# Keck Medical Center of USC

#### POST-OPERATIVE OUTCOMES FOLLOWING EMERGENT REVISIONAL BARIATRIC SURGERY – A PROPENSITY SCORE MATCHED MBSAQIP ANALYSIS



Ashley Tran, MD, Matthew Martin, MD, Kamran Samakar, MD

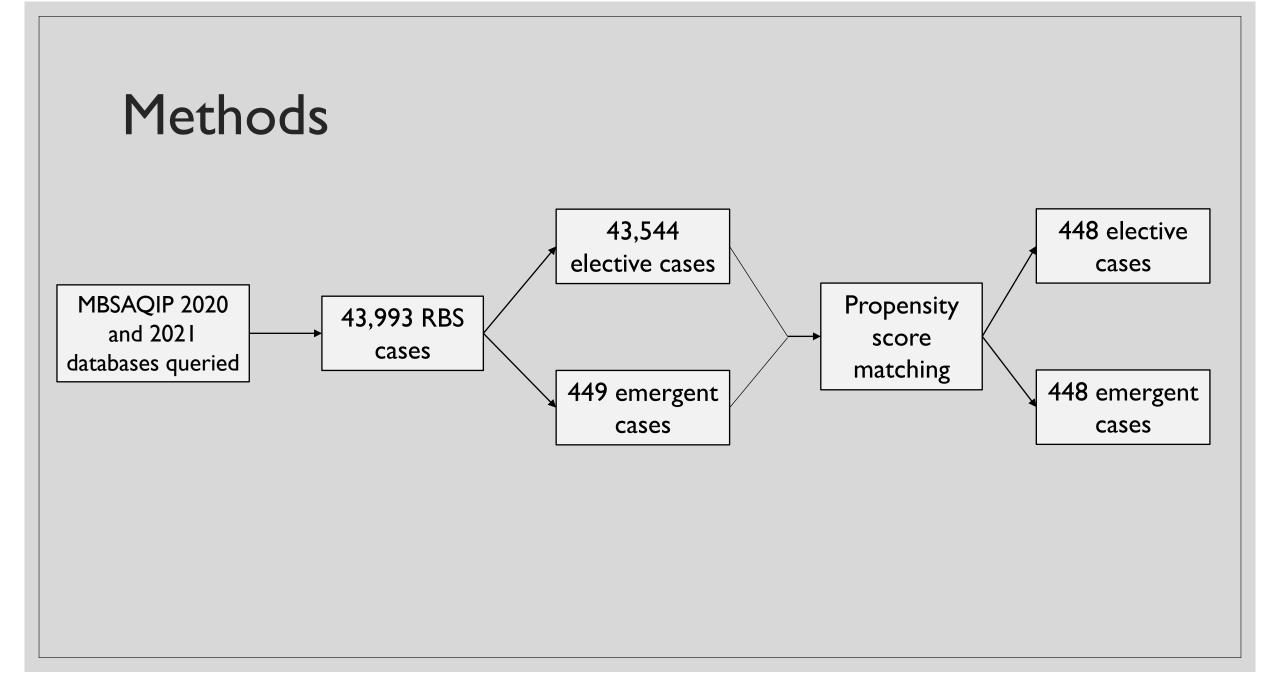
#### Conflicts of Interest

• I have no potential conflicts of interest to declare

## Background

- Number of revisional bariatric surgeries (RBS) has increased approximately 10% in the last decade
- Revisional bariatric surgery (RBS) = technically difficult
  - Associated with higher risk of postoperative complications
- Typically performed electively for...
  - Weight regain
  - Insufficient weight loss
- May be performed emergently 2/2 mechanical malfunction or perforations
- Limited data exists outcomes following emergent RBS

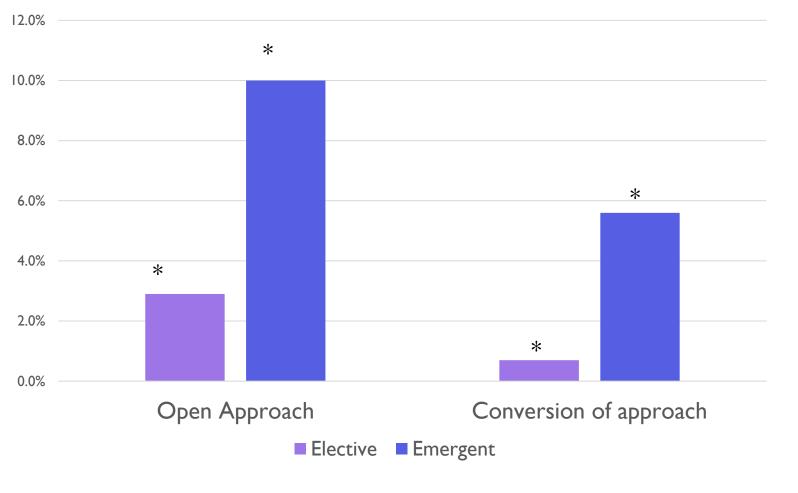
 Objective: To compare 30-day post-operative outcomes between patients undergoing elective and emergent RBS



#### Results

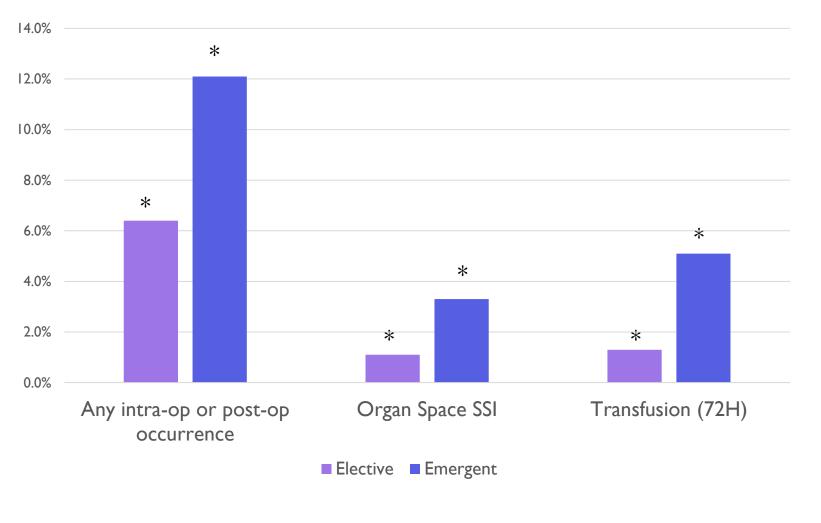
- Prior to PSM, both groups were similar in age
- However, elective RBS was associated with female gender, higher BMI, comorbidities such as GERD, HTN, HLD, and ASA ≥ III
- Emergent RBS was associated with Hispanic ethnicity, hx of tobacco use, and renal insufficiency

	Elective	Emergent	
	(n=43544)	(n=449)	p-value
Age, years	48 (±11)	48 (±12)	0.826
Sex (female)	38123 (87.6%)	377 (84.0%)	0.024
BMI	41.2 (±8.4)	34.7(±9.2)	<0.001
Race			0.002
White	28695 (65.9%)	302 (67.3%)	
Black/AA	9871 (22.7%)	77 (17.1%)	
Other	5215 (11.5%)	70 (15.6%)	
Hispanic (Y)	4978 (11.4%)	70 (15.6%)	0.002
BMI	41.2 (±8.4)	34.7(±9.2)	<0.001
Smoking (Y)	2324 (5.3%)	58 (12.9%)	<0.001
Sleep Apnea	11317 (26.0%)	70 (15.6%)	<0.001
GERD	23323 (53.6%)	186 (41.4%)	<0.001
HLD	8545 (19.6%)	70 (15.6%)	0.033
Renal Insufficiency	182 (0.4%)	6 (1.3%)	0.013
ASA Class		, <i>,</i> , ,	<0.001
I	110 (0.3%)	6 (1.3%)	
I	10428 (23.9%)	127 (28.3%)	
III	31694 (72.8%)	282 (62.8%)	
IV	1227 (2.8%)	27 (6.0%)	
V	2 (0.0%)	2 (0.4%)	
None assigned	83 (0.2%)	5 (1.1%)	



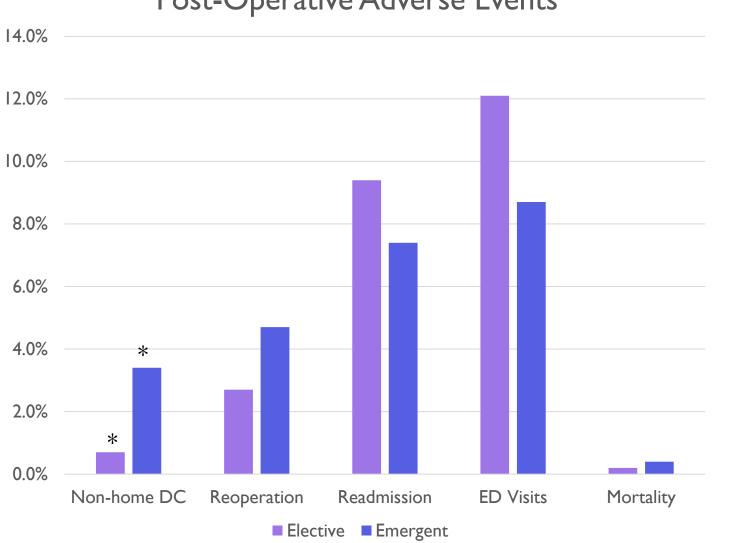
RESULTS

\*p<0.05



## RESULTS

\*p<0.05



#### Post-Operative Adverse Events

RESULTS

\*p<0.05

#### Limitations

- Retrospective nature
- Input error
- Selection bias
  - •Excluded patients with missing data
  - Only participating surgeons/institutions
- •Limited to variables included in MBSAQIP data

### Conclusions

- Emergent RBS was associated with higher rates of organ or space SSI and post-operative transfusion requirements, longer length of hospital stay, and non-home discharges.
- However, there were no significant differences in rates of other serious complications, reoperation or reintervention, readmission, or mortality between the emergent and elective groups.
- Further research is warranted to identify factors associated with emergent presentation for RBS



