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WE8.5 Can self-estimated BMI be used for pre-operative planning in elective general surgery?

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Aims: Telemedicine is being increasingly used in outpatient settings following the COVID-19 pandemic. This study aimed to determine if self-estimated body mass index (BMI), from telephone consultation, was accurate and useful for planning prior to elective general surgery.

Methods: Age, gender and estimated BMI were collected from consecutive patients attending a pre-operative telephone clinic under a single surgeon at a district general hospital in the South of England between April and October 2021. Actual BMI was measured on the day of surgery and compared.

Results: 124 patients were included (median age 59 years, 49.2% male). BMI was accurately estimated by 38, under-estimated by 33 and over-estimated by 53 participants. Overall, there was a significant difference in the pre-operative and post-operative BMI ($p = 0.003$). This was significant for females (median change 0.1, IQR 0.0–0.7, $p = 0.002$) but not for males (median change 0.0, IQR -0.1, 0.2, $p = 0.479$). Those with an actual BMI >29.9 had a significantly higher median change (0.2 (0.0, 1.1) compared to those with BMI ≤ 29.9 (0.0 (-0.2, 0.1); $p < 0.001$). Only 2 patients could have required a change in surgeon on the day of the procedure ($p = 0.500$).

Conclusions: Self-estimated BMI is a suitable method for assessing patients for planning in elective general surgical procedures, particularly for males. However, it is important to be aware of those with higher BMIs, particularly females, who may underestimate their BMI.