

BMI CRITERIA					
QUESTION: What is an acceptable BMI for out-patient, office-based surgery?					
BMI RANGE	SOURCE	NOTES	SOCIETY or publication	Website	Type of Source
BMI 30 and +	Michael R. Mathis, Norah N. Naughton, Amy M. Shanks, Robert E. Freundlich, Christopher J. Pannucci, Yijia Chu, Jason Haus, Michelle Morris, Sachin Kheterpal; Patient Selection for Day Case-eligible Surgery: Identifying Those at High Risk for Major Complications. Anesthesiology 2013;119(6):1310-1321. doi:	Anesthesiology: 244,397 surgeries studied M+M occurred 1:1000. Overweight (above BMI 25) and obese BMI 30 and above (using WHO calculator) is one of 7 independent predictors of perioperative morbidity or mortality when controlled for surgical complexity- morbidity unplanned postoperative intubation	Anesthesiology (ASA)	https://doi.org/10.1097/ALN.000000000000005	Review
Under 34.9	AHRQ	AHRQ, part of US DHHS advises against accepting a patient with a BMI higher than 34.9 for outpatient surgery	Agency for Healthcare Research and Quality (AHRQ)	www.ahrq	
Under 35	See Link	Should be acceptable (providing no other contraindications)	International Association for Ambulatory Surgery	https://www.iaas-med.com/files/historical/DaySurgery.pdf	Textbook
BMI 35 to 40	See Link	Should be acceptable (providing no other contraindications) for most procedures	International Association for Ambulatory Surgery	https://www.iaas-med.com/files/historical/DaySurgery.pdf	Textbook
BMI 30-40	See Link	Should be acceptable for most procedures. Of note, 91% Canadian anesthetists would accept Day surgery BMI 35-44, Half Canadian anesthetists would accept Day surgery BMI 45+.	International Association for Ambulatory Surgery	https://www.iaas-med.com/files/historical/DaySurgery.pdf	Textbook
BMI 45 and under	See Link	Acceptable if postoperative ventilation due to the procedure or pre-existing health condition not anticipated. However, if ASA IV, then only local anesthesia with minimal sedation planned	Kaiser Permanente	http://info.kaiserpermanente.org/info_assets/cp_cod/cod_ambSurg_determination.pdf	Protocol
Under BMI 40	Curr Opin Anesthesiol 2016, 29:141-145 DOI:10.1097/ACO.0000000000000266	Can safely undergo ambulatory surgery, provided comorbidities are optimized before surgery	Current Opinion Anesthesiology	https://www.ncbi.nlm.nih.gov/pubmed/26658175	Review
BMI 40 to 50	Curr Opin Anesthesiol 2016, 29:141-145 DOI:10.1097/ACO.0000000000000266	Outcomes data limited, therefore, it is suggested that other factors such as OSA are taken into consideration.	Current Opinion Anesthesiology	https://www.ncbi.nlm.nih.gov/pubmed/26658175	Review
BMI 40-50	Joshi GP, et al: Anesth Analg 2012; 115: 1060-8	If BMI 40-50, Known or presumed OSA-> then follow SAMBA-OSA recommendations, Use STOP-BANG questionnaire,	Society for Ambulatory Anesthesia (SAMBA) Task Force	https://www.ncbi.nlm.nih.gov/pubmed/22886843	Clinical Practice Guideline
BMI 50+, or BMI 40-50 with obesity-related condition or unmanaged comorbidities	See Link	BMI 50+ or BMI 40-50 with obesity-related conditions that are not optimized, or unmanaged comorbidities are unacceptable.	John Hopkins Medicine Healthcare Policy on Ambulatory Surgery Center	https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/Policies/cms_23_05_site_of_service_2018.pdf	Protocol
BMI 40-49	Joshi GP et al: Anesth Analg 2013; 117: 1082-91	Acceptable if any comorbidities are optimized prior to surgery. *Consider: If patient has diagnosis of OSA and surgery will make them unable to use CPAP after surgery then patient is unable to be optimized after surgery.	Anesthesia Analgesia	https://www.ncbi.nlm.nih.gov/pubmed/24108263	Systematic Review
Super obese 50+	Joshi GP et al: Anesth Analg 2013; 117: 1082-91	Careful Selection and Evaluation but are associated with increased risk of perioperative complications. Increased mortality, Increased Postoperative Complications (DVT). *Consider if patient has OSA and cannot unable to use CPAP after surgery, then co-morbidities are not optimized (due to inability to use CPAP after surgery)	Anesthesia Analgesia	https://www.ncbi.nlm.nih.gov/pubmed/24108263	Systematic Review