些手術治療作出明智決定。

這聲明強調採用多學科協作方法為患者進行聯合評估和篩選，及強調術前評估的重要性，包括外科、內科、營養科、麻醉科和心理社會評估。這聲明還提供了區別減重手術和代謝手術的詳細定義，並強調減重手術（例如胃繞道手術和袖狀胃切除術）的適應症和禁忌症，當中同時考慮了體重指數（BMI）、肥胖相關疾病和嘗試以非手術方法減重失敗等因素。對於透過改變生活方式、飲食習慣或非手術治療但仍無法持續減輕體重的成年人，這聲明建議向 BMI 超過 35 kg/m²，或 BMI 超過 30 kg/m² 並患有肥胖相關疾病人士推薦減重手術。此外，這聲明不僅涵蓋專門針對治療二型糖尿病的代謝手術，同時亦提出減重內窺鏡手術這種微創治療肥胖的建議，旨在幫助患者減重和改善代謝健康。

香港代謝及減重外科醫學會鼓勵各醫護人員、政策制定者和公眾人士細閱這份立場聲明，以更全面了解針對香港本地人口的減重和代謝手術治療資格標準。該會相信這指南將有助改善香港肥胖和代謝相關疾病的整體管理，並能提升治療效果。

詳細內容可參閱原文《香港成年人接受減重及代謝外科手術及內窺鏡治療的建議準則：香港代謝及減重外科醫學會 2024 年立場聲明》。

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Source: Shirley YW Liu, Carol MS Lai, Enders KW Ng, et al. Recommendations for eligibility criteria concerning bariatric and metabolic surgical and endoscopic procedures for obese Hong Kong adults 2024: Hong Kong Society for Metabolic and Bariatric Surgery Position Statement. Hong Kong Med J 2024;30:Epub 3 Jun 2024. <https://doi.org/10.12809/hkmj2210656>.

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