ISAPS® PATIENT SAFETY

EXPERT ADVISORY OF THE INTERNATIONAL SOCIETY OF AESTHETIC PLASTIC SURGERY

MASSIVE WEIGHT LOSS SURGERY RECOMMENDATIONS / EVALUATION CHECKLIST

July 17, 2026

DOMAIN	PREOPERATIVE	TRANSOPERATIVE	POSTOPERATIVE
Bariatric Surgery	At least 12 months after bariatric procedure. NO chronic wounds or complications of the bariatric surgery. CT scan to Identify abdominal wall defects. Reach the established BMI (Body Mass index): - Obesity I: < 28kg/m^2 - Obesity II: <28kg/m^2 - Obesity III: <31kg/m^2 - Obesity IV or more: 20 points less and reconsider another bariatric treatment or perform a salvage surgery (panniculectomy) to help further loss.	Intervention on major wall defects related to bariatric procedure.	Annual check-up.
Nutrition	Reach the established BMI. Stable weight for at least 3 months. NO Anemia. NO Iron deficiency. Nutritional parameters within normal limits. Adequate nutritional supplementation.	Nutritional support (if necessary).	Adequate nutritional supplementation. Continue weight control.

DOMAIN	PREOPERATIVE	TRANSOPERATIVE	POSTOPERATIVE
Psychology	Emotional stability (confirmed by test). Controlled minor psychological illness. Psychiatric examination and approval (if necessary). Confirmation of support network during process.	Capture intraoperative deviations when feasible.	Adequate support network during process.
Internal Medicine	Preoperative assessment. Refer to other specialties (if necessary). Evaluate the cardiovascular risk. Evaluate the thromboembolic risk.	Clinical support (if necessary).	Refer to other specialties (if necessary).
Anesthesiology	Pre-anesthetic assessment. Planning of anesthetic procedure. Airway assessment. Detection of Obstructive Sleep Apnea (OSA) and Obesity. Hypoventilation Syndrome (OHS).	Adequate airway control. Correct estimating of surgical blood loss (including the 10-30% considered in resected flaps (10-30% will be calculated according to the resection technique). Proper fluid control.	Evaluate for necrosis or delayed healing signs. Consider necessary manipulation.
Plastic Surgery	Confirm the other specialties' evaluations. Define the exact procedures to perform. Take the clinical photographs and videos. Perform the marking 24hrs before the surgery. Signing of Informed consent (specifying the planned procedures, risks and realistic results/expectations).	Use of intermittent pneumatic compression (IPC). Perform the surgery with a sufficient group of Plastic Surgeons/Residents according to the planned procedure (two surgical teams). Perform strict hemostatic control (above all during the flaps resection). Optimize the total surgical time (5 hours). Use of drains.	Early deambulation (12hrs after surgery). Chemoprophylaxis (if necessary according to the thromboembolic risk evaluation: 60mg SC 12hrs after surgery and q24h for 14 days). Use of IPC device until deambulation. Removal of drains around 2 weeks or whan volume is less than 50 ml/24hrs. Hyperbaric chamber sessions.

MASSIVE WEIGHT LOSS SURGERY RECOMMENDATIONS (SHORT VERSION)

SERVICE	RECOMMENDATION
Bariatric Surgery	1. At least 12 months after bariatric procedure. 2. Reach the established BMI (Body Mass index): - Obesity I-II: < 28kg/m^2 - Obesity III: <31kg/m^2 - Obesity IV or more: 20 points less and reconsider another bariatric treatment or perform a salvage surgery (panniculectomy).
Nutrition	3. Stable weight for at least 3 months. 4. NO Anemia. 5. Adequate nutritional supplementation.
Psychology	6. Emotional stability (confirmed by test). 7. Psychiatric examination and approval (if necessary). 8. Confirmation of support network during process.
Internal Medicine	9. Evaluate the cardiovascular risk. 10. Evaluate the thromboembolic risk.
Anesthesiology	11. Detection of Obstructive Sleep Apnea (OSA) and Obesity Hypoventilation Syndrome (OHS). 12. Correct estimating of surgical blood loss (including the 10-30% considered in resected flaps. (This will be calculated according to the resection technique).
Plastic Surgery	13. Define the exact procedures to perform. 14. Signing of Informed consent (specifying the planned procedures, risks and realistic results/expectations). 15. Use of intermittent pneumatic compression (IPC) during surgery and until deambulation. 16. Perform the surgery with a su]icient group of Plastic Surgeons/Residents according to the planned procedure (two surgical teams). 17. Optimize the total surgical time (5 hours). 18. Use of drains (and remove it around 2 weeks or when volume is less than 50 ml/24hrs). 19. Early deambulation (12 hrs after surgery). 20. Chemoprophylaxis (if necessary according to the thromboembolic risk evaluation: 60mg SC 12hrs after surgery and q24h for 14 days).

This resource was developed by members of the **ISAPS Patient Safety Committee's** Advisory Focus Group on Massive Weight Loss: Martin Morales Olivera, Al Aly, Melodi Motamedi, Andreas Printzlau, Carlos Roxo, J.Peter Rubin and André Cervantes.