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Abstract

Background: The Asian consensus guidelines were the outcome of a two day deliberation that was organized in Trivandrum, India on the 9th and 10th August 2009.

Methods: Asian Consensus Meeting on Metabolic Surgery (ACMOMS) was the first ever meeting of its kind in Asia where 52 professionals involved in the field of bariatric surgery, metabolic surgery, diabetes, and medical research from countries across Asia and the GCC met at Trivandrum, India to vote for and create a new set of guidelines for the Asian phenotype, which were different from the NIH guidelines set for bariatric surgery. The aim was to set culturally, geographically, and genetically relevant standards for the management of obesity and metabolic syndrome.

Results: It is known that Asians have higher adiposity for a given level of obesity, and this is visceral obesity as compared to other populations. Currently, worldwide guidelines set by NIH in 1991 are being followed for bariatric surgery. Surgeons believe that NIH guidelines need to be revisited and modified. It is in light of these observations that the genesis of ACMOMS took place. At ACMOMS, it was recommended that the NIH guidelines are not suitable for Asians, and the BMI guidelines should be lowered for indication of surgery. Waist or waist-hip ratio must gain significance as compared to BMI alone for Asians. The recommendations were as under:

- Bariatric/Gastrointestinal Metabolic surgery should be considered as a treatment option for obesity in people with Asian ethnicity with a BMI more than 35 kg/m² with or without co-morbidities.
- Bariatric/Gastrointestinal Metabolic surgery should be considered as a treatment option for obesity in people with Asian ethnicity above a BMI of 32 kg/m² with co-morbidities.
- Bariatric/Gastrointestinal Metabolic surgery should be considered as a treatment option for obesity in people with Asian ethnicity above a BMI of 30 kg/m² if they have central obesity (waist circumference more than 80 cm in females and more than 90 cm in males) along with at least two of the additional criteria for metabolic syndrome: raised triglycerides, reduced HDL cholesterol levels, increased LDL levels, high blood pressure and raised fasting plasma glucose level.
- Any surgery done on diabetic patients with a BMI less than 30 kg/m² should be strictly done only under study protocol with an informed consent from the patient. The nature of these surgeries should be considered as yet purely experimental only as part of research projects with prior approval from the ethics committee.

Conclusions: The collective recommendations were submitted as a report to the executive committee for approval. These guidelines have now been accepted by the Asia Pacific Metabolic and Bariatric Surgery Society (APMBSS) and IFSO Asia Pacific Chapter and have been published in the journal of Obesity surgery.