Inter-surgeon variability in metabolic and bariatric surgery in the Netherlands: a multi-level analysis

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No conflicts of interest



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What influences successful outcome?



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- > Where originates the largest part of the variation?
 - > Hospital-level
 - > Surgeon-level
 - > Patient-level



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Outcomes of interest

> Severe postoperative complications (Clavien-Dindo ≥ 3)

> Reoperation < 30 days

> Prolonged length of hospitalization (≥ 3 days)

> Readmission < 30 days

> Textbook outcome

(no postoperative complications, no readmission and no prolonged length of stay)

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Patient selection

> Dutch Audit for Treatment of Obesity (DATO)

> Inclusion criteria:

> Primary surgery between 2020-2023

- > Exclusion criteria:
 - > any missings on baseline characteristics

(i.e., age, sex, BMI, comorbidities, Charlson comorbidity index, and ASA-score)

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Methods

- 1. Identify relevant patient characteristics influencing the outcome
- 2. Create a multilevel model including hospital and surgeon as higher levels, and include the relevant patient characteristics
- 3. The variance for each of the 3 levels can be determined
- 4. The proportion of the variance ascribed to each level was calculated
- 5. The intraclass correlation coefficient (ICC) was determined for the higher levels (i.e., surgeon and hospital)

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> In total, 30,576 patients were included

> Operated by <u>95 surgeons</u> from <u>19 different hospitals</u>

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Results (~30,000 patients included)



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Results

> Severe postoperative complications:

> ICC surgeon 0,7%> ICC hospital 2,4%

> Reoperation:

> ICC surgeon 1,9%> ICC hospital 3,0%

> Prolonged LOS:

> ICC surgeon	0,2%
> ICC hospital	13,8%

> Readmission < 30 days:

> ICC surgeon 0,0%> ICC hospital 6,6%

> Textbook Outcome:

ICC surgeon 0,1%ICC hospital 6,7%

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Discussion

Conclusion:

- > Surgeon-related factors play some role in adverse events
- > Hospital-related factors play a larger role
- > Peri-operative care influences outcomes more than the surgeon's surgical skill

Discussion:

- > Dutch MBS care is centralized
- > Criteria for hospitals to perform MBS:
 - > ≥ 200 annual procedures
 - > ≥ 2 dedicated bariatric surgeons

 \rightarrow Results could be different in other healhcare systems

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Thank you

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