

## Exclusion Criteria for Outpatient Surgery at the U of U: Body Mass Index (BMI)

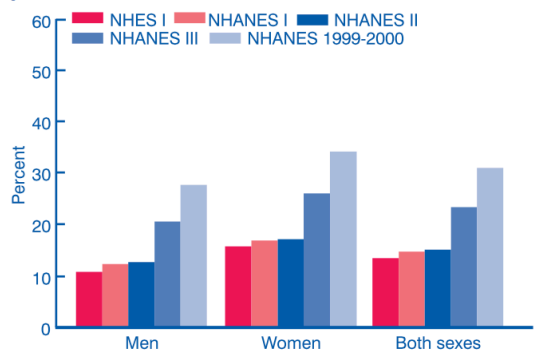
- **BMI  $\geq 40$  kg/m<sup>2</sup>** is the cutoff<sup>1</sup>.
- **Outlier BMIs** will be handled on a case-by-case or facility-by-facility basis.

### EVIDENCE

The trend in **BMI 30 and greater has increased in the decades from 1960 to 2000** ([www.cdc.gov/nchs/data/nhanes/databriefs/adultweight.pdf](http://www.cdc.gov/nchs/data/nhanes/databriefs/adultweight.pdf)).

- 1960 to 1980: Men: ~12%, Women: ~15%
- 2000: Men: ~28%, Women: ~34%

Figure 1. Trends in obesity (BMI 30.0 or above), age 20–74 years: United States



NOTE: NHES I 1960-62; NHANES I 1971-74; NHANES II 1976-80; NHANES III 1988-94; and NHANES 1999-2000.  
SOURCE: CDC/NCHS

Evidence will be used to define a safe BMI in which to proceed with outpatient surgery. Mathis et al did a retrospective analysis in which he and his colleagues examined ~250,000 surgical cases from the National Surgery Quality Improvement Program. In this study, they found that patients with a **BMI  $\geq 30$  had an independent risk factor for early perioperative morbidity and mortality**. This had an odds ratio of 2.06 (1.43-2.97),  $P < 0.001$ .<sup>2</sup>

### DATA ANALYSIS

BMI data from cases of either ASA II or III patients accumulated from within the University of Utah Health System from the Moran Eye Center, South Jordan and the University of Utah Orthopaedic Center between March 1, 2016 and May 31, 2016 was used to build the following consensus (Hansen A, et al. Decision Support, University of Utah). The average BMI plus 1 standard deviation for ASA II (n=1083) and III (n=943) patients was ~35 kg/m<sup>2</sup> and ~40 kg/m<sup>2</sup> respectively.

<sup>1</sup> Tiffany Sun Moon and Girish P Joshi, "Are Morbidly Obese Patients Suitable for Ambulatory Surgery?," *Current Opinion in Anaesthesiology* 29, no. 1 (February 2016): 141–45, doi:10.1097/ACO.0000000000000266.

<sup>2</sup> Michael R Mathis et al., "Patient Selection for Day Case-Eligible Surgery: Identifying Those at High Risk for Major Complications.," *Anesthesiology* 119, no. 6 (December 2013): 1310–21, doi:10.1097/ALN.0000000000000005.