



LETTER TO THE EDITOR

Emergency in obese patients: a reply to SOBA UK



Ida Di Giacinto¹, Martina Guarnera², Clelia Esposito³, Stefano Falcetta⁴, Gerardo Cortese⁵, Giuseppe Pascarella^{6*}, Massimiliano Sorbello⁷ and Rita Cataldo⁶

Abstract

Emergency settings in obese people require tailored multidisciplinary protocols and pathways to manage these complex patients. For this reason, we would like to foresee a proficient cooperation with the UK Society for Obesity and Bariatric Anaesthesia (SOBA) and other societies: obesity is a worldwide problem, and an international and multidisciplinary cooperation is desirable, if not needed. As demonstrated for bariatric surgery, a standardizing anesthesiologic and critical approach and an experienced multidisciplinary staff, trained and equipped to manage obese patients, are related to better outcomes. Similarly, as recently pointed out for airway management safety, we believe that the presence of an *obese lead* should be a desirable goal to reach in the next future, especially when thinking of emergency situations and the need for resuscitation of obese patients. A worldwide problem calls for worldwide cooperation.

Keywords: Resuscitation, Obesity, Emergency, Cardiac arrest, Trauma

Editor,

We read with interest and really appreciated the comments by Dr Mckechnie and colleagues [1] on our recent review [2]. We believe that the most important issue raised by our colleagues' letter is the ubiquitous attention to obesity, and its implications for perioperative and emergency care. We would like to develop collaborative working between the UK Society for Obesity and Bariatric Anaesthesia (SOBA) and other societies: obesity is a worldwide problem, and an international and multidisciplinary cooperation is desirable, if not needed.

Tailored multidisciplinary protocols and pathways to manage these complex patients are required. We believe that dedicated teams should be adequately trained for both technical and non-technical skills for emergency and perioperative management of this *heavily frail* population, including resuscitation, advanced procedures, and transport. Education, training, simulation and

organization are the only tools we believe appropriate to face the challenge of "*Globesity*", a pandemic without vaccine. Not by chance, the interest of the Italian Society of Anesthesia, Analgesia, Resuscitation and Intensive Care (SIAARTI) regarding patients with obesity has widely increased in the recent years, leading us to publish consensus, good clinical practices, and itinerant training programs among clinicians [3, 4].

As demonstrated for bariatric surgery, standardizing the anaesthetic and critical care approach, alongside an experienced multidisciplinary staff, trained and equipped to manage patients with obesity, is related to better outcomes [5, 6]. Similarly, as recently pointed out for airway management safety [7], we believe that the presence of a *lead for obesity*, aiming to ensure indications and supply of dedicated obesity equipment, diffusion of knowledge including implementation of practice guidelines, organizational and educational programs, should be a desirable goal to reach in the near future. This is especially important when thinking of emergency situations and the need for resuscitation of patients with obesity [8].

* Correspondence: g.pascarella@policlinicocampus.it

⁶Department of Anesthesia and Intensive Care, Università Campus Bio-Medico, Roma, Italy

Full list of author information is available at the end of the article



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Despite evidence showing the need for closing these specific gaps, and the further lessons from COVID-19 pandemic, which heavily affected the population living with obesity on one hand [9], and demonstrated the importance of structured and teamwork approach on the other [10], no specific recommendations have been published yet regarding life support for patients with obesity.

This may depend on the lack of high-quality evidence, so we believe that the first common effort of international societies should be high-quality research to build such evidence and to develop shared consensus documents.

A worldwide problem calls for worldwide cooperation.

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Authors' contributions

Di Giacinto Ida: conceptualization, methodology, resources, writing – original draft. Guarnera Martina: conceptualization, resources, writing – original draft. Esposito Clelia: writing – review and editing. Falcetta Stefano: writing – review and editing. Cortese Gerardo: writing – review and editing. Pascarella Giuseppe: literature searching, submission. Sorbello Massimiliano: conceptualization, resources, writing – review and editing. Cataldo Rita: conceptualization, methodology, resources, writing – original draft, review and editing. The author(s) read and approved the final manuscript.

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Not applicable

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Author details

¹Unit of Anesthesia and Intensive Care, Mazzoni Hospital, Ascoli Piceno, Italy. ²Department of Anesthesia and Intensive Care, Azienda Ospedaliero-Universitaria Sant'Orsola-Malpighi - Alma Mater Studiorum, Bologna, Italy. ³Department of Anesthesia and Intensive Care, Ospedali dei Colli, Napoli, Italy. ⁴Department of Anesthesia and Intensive Care, Clinica di Anestesia e Rianimazione Ospedali Riuniti, Ancona, Italy. ⁵Department of Anesthesia and Intensive Care, AOU Città della salute e della scienza, Torino, Italy. ⁶Department of Anesthesia and Intensive Care, Università Campus Bio-Medico, Roma, Italy. ⁷Department of Anesthesia and Intensive Care, AOU Policlinico San Marco University Hospital, Catania, Italy.

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