smoking, country of birth, and delivery year. Stillbirth and neonatal death were retrieved from the Swedish Medical Birth Register.

**Results:** Before surgery, the mean BMI was 43.1 (SD 5.3) and 9.6% had diabetes. The median surgery-to-conception-interval was 2.6 years (IQR 1.6-4.0), and the mean weight loss between surgery and early-pregnancy was 39kg (SD 13). The risk of stillbirth after gastric bypass was 0.5% [27/5110] versus 0.5% in matched controls (adjusted risk ratio [aRR] 1.02, 95%CI 0.62-1.68; P=0.95). The corresponding risks for neonatal death were 0.3% [16/5083] vs 0.2% (aRR 1.39, 95%CI 0.66-2.93; P=0.39) and for the combined outcome stillbirth plus neonatal death 0.8% [43/5110] vs 0.7% (aRR 1.13, 95%CI 0.75-1.71; P=0.55).

**Conclusions:** Maternal gastric bypass was not associated with a higher risk of stillbirth or neonatal death compared to women matched on age, BMI, diabetes, smoking, parity and country of birth.

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**A199**

**RETROSPECTIVE ANALYSIS OF LAPAROSCOPIC SINGLE ANASTOMOSIS DUODENAL SWITCH (LOOP DS) AT 6 MONTHS AND 1 YEAR**

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**Background:** Data on Laparoscopic Single Anastomosis Duodenal Switch (LOOP DS) in the literature is limited compared to sleeve gastrectomy and gastric bypass. Purpose: Analyze the 6 month and 1 year data outcomes of patients who underwent LOOP DS as primary procedure.

**Method:** Retrospective analysis of data from patients who underwent a primary LOOP DS performed by two surgeons at a 73 bed community hospital from March 2017 to April 2018.

**Results:** 59 patients were identified for inclusion within the database. The Mean BMI at baseline was 52.2. The highest BMI was 67 and the lowest BMI was 41. 30 day and 1 year mortality rate was 0%. 30 day readmission rate was 5%. 30 day reoperation rate was 3.3%. 6 month mean excess weight loss was 61%. 6 month resolution of diabetes was 60%. 1 year mean excess weight loss was 81%. 1 year resolution of diabetes was 80%. At 1 year, participants had an average change in BMI of 23. The follow-up rate at 1 year was 75%. 6.7% required significant intervention such as total parental nutrition (TPN) or feeding tube placement due to malabsorption and vitamin deficiencies experienced within the first year.

**Conclusion:** The LOOP DS procedure demonstrates successful weight loss and diabetes resolution as an alternative to sleeve gastrectomy and gastric bypass. More vitamin deficiency is noted with LOOP DS. The follow-up rate after LOOP DS is significantly higher than follow-up with other procedures.

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**A200**

**DOES ERAS IMPACT OUTCOMES OF LAPAROSCOPIC SLEEVE GASTRECTOMY IN ADOLESCENTS?**

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**Background:** The aim of this study is to determine if implementation of an ERAS protocol can improve outcomes of laparoscopic sleeve gastrectomy (LSG) in adolescents.

**Methods:** A retrospective analysis of 100 adolescent patients who underwent LSG from February 2011 to April 2019 was conducted. An ERAS protocol was instituted in 2016. Conventional care patients (n=51) were compared with ERAS patients (n=49). Patient demographic and clinical characteristics were reported as median for continuous variables, or counts and percentages for categorical variables. Comparisons were made using Chi-squared tests or Fisher’s exact for categorical data and Wilcoxon-rank sum tests for continuous data. Multiple linear regression was used to adjust LOS (days) for age at surgery, gender, payer status, race/ethnicity, ASA, and pre-op BMI. LOS was log-transformed for normality.

**Results:** There were no significant differences in patient characteristics. Intraoperative fluid volume, intra- and post-operative narcotics were lower in the ERAS group (p<0.0001). The number of ERAS elements per patient increased from 9 to 15 (p<0.0001). The ERAS group had more discharges at post-operative day 1 (45% vs 6 %, respectively). LOS was significantly lower in the ERAS group (2.34 vs. 2.06 days, respectively). Differences were significant (p<0.0001) after adjusting for age, gender, pre-op BMI, ASA, race/ethnicity. There were no differences in post-operative complications and 30 day readmissions.

**Conclusion:** A LSG ERAS protocol is associated with a significant reduction in perioperative narcotic use and LOS with no increase in complications or readmission rates.