



Bariatric surgery: Clinical outcomes in terms of thromboembolic events from a National high-volume center in Colombia

- Authors
- **Ernesto Pinto Lesmes**
- Andrés Aponte - Maria Alejandra Bautista- Valentina Valderrama
- Carlos Gómez Mantilla

I have no potential conflict of interest to report

Objetives

- To determine rates and types of thrombotic/embolic events undergoing bariatric surgery in a high volumen national surgery center.

Methods

- Type: Cross sectional
- Sample: 820 patients.
- Time frame: 2 years.

Protocol

- Compression stockings (2 weeks)
- 60mg LMWH – 6h postop – (12/h until deambulation)
- Deambulation as soon as possible.

Table 1: Demographic Data

	Age (Years)	Weight (Kilograms)	Height (meters)	BMI (Kg/m ²)
n	820			
Average	38.7	112 kg	1.63 m	41.8 Kg/m ²
Mediana	37.0	108 kg	1.62 m	40.4 Kg/m ²
Standard Deviation	9.10	20.4 kg	14.5 m	5.67 Kg/m ²
Minimum	16.0	60.0 kg	1.42 m	24.0 Kg/m ²
Maximum	68.0	197 kg	1.95 m	67.8 Kg/m ²

Sex	total	%
Male	166	20,20%
Female	654	79,80%



- **2 EVENTS – 0.2%**
- **0% Mortality**

PROCEDURE
SLEEVE GASTRECTOMY
RYGB (Hand Sewn)
RYGB (Stapled)

THROMBOTIC EVENTS
1
1
0

Variable	n = 2	
Surgical Time (Min)	53.3 min (48-58)	
Length of stay	1 day	
Time to event	14 days (12 - 16)	
Thrombotic Event	DVT	1 (50%)
	Mesenteric v. Thrombosis	1 (50%)
Mortality	0%	

Patients Characteristics

Event	Age	Height (m)	Weight (Kg)	BMI (kg/m ²)	Past history	Procedure	Type of event	Time to event	Treatment
Event #1	29	1.70 m	122 kg	42.2	Hypothyroidism	RYGB (hand-sewn)	DVP	12 days	Anticoagulation
Event #2	45	1.60 m	130 kg	51	HBP	SG	M. Venous Thrombosis	16 days	Anticoagulation

CONCLUSION

- **This study provides information on single dose LMWH pharmacoprophylaxis use, with event rates similar to current literature.**
- **Even if the TE rate is low all patients must have a dual thromboprophylaxis scheme.**
- **To this day there is no specific data on superiority of any specific thromboprophylaxis scheme**

