EDITORIAL

New Zealand is far behind Australia in offering weight-loss surgery
Steven Kelly, Richard Flint

The size of our obesity problem continues to grow. It is no secret that a third of New Zealand’s adult population are too fat, with a disturbingly high rate amongst the Māori and Pacific Island communities. But the problem is getting worse. Ministry of Health data shows that overall the rate of obesity in New Zealand rises by 1% each year (Figure 1).

This suggests that New Zealand will become the fattest nation on earth within 5 years as the nations with greater incidences of obesity have either plateaued (USA) or have developed nationwide programmes that will control the rising rate (Mexico).

Therefore it is timely that New Zealand reflects on its utilisation of effective weight-loss strategies. Surgery still remains the most capable strategy for inducing robust and long-term weight loss. Patients can expect an average of 50–70% excess body weight loss that is maintained over several years. This cures or improves multiple obesity-related health comorbidities such as diabetes that confers a survival advantage.

Bariatric (weight loss) surgery is highly cost-effective and in many cases will pay for itself within just a few years. New Zealand’s implementation of weight-loss surgery was recently assessed by a survey of all nine major bariatric surgical groups in New Zealand. The number and types of operations that the units performed for the year ending February 2014 were collated (Table 1).
There were a total of 889 bariatric operations during this 12-month period with an even distribution between the public and private sectors. The most prevalent procedure was the laparoscopic sleeve gastrectomy at 61% followed by the laparoscopic gastric bypass at 37%. The laparoscopic gastric band accounted for just 1% of all cases.

Table 1. New Zealand weight-loss surgery procedures: February 2013 to February 2014

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<thead>
<tr>
<th></th>
<th>Total</th>
<th>Sleeve gastrectomy</th>
<th>Gastric bypass</th>
<th>Gastric band</th>
<th>Duodenal switch</th>
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</thead>
<tbody>
<tr>
<td>Number</td>
<td>889</td>
<td>538</td>
<td>326</td>
<td>15</td>
<td>10</td>
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<tr>
<td>Percentage</td>
<td>61%</td>
<td>37%</td>
<td>1%</td>
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Is this an appropriate number of operations to be performing each year considering New Zealand is one of the fattest nations on earth? In 2008 it was recommended that our District Health Boards (DHBs) should provide 915 bariatric operations annually; a number that equates to just 0.5% of the morbidly obese population. This current study suggests that this extremely modest goal is far beyond the DHBs’ current level of effort. But is this poor response unique to New Zealand?

Australia is like New Zealand in that over 5% of the adult population are morbidly obese (BMI >40 kg/m²). If we accept that morbid obesity is an absolute indication for bariatric surgery then we can calculate and compare the bariatric intervention rate. Using these assumptions, New Zealand’s bariatric surgery intervention rate is calculated at 0.4% procedures per year. However Australia performs 16,000 bariatric operations a year that calculates to a three-fold greater rate at 1.4% procedures per year.

Considering that Australia has less of an obesity problem than New Zealand (currently fifth on the OECD list of obese nations at a prevalence of 28.5%) it seems remarkable that we should be performing surgery at such a poor comparable rate.

So why is bariatric surgery in New Zealand so weakly utilised when compared to Australia and other nations? The explanation for this may lie in a general unawareness of the threat that obesity poses to New Zealand. There also appears to be a lack of understanding of the safety and powerful efficacy of weight-loss surgery.

The health authorities need to take leadership in this instance and be encouraged to front up to the current challenge that obesity poses. They need to seriously address the impediments to access publicly funded bariatric surgery. Health insurance companies should consider their moral obligation toward funding a surgery that improves health and mortality.

Furthermore, health resource managers need to accept that ignoring obesity incurs a greater cost than surgical treatments—because the size of the solution will only increase as the extent of New Zealand’s obesity problem grows.

**Competing interests:** Both authors are bariatric surgeons.

**Author information:** Steven Kelly & Richard Flint, Bariatric Surgeons, Department of Surgery, Christchurch Public Hospital, Christchurch

**Correspondence:** Steven Kelly, Department of Surgery, Christchurch Hospital, PO Box 4345, Christchurch, New Zealand, stevenkelly@clear.net.nz
References


