EFFECT OF BARIATRIC OPERATION ON GOUT DISEASE: LITERATURE REVIEW AND RETROSPECTIVE STUDY ON 68 GOUT PATIENTS

Midhat Abu sneineh; Asaf harofeh medical center, Jerusalem

Background: Methods 2200 obese subjects from Asia medical center from January 2011 until January 2017, of them 201 patients had gout disease, of them 68 had follow up in our system. We reviewed these patients retrospectively. Parameters assessed included weight, body mass index (BMI), weight loss, type of bariatric operation, uric acid level before and until 2 years after the operation, a medical history of gout, any onset of acute gouty attacks after the operation. Results These patients had a mean age of 50.7 (range 20 to 74) years and a mean BMI of 41.1 kg/m2. All patients were preoperatively diagnosed with gout and were taking medications such as non-steroidal anti-inflammatory drugs (NSAIDs) or allopurinol. 17 patients (25%) presented with acute gouty attacks in the first month postoperatively. 58 patients (85%) had at least one gout attack until one year before the operation in comparison to 23 patients (33%) one year after the operation. There was a decrease in uric acid level after the operation at one year and two years with p value less than 0.001. In our series, the prevalence of gout was of 9.1% and the incidence of acute attacks was 25% in the patients with a previous diagnosis of gout in the first month after the operation. There was resolution of the disease due to weight loss in our series of 46 patients (67%).

REVISIONAL ROBOTIC BARIATRIC SURGERY: THREE YEARS OF DATA FROM THE METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM

Lars Webb1; Gregory Mancini1; Andrew Rogers1; Robert Heidel1; 1University of Tennessee Medical Center, Knoxville TN

Background: Robotic surgery has been gaining popularity in the bariatric community. No large database studies have been done to date examining revisional surgery. The MBSAQIP database was
used to determine if robotic surgery has an impact on outcomes of revisional bariatric surgery.

**Methods:** We obtained the MBSAQIP PUF for 2015–2017. We selected all revisional cases in the database. We eliminated those which were done under emergent conditions. We selected all robotic, open, and conventional laparoscopic cases using the CPTs for open or laparoscopic Sleeves and Roux-en-y bypasses. Twelve open revisional sleeves were identified so these were excluded.  

**Results:** The resulting cases had 18414 sleeves (17263 laparoscopic and 1151 robotic) and 17463 roux-en-y bypasses (15211 laparoscopic, 618 open, 1634 robotic). Primary outcomes were serious adverse events, mortality, organ-space infections, bleeding, LOS, and operative time. Neither series demonstrated differences outside of operative time. Robotic surgery (sleeve = 144.37, Roux = 194.15) had a longer operative time than laparoscopic (sleeve = 101.95, Roux = 151.52) or open (171.32) surgery. This is the largest number of revisional surgeries studied to date using MBSAQIP.

**Conclusions:** Robotic surgery has a similar outcomes to laparoscopic surgery in revisional surgery. As has been demonstrated across several studies robotic surgery has longer operative times. The question remains whether the majority of these cases are still within the learning curve of the surgeons as has been theorized or if robotic surgery in the setting revisional bariatric surgery is longer due to the platform or some variation of the technique.

### A281

**WEIGHT REGAIN AFTER VERTICAL GASTRIC Plication: WHAT SURGICAL OPTIONS?**  
Elie Chouillard; CHI PARIS POISSY MEDICAL CENTER, POISSY

**Background:** Vertical Gastric Plication (GP) has been performed as a weight loss procedure in France since 2010. The goal of this study was to assess the indications and outcome of revision for weight regain in patients with GP.

**Methods:** If conservative treatment for weight regain or insufficient weight loss was unsuccessful or in case of anatomical anomaly, surgical revision was indicated.

**Results:** Between February 2011 and September 2016, 300 patients had GP. The rate of patients with excess weight loss (EWL) > 50% was only 50%. 120 patients had either inadequate weight loss (66 patients) or weight regain (54 patients) and eventually required surgery. Roux en Y Gastric Bypass (RYGB) was performed in 52 patients (43.3%). Sleeve Gastrectomy (SG) was performed in 44 patients (36.7%). 24 patients (20.0%) had miscellaneous procedures including mainly replication, or single anastomosis duodeno-intestinal shunt (SADI). Mean operative time was 168 min (range, 100–228) for RYGB, 108 min (range, 40–155) for SG, and 82 min (range, 50–220) for SADI, respectively. Median length of stay was 3 days (range, 2–5), regardless of the procedure. Major complications (occurred in 6 patients (5%)) including 3 leaks and 3 intra-abdominal abscess, all after SG.

**Conclusions:** GP is associated with high rates of weight regain or inadequate weight loss. As compared to SG, RYGB or SADI seem to be safer revisional alternatives after failed GP.

### A282

**ORAL OPIOIDS ARE NOT NEEDED AFTER BARIATRIC SURGERY**  
Adam Meyers; Panduraga Yenumula; Gary Grinberg; 1Kaiser Permanente, Sacramento CA; 2Kaiser Permanente, Sacramento CA

**Background:** The national opioid crisis has led to reduced utilization of opioid pain medications following minimally invasive surgery. In November 2018, our bariatric surgery program eliminated the use of all oral opioids following primary bariatric procedures.

**Methods:** Between November 2018 and February 2019, 136 consecutive patients underwent laparoscopic sleeve gastrectomy (SG) or laparoscopic Roux-en-Y gastric bypass (LGBP) and did not receive any oral opiates following surgery. A multimodal pain regimen with judicious use of intravenous opioids was utilized, and an opioid free regimen was prescribed at the time of discharge. Data from this cohort was compared to data from 189 patients who received oral opioids following SG or LGBP between July 2018 and October 2018.

**Results:** The average total morphine equivalents received were 17.41 for patients that received oral opiates and 10.45 those who did not (p = <0.001). The average delta pain scores for each respective cohort were 0.46 and -0.16 (p < 0.001). Average length of stay for each cohort was 1.38 and 1.34 days (p = 0.44). The rates of emergency room presentation within 30 days of surgery were 20.7% and 19.8% (p = 0.83). The rates of readmission within 30 days were 4.1% and 2.9% (p = 0.57).

**Conclusion:** Eliminating oral opioids from post-operative pain regimens following bariatric surgery significantly reduces the total number of morphine equivalents administered following bariatric surgery and it significantly improves delta pain score. Removing oral opiates from discharge pain regimens following bariatric surgery does not result in higher rates of 30-day ED visits or readmission.