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**UT Southwestern**  
Medical Center

# Hindsight 20/20

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**Patient satisfaction with their historical choice to undergo bariatric surgery in the era of new anti-obesity medications**

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# Disclosures – Dr. Lingvay

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**Less than 1%** of the eligible  
**population undergo bariatric surgery**  
**– *the most effective treatment for obesity***

# Why?



# Patient Satisfaction with Bariatric Surgery

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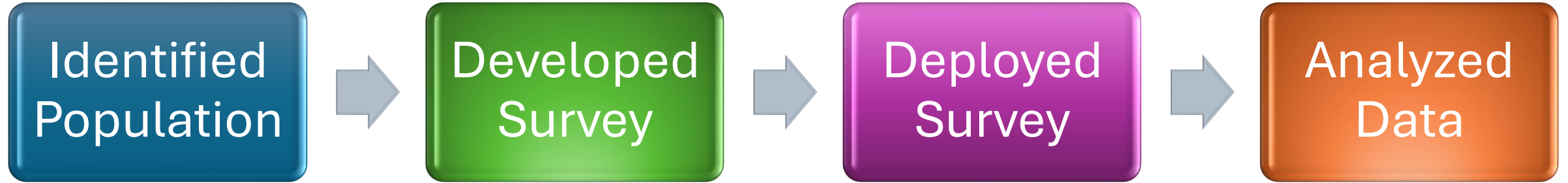
- High initial satisfaction (at 1 year), declining over time (3- and 5-year)
- Very few studies evaluated satisfaction with surgery >5 years after surgery
- Most studies were single (obesity treatment) center and had small cohorts
- No study assessed satisfaction in the context of the newer anti-obesity pharmacotherapies

# Study Aims

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- To evaluate the *long-term* satisfaction with their treatment decision in people who chose bariatric surgery for the treatment of obesity
- To explore whether their choice to undergo surgery would be impacted by the availability of *alternative weight loss treatment options*

# Methods



Using a combination of encounter/billing codes and medical history/problem list codes we identified people who had a history of bariatric surgery within the population served at a large academic healthcare center (UT Southwestern, Dallas, USA)

A multidisciplinary team developed the survey

Survey was deployed through either the Electronic Health Record patient portal (Epic MyChart) or RedCap

Descriptive analyses performed with RedCap

# Cohort Characteristics (N=2385)

Age (at time of survey)	55 (19) years
Female	84.7%
Race/Ethnicity	
White non-Hispanic	60.1%
African American/Black	18.1%
Hispanic	10.0%
Other (Asian, American Indian, Pacific Isl, etc)	3.0%
Unknown/declined	8.7%
Time since surgery	11 (10) years

Type of MBS	
Gastric Banding	25%
Sleeve gastrectomy	44.9%
RYGB	33.2%
BPD	3.0%
Other	11.9%
Out of pocket cost of surgery	1200 USD
Required surgery to treat MBS surgical complication	19.2%
Had body contouring/skin removal surgery	17.0%

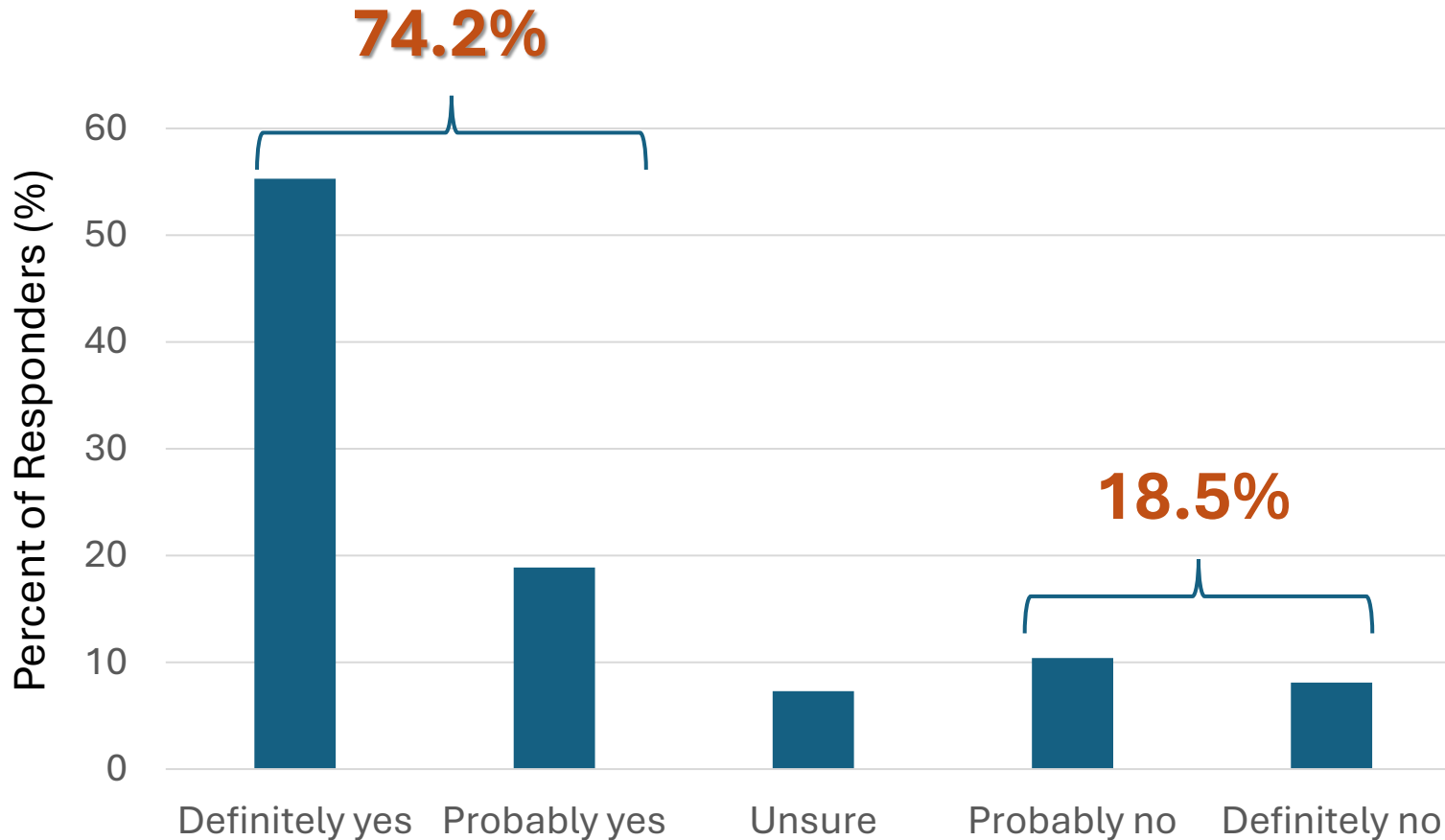
Data are median (IQR) unless otherwise noted.

MBS – metabolic bariatric surgery, BPD – biliopancreatic diversion, RYGB – Roux-en-Y gastric bypass,

USD – United States dollar

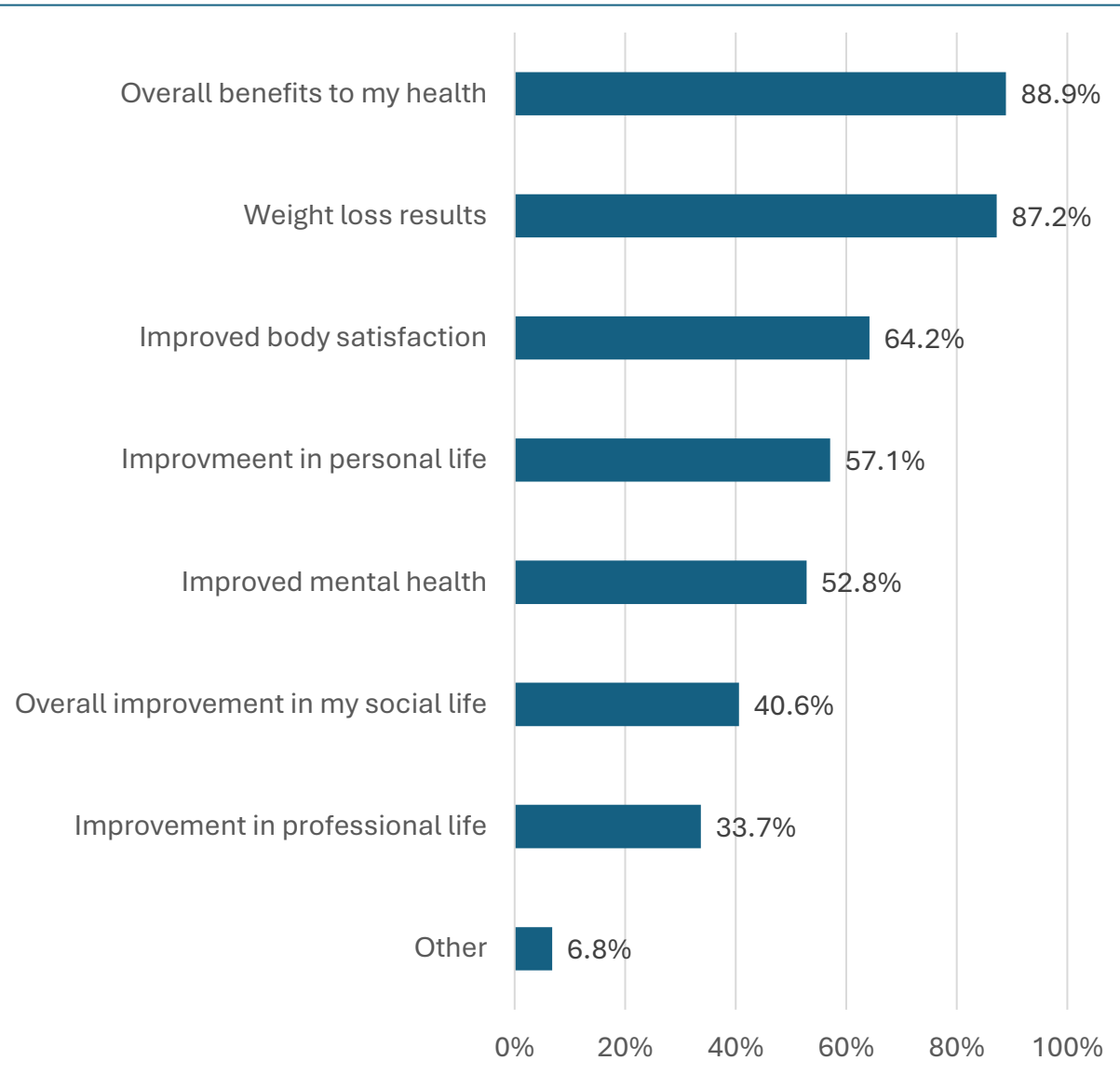


# Would you still choose to undergo bariatric surgery if you had to do it all over again?

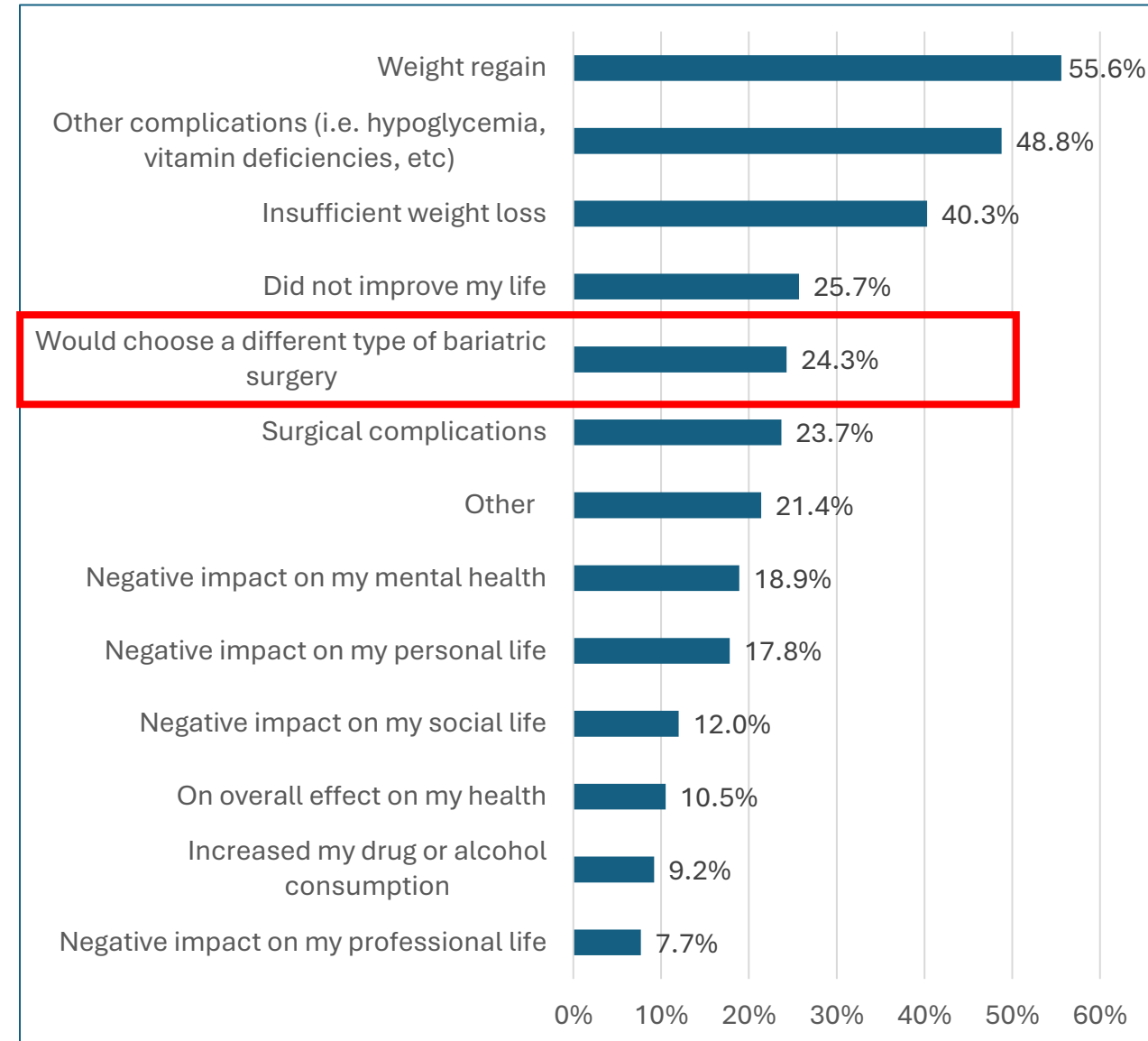


N=2385

## Why “yes” (N=1760)

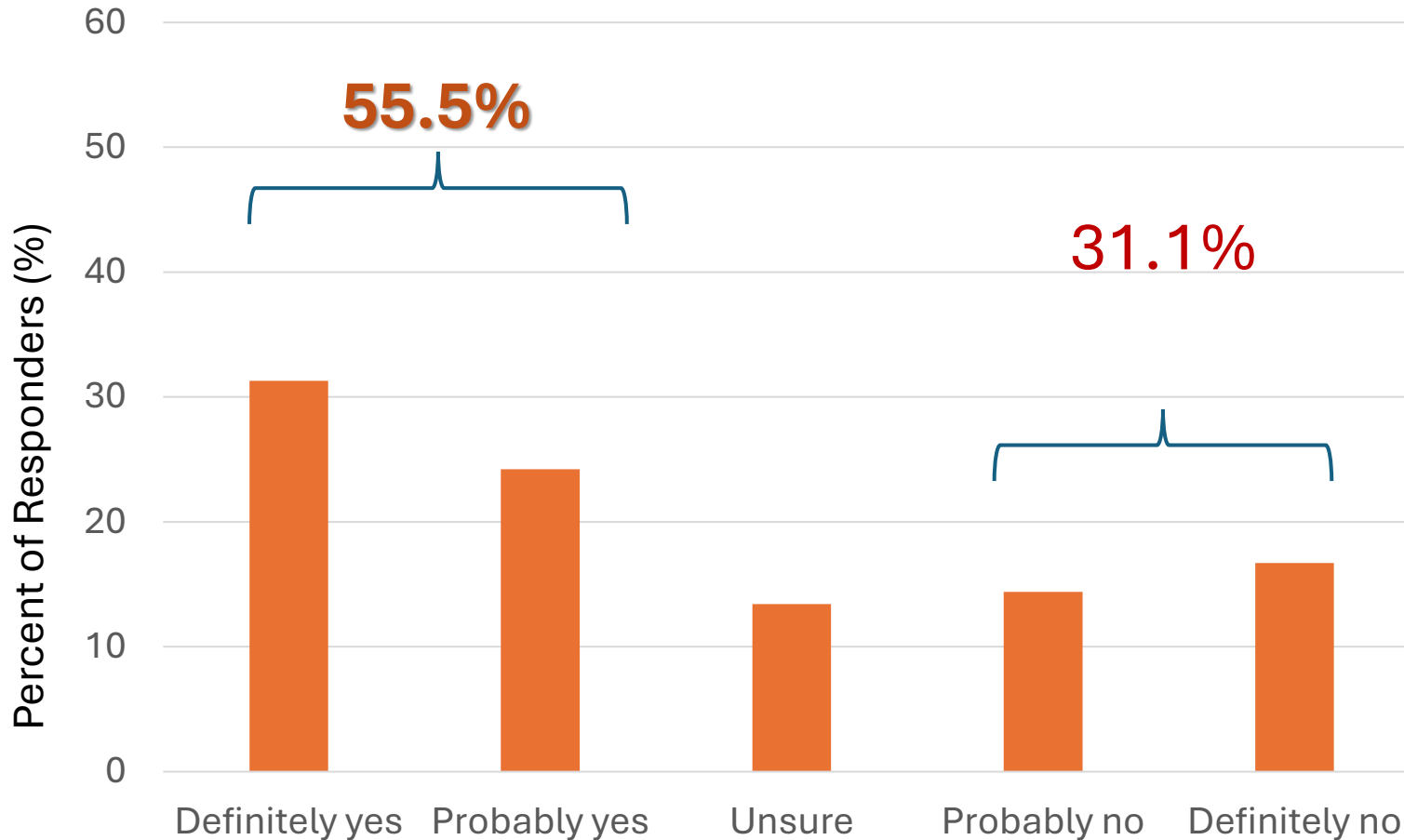


## Why “no” or “unsure” (N=608)

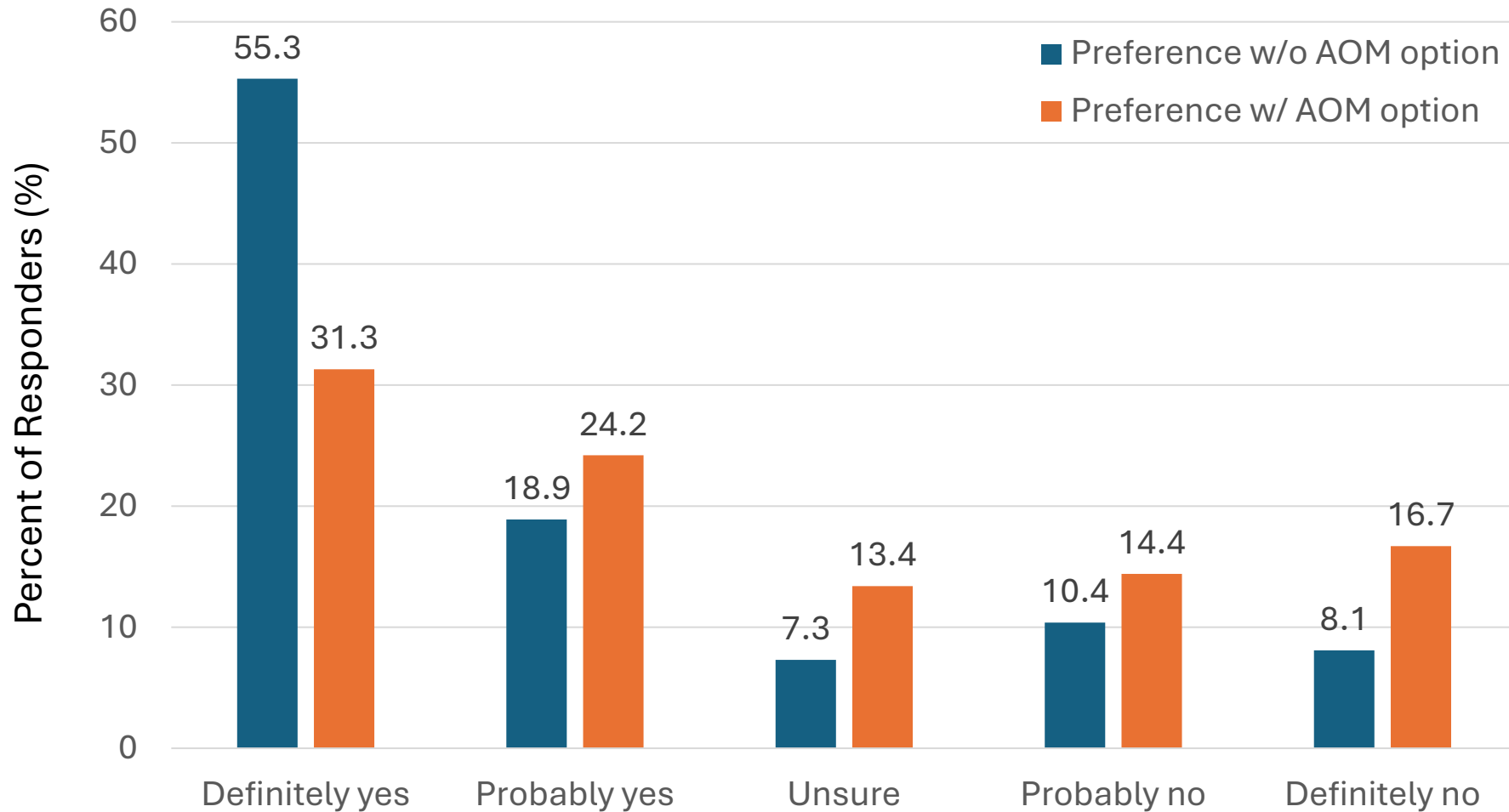


**Would you still choose to have surgery if there were prescription weight loss medications that would lead to an average of 20% body weight loss (*that is approximately 60 lb for an individual who weighs 300 lb before starting treatment*)? Such medications must be taken *indefinitely* to maintain this weight loss.**

# Would you still choose to have surgery?



# Side-by-side Results



AOM –anti-obesity medication

What is the highest price (in USD) you would be willing to pay out of pocket for such a medication on a monthly basis (remember that this medication would have to be taken indefinitely)?

**50 (25<sup>th</sup> to 75<sup>th</sup> percentile = 25 to 100) USD**

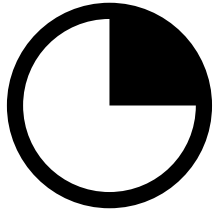
## Strengths

- Large cohort (N=2385)
- Representative sample
  - not restricted to obesity/weight loss clinic
  - request not from treating clinic
- Long time post-MBS
- Satisfaction assessed as willingness to choose surgery again (more specific)

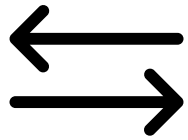
## Limitations

- Response rate low (15%)
  - ~25% did not open portal or email bounced back
- Represents people living in one area (North Texas, USA)
- Unable to quantify selection bias (aka if willingness to participate influenced by satisfaction)

# Summary



Three quarters of people would still choose to undergo surgery a median 11 years after they had bariatric surgery



When AOM offered as a treatment alternative, over half of people would still choose bariatric surgery

- The monthly out of pocket willingness to pay for AOM was 50 USD



