

Policy for treatment following private surgery

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Introduction

The purpose of this policy is to outline the practice stance on the provision of ongoing testing and management of the aftereffects of a private surgical intervention, for example, bariatric surgery or cosmetic surgery. While these are the two most common situations that are detailed, the principles are clear so that they can be applied to other interventions as needed.

Also refer to the “Policy for private tests and medication”.

Background

It has become more common practice for patients to obtain private surgery, as the cost of this has reduced and waiting list times have increased. However, there are some surgical procedures that have lifelong implications, while others have short to medium term implications.

Short term implications of private surgery

There are often short term needs following private surgery, that the patient has not thought through or were not part of the ‘surgery package’, but presents to the practice in a time of need. This tends to be where dressings are needed, or if the wound has become inflamed or potentially infected.

These are short term needs, and while not ideal, the dressings and wound care management will be provided. If a wound is potentially infected, the usual steps will be taken to manage this irrespective of whether the surgery was completed privately or not.

If the patient is in pain as a result of their surgery, then this would require a consultation with the relevant clinician within the practice. Ideally the patient would have been discharged from their surgery with the appropriate pain relief, and the practice will require sight of their discharge letter to understand what has been done and what the

patient was discharged with. If the patient has been discharged with pain relief on a private prescription they must use that private prescription, if there was no pain relief provided at the point of discharge (and the letter validates that), an appointment with the GP will be appropriate to provide this. We would not want a patient to be in unnecessary pain, but equally we will not be converting a private prescription to NHS.

Complications post surgery – short to medium term

<https://www.nhs.uk/conditions/cosmetic-procedures/advice/cosmetic-surgery-abroad/>

The patient may contact the practice as they are experiencing complications following their surgery, and do not know what to do.

If the surgery was completed in the UK, it is the surgeon's responsibility to provide follow-up treatment. The GP will not need to refer the patient back to this surgeon, if the surgery was completed privately or under the NHS, the responsibility is retained by the surgeon and requires no intervention from the GP. The patient must contact the surgeon, or their clinical team, directly.

If the surgery was completed overseas, they may not provide follow-up treatment, or may not have a healthcare professional in the UK for the patient to contact. In that instance the GP will need to refer the patient to the relevant secondary care provider.

Lifetime implications of bariatric surgery

Private bariatric surgery has become more commonplace, however patients have not always thought through the ongoing monitoring and management. Where surgery is completed on the NHS the patient will be asked to attend regular follow-up appointments for the rest of their life, with at least the first 2 years being at a specialist weight loss surgery clinic, and that this may then change to a check up with a GP once a year.

<https://www.nhs.uk/conditions/weight-loss-surgery/recovering/#:~:text=You'll%20need%20to%3A,take%20vitamin%20and%20mineral%20supplements>

The follow up includes blood tests to check vitamin and mineral levels as well as a physical health check, advice and support on diet and exercise, and emotional or psychological support.

As weight loss surgery can make it harder to absorb vitamins and minerals from food, there is a risk of becoming malnourished.

The GP is not trained on bariatric management, and the tests required are often limited on the clinical systems and can only be ordered by specialists and not GPs.

If a patient has had private surgery, they will need to make arrangements with a private specialist for an annual blood test.

Patients that have had private bariatric surgery cannot be referred in to secondary or tertiary bariatric care, these services will not accept patients that have had private surgery, and any blood tests or reviews remain private.

Vitamin and Mineral supplements are required to be taken, these are not available on prescription (that includes Calcium and Vitamin D, and Iron, and Vitamin D3).

Vitamin B12 as an intramuscular injection every 3 months is usually required, this would be available 'on the NHS', and is the only component of aftercare that is. At the time of writing it is noted that the delivery route for B12 is currently an intramuscular injection, but that there is a growing view that this will change to an oral (tablet) dose in the future.