

Complications and costs to the NHS due to outward medical tourism for elective surgery: a rapid review

April 2025

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Background

'**Outward medical tourism**' is when people seek medical treatment overseas. This is often driven by factors like cost and shorter waiting times.

However, there are concerns that people travelling abroad for surgery **may be at risk of complications** when they return home.



Aim

To answer the following questions:

- 1 What are the **long and short-term complications** of outward medical tourism for elective surgery, that are treated in the UK by the NHS?
- 2 What are the **costs to the NHS** from treatment of **complications and follow-up care** due to medical tourism for elective surgery?
- 3 What **benefits are there to the NHS** from outward medical tourism for elective surgery?

Evidence Base

37 studies published between 2007 and 2024.

The evidence base contained reports of **655 patients treated by the NHS** between 2006 to 2024

- 35 case reports described patients treated by the NHS for complications.
- 2 surveys of plastic surgeons in the UK.

- 19 related to **weight loss surgery** (385 patients reported on)
- 17 related to **cosmetic surgery** (265 patients reported on)
- 1 related to **eye surgery** (5 patients reported on)

14 studies included an analysis of the **costs to the NHS** for the treatment of complications.

No studies outlining the **benefits of outward medical tourism to the NHS** were found.

 **Demographics**
90% of patients across all studies were female.
Age range 14 - 69.
Average age 38 years.
The most common procedure undertaken by women was cosmetic surgery.

Key Findings



The most common type of **weight loss surgery** was **sleeve gastrectomy** (aka Gastric Sleeve)

The most common symptoms were:

- abdominal pain
- vomiting
- inability to swallow
- malnutrition

Gastric leak was the most common diagnosis.

Over a third of patients presenting with complications needed their procedure reversed or revised.



The most common **cosmetic single procedure** conducted abroad was **abdominoplasty** (aka 'Tummy Tuck')

The most common complications were:

- infection
- reopening of the surgical wound

The most common treatment was antibiotics.

Just over half of patients presenting with complications required an investigation under local or general anaesthetic.

There is evidence that patients undergo **multiple procedures at the same time.**



Costs to the NHS ranged from **£1,058 to £19,549 per patient** in 2024 prices.

The highest costs were reported as being related to:

- longer stays in hospital
- surgical treatment

The certainty of evidence for costs was **very low** and the **economic impact on the NHS** was thought to be **potentially highly variable.**

Research Implications

- We **still do not know** how many UK residents go abroad for elective surgery or how many people subsequently have complications. Without this data we cannot fully understand the risk.
- A **systematic approach to collecting information** on the impact of treating complications arising from medical tourism on the UK NHS is needed.
- The scale of the problem in Wales is **almost completely unknown.**
- No studies were conducted in primary care, so we **do not know** the impact of outward medical tourism **on GP and community services.**
- There is no evidence **comparing the short or long-term health outcomes of people who travel abroad** for elective surgery **versus those treated in the UK** (either in the NHS or privately). A direct comparison would allow for a better estimate of costs and benefits to the NHS.



The full rapid review, **including economic considerations**, is available to view here:

<https://www.medrxiv.org/content/10.1101/2025.04.02.25325086v1.full>