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AMBULATORY BARIATRIC SURGERY AND RISK FOR ADVERSE EVENTS

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Background: With improved outcomes following laparoscopic weight loss surgery (Roux-en-Y gastric bypass [RYGB] and sleeve gastrectomy [SG]) there is increased focus on decreasing post-operative length of stay (LOS). Previous reports indicate higher 30-day mortality and serious complications following ambulatory (AMB) RYGB procedures. We sought to assess outcomes following AMB-RYGB or SG using the MBSAQIP® data registry.

Methods: Participant user files from MBSAQIP were reviewed for patients undergoing AMB-RYGB or SG (2015-17). Patients were grouped as AMB (LOS1d). Exclusion criteria were LOS >4d, Age 75yrs, revision surgery, gastric banding, BMI.

Results: After exclusions, 408,895 patients remained (2.43% AMB). 111,270 patients underwent RYGB (1,032 AMB) and 297,616 SG (8,941 AMB). After multivariate logistic regression adjusted for comorbidities and matching, no patients were lost in the AMB arm and demographics/comorbidities were similar. Analysis of 30-day mortality, reoperation, or readmission demonstrated no increased risk in AMB-RYGB vs. non-AMB-RYGB (p=0.5986, p=0.4587, p=0.1571 respectively), and no differences in major/minor complications. Analysis of AMB-SG revealed no differences in 30-day mortality, reoperation, or readmission (p=0.0832, p=0.3117, p=0.8247 respectively) vs. non-AMB-SG. Non-AMB-RYGB and SG patients had fewer drains placed, and non-AMB-SG patients were less likely to have unplanned ICU admissions (p=0.0050).

Conclusion: This analysis using the MBSAQIP database demonstrates comparable safety between AMB vs. non-AMB-RYGB and SG with minimal or no increased risk of major or minor complications.

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THE DEFINITION OF ELDERLY IN BARIATRIC SURGERY PRACTICE

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Background: The elderly patients are dubbed to have worse post-operative outcomes than their younger counterparts. The cut-off age defining the elderly in bariatric surgery has not been characterized. The aim of this study was to determine the age cut-off that best describes the elderly patients at which the outcome worsens after primary bariatric surgery.

Methods: The MBSAQIP database for years 2015 and 2016 was used to identify primary Roux-en-Y gastric bypass (RYGB) and sleeve gastrectomy (SG) patients. Patients ≥30-years old and with a body mass index of 30-70 kg/m² were included. The receiver operator characteristic (ROC) curves were plotted to assess the cut-off age for the 30-day postoperative mortality and the composite serious morbidity.

Results: A total of 224,204 patients were included in the study, of which 156,768 (69.9%) had SG and 67,436 (30.1%) had RYGB. The median age was 46.2-years (interquartile range, 39-55) with a female predominance of 177,114 (79%) patients. The age range between 47 and 50 had the highest Youden index to predict early postop mortality and serious morbidity (Table 1). However, the c-statistics were consistently <0.7 indicating poor discrimination.

Conclusions: ROC curve analysis failed to point-out a cut-off age corresponding to a point for worsening of early postoperative outcomes by increasing age. This might be due to appropriate elderly patient-selection practice in the MBSAQIP-accredited centers. Findings of this study would suggest that patients should not be denied bariatric surgery based on their chronological age, rather would be assessed for functional capacity and physiologic reserve.

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ASSESSING POST-OPERATIVE NAUSEA AND VOMITING AFTER BARIATRIC SURGERY USING A VALIDATED QUESTIONNAIRE

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