INITIAL EXPERIENCE OF BARIATRIC AND METABOLIC CENTERS AGED UNDER 35 – A MULTICENTER STUDY

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Introduction

Although Bariatric and Metabolic Surgery (BMS) has arisen more than 50 years ago,

Surgical skill aquisition and Learning Curve has always been on the spotlight as a subject of debate.

Warning!
Steep
Learning
Curve

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Introduction

First studies and reports emerged in the early 2000´s.
Based basically in Learning Curve and its lenght, increased Morbidity and Mortality rates significally higher than experienced surgeons

> Obes Surg. 2004 Feb;14(2):197-200. doi: 10.1381/096089204322857555.

Impact of fellowship training on the learning curve for laparoscopic gastric bypass

David Oliak [1], Milton Owens, Hans J Schmidt

Affiliations + expand

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Introduction

Based basically in Learning Curve and its lenght, objecting Morbidity and Mortality rates would not be higher than experienced surgeons

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Incorporating Laparoscopic Fellowship Does Not Increase Morbidity or Mortality in a University-Based Bariatric Practice

Ronald H Clements, MD, FACS, Ruth R Leeth, MPH, Selwyn M Vickers, MD, FACS, Kirby I Bland, MD, FACS

Does establishing a bariatric surgery fellowship training program influence operative outcomes?

R. Gonzalez, L. G. Nelson, M. M. Murr

Interdisciplinary Obesity Treatment Group, Department of Surgery, University of South Florida College of Medicine, c/o Tampa General Hospital, P.O. Box 1289, Tampa, FL 33601, USA

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ORIGINAL CONTRIBUTIONS

Young-IFSO Bariatric/Metabolic Surgery Training and Education Survey

Daniel M. Felsenreich[1] · Wah Yang[2] · Halit E. Taskin[3] · Tamer Abdelbaki[4] · Shahab Shahabi[5] · Roxanna Zakeri[6] · Toghrul Talishinskiy[7] · Daniel Gero[8] · Alexandr Neimark[9] · Sonja Chiappetta[10] · on behalf of Young IFSO Collaborative Group
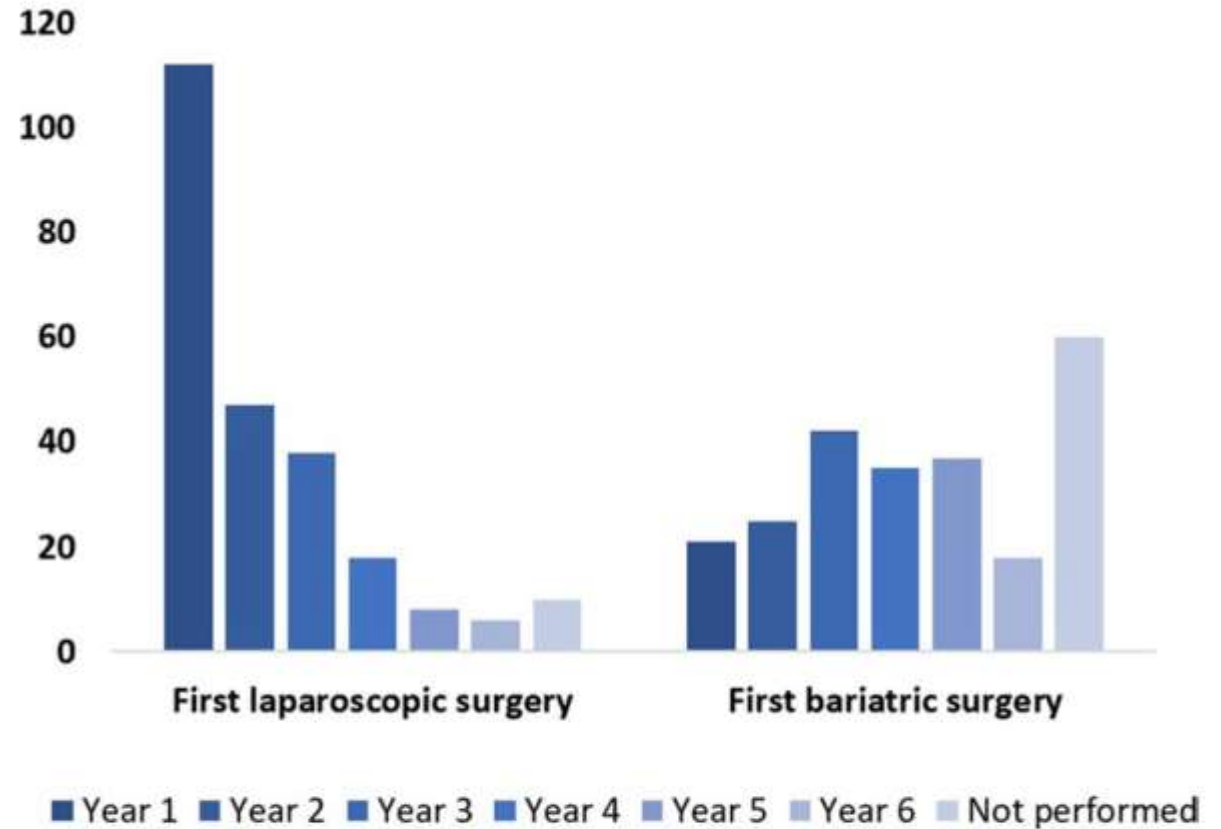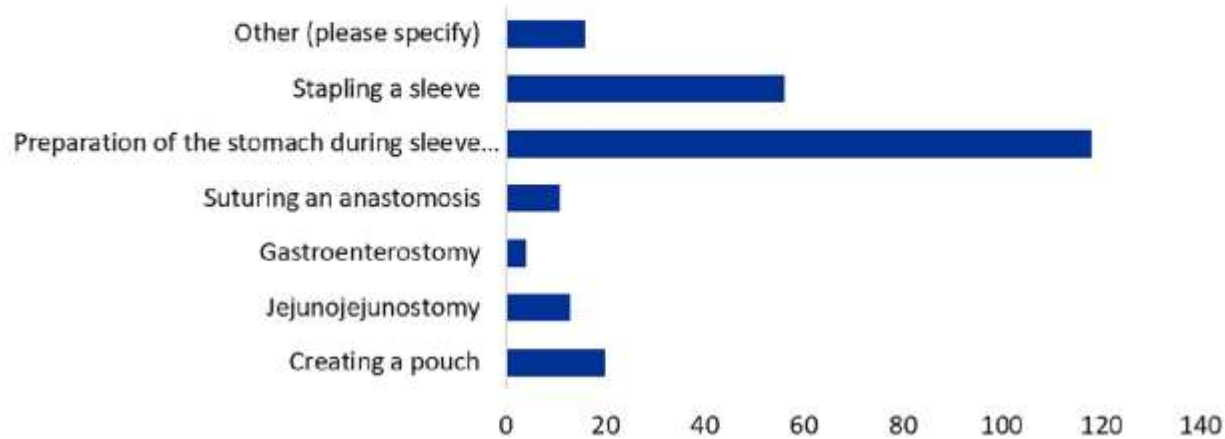

Fig. 3 Year of training during which first laparoscopic and bariatric/metabolic surgery performed (laparoscopic surgery $n=239$; bariatric/metabolic surgery $n=238$)

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What was your first bariatric surgery step performed as a first operating surgeon? (N=238)

What was your first entire bariatric surgery performed as a first operating surgeon? (N=237)
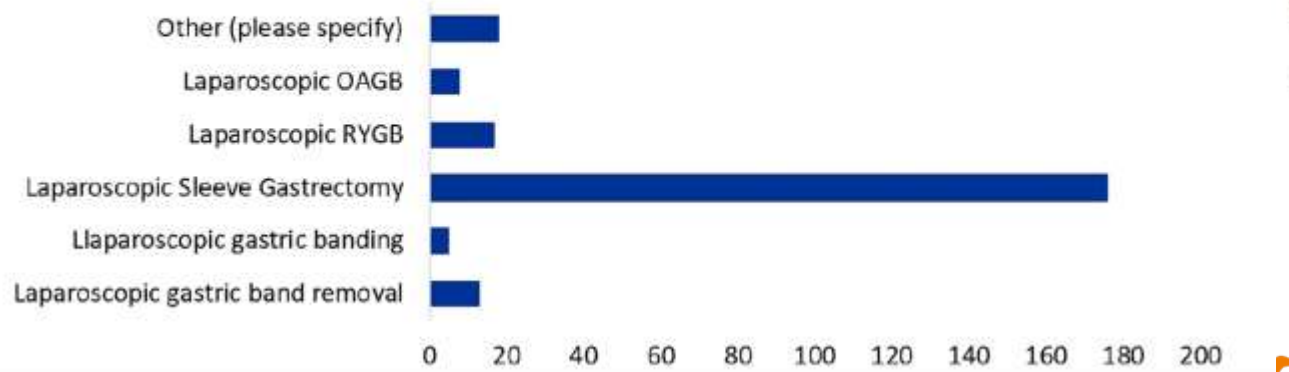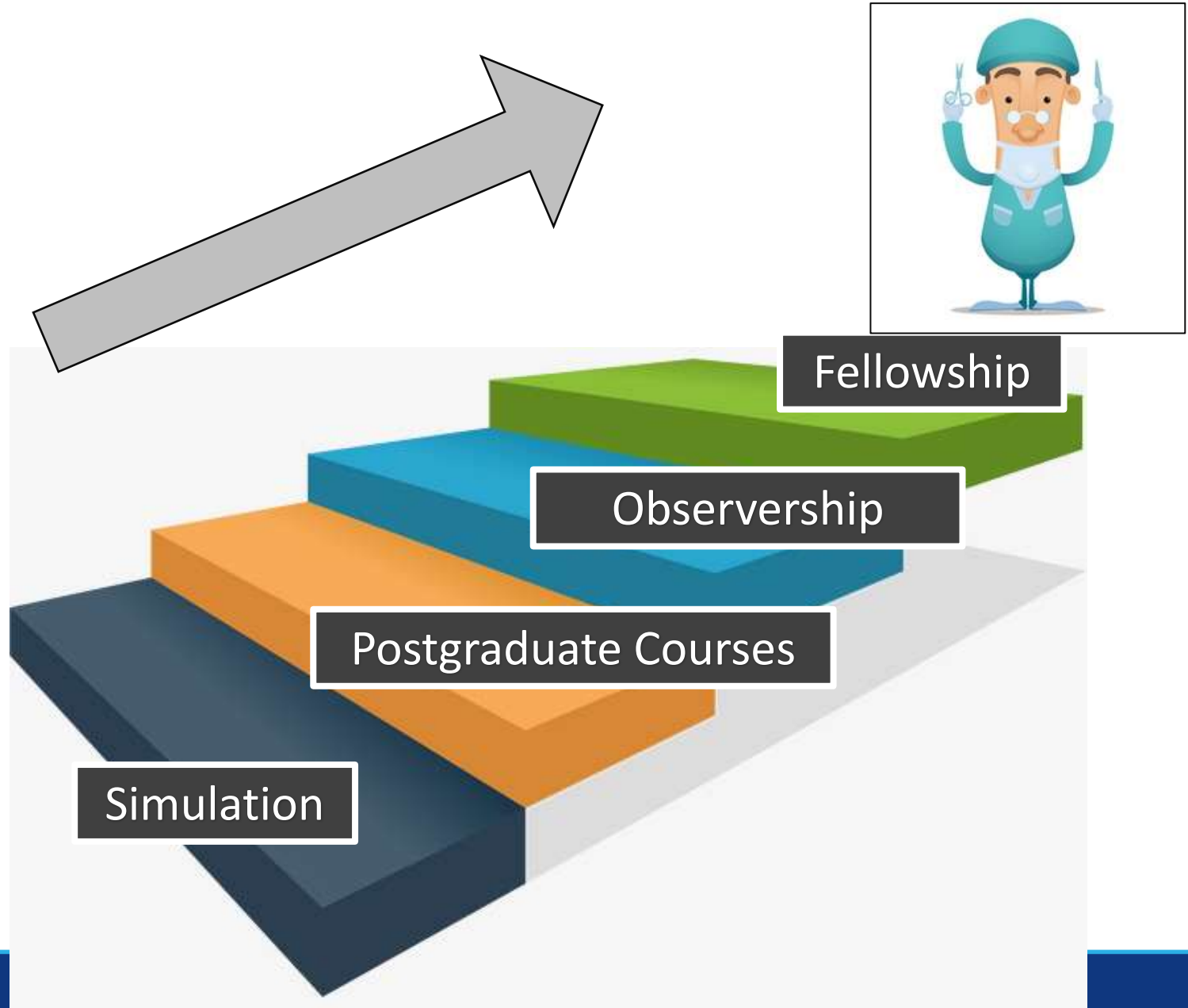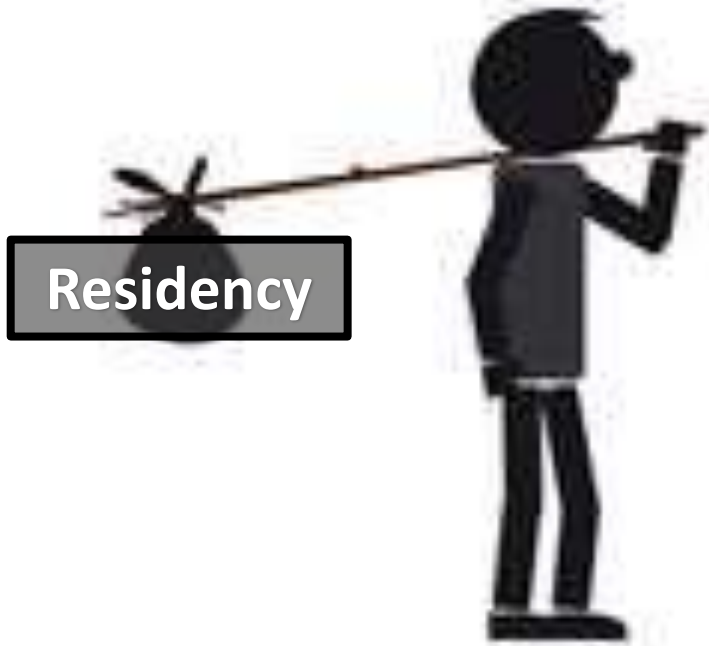
Conclusion

This international survey among young bariatric surgeons underlines the lack of a global surgical curriculum in BMS during residency. It shows that SG and its surgical steps are the single most performed procedure by young surgeons and highlights the role of SG as a teaching tool in residency. These data might underline the importance of advancing surgical education in BMS.

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Is it possible to achieve acceptable Morbi-Mortality rates as a Young Bariatric Surgeon?

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Objective

To demonstrate the Non-Inferiority of PeriOperative Outcomes of Bariatric and Metabolic Centers aged Under 35 (BMC U35) compared to published data

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Methods

- Patients who under went primary BS
- From September 2017 to September 2019
- Six Bariatric Centers U35
- **UNIVERSITY ACCREDITED FELLOWSHIPS**
- All procedures performed by Primary Surgeons U35
- Revisional Surgeries excluded
- Operative Time, 30-day Complication Rate, and Hospital Stay were assessed

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Intended to be presented

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Methods

Recruiting Centers U35:

1- CITOS Paraná
2- CITOS Santa Fe

3- ECOS Salta

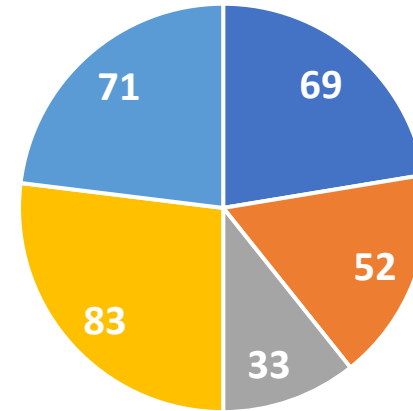4- Sanatorio Allende Córdoba

5- Adventist Clinic Belgrano Buenos Aires

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Total Patients Recruited

■ CITOS Pna   ■ CITOS SF   ■ ECOS Salta   ■ Allende   ■ Adventist

Results

308 Pts

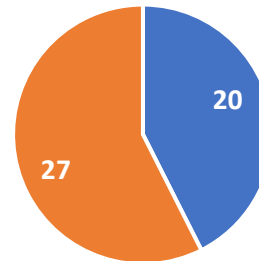# INITIAL EXPERIENCE OF BARIATRIC AND METABOLIC CENTERS AGED UNDER 35 – A MULTICENTER STUDY

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Surgical Technique

CITOS Pna — Sleeve 38, Gastric Bypass 42

CITOS SF — Sleeve 15, Gastric Bypass 18

Sleeve | Gastric Bypass

ECOS Salta — Sleeve 27, Gastric Bypass 20

Allende — Sleeve 33, Gastric Bypass 48

Adventist — Sleeve 38, Gastric Bypass 29
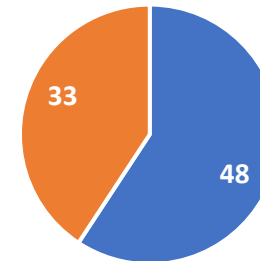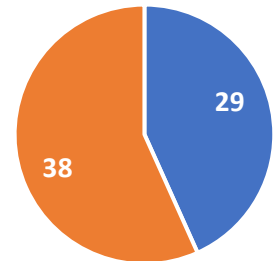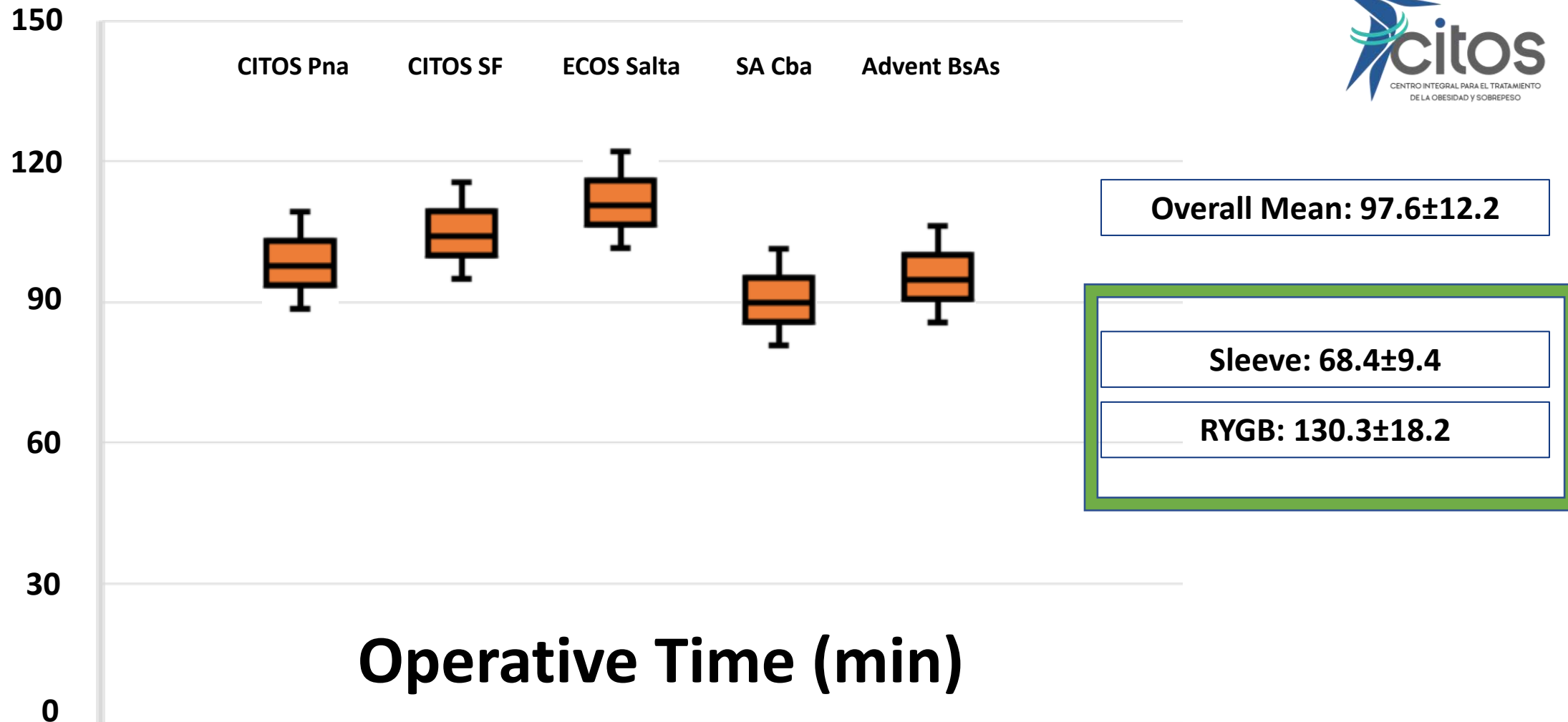
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Overall Mean: 97.6±12.2

Sleeve: 68.4±9.4

RYGB: 130.3±18.2

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Hospital Stay (Hours)

CITOS Pna   CITOS SF   ECOS Salta   SA Cba   Advent BsAs

Overall Mean: 30.6±2.4

Only One Overnight Discharge: 93.5%

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ReAdmission Rate: 2,59%

8 pts ReAdmitted

      3 Nauseas/Vomiting in SG/RYGB

      1 GI Bleeding in RYGB

      2 SG Leaks
      1 Hemoperitoneum in SG
      1 Unadverted SB perforation in RYGB

Surgical Exploration was required

No other Complication nor Mortality were registered in this series

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To Conclude

- Initiation is HARD

- To Decide which fellow to apply is EVEN HARDER

- The Objective of Fellowships SHOULD BE ACHIEVE YOUNG SURGEONS INDEPENDENCY

- Search ACCREDITED INSTITUTION SHOULD BE MANDATORY

- The OBJETIVE of this study WAS NOT TO CHALLENGE EXPERIENCED SURGEONS, it was to DEMONSTRATE YOUNG LEADERSHIP AND ENTREPRENEURSHIP POSSIBLE POTENTIAL.

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