association with BMD. Body weight, body mass index (BMI), lean mass, fat mass and hip circumstance (HC) positively associated with total BMD, femoral neck and hip BMD (P < .005). Waist circumstance (WC) positively associated with total and hip BMD. Percentage of fat mass positively associated with hip BMD. No association was found between percentage of lean mass and BMD at all sites. BMI, body weight, lean mass, fat mass, WC and HC inversely associated with lumbar BMD. Age also inversely associated with BMD at all sites. No association between serum 25-hydroxyvitamin D, PTH and BMD. CRP positively associated with total BMD and hip BMD (P < .005).

**Conclusions:** Significant differences in whole-body and site-specific BMD at all sites. Lean mass, fat mass and BMI had the similar contribution to specific BMD. 25(OH)D and PTH had no contribution to BMD at all sites.

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**TOTAL JOINT ARTHROPLASTY CARE COLLABORATIVE INCREASES PATIENT TREATMENT FOR OBESITY**

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**Background:** Of the 24 million Americans with morbid obesity, 0.9% received surgical treatment in 2016. Based on our previous studies, a new referral program, the Total Joint Arthroplasty Care Collaborative (TACC), was initiated between a community bariatric practice and a total joint program. The aim of our current study is to investigate the implementation of TACC and determine if it improves access to treatment for obesity.

**Methods:** A retrospective comparative cohort analysis of total joint patients referred to a bariatric program was performed comparing the number of referrals received from 2015-2017 during standard referral practices (SRP) to those received since 2018 during TACC. Outcomes analyzed included number of-referrals, bariatric consults, patients undergoing medical weight management (MWM), and patients undergoing bariatric surgery. Differences in rates were assessed using a Chi-square test.

**Results:** There were 327 referrals (109/year) for SRP and 188 (150/year) for TACC. There were 72 bariatric consults (22%) for SRP and 89 (47%) for TACC (p <.001). 25 SRP patients (7.6%) and 26 TACC patients (13.8%) received MWM (p <.031). The proportion of patients having bariatric surgery has increased 3.1% (10) for SRP and 5.3% (10) for TACC with 10 more patients in the pathway.

**Conclusion:** TACC has resulted in an increase in referrals, a significant increase in bariatric consults, a significant increase in patients receiving MWM, and an increase in bariatric surgery compared to SRP. Results will be updated as on-going patient accrual continues. Phase III of this project will evaluate surgical optimization and total joint arthroplasties performed.

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**LONG-TERM WEIGHT REGAIN AFTER BARIATRIC SURGERY: DOES POSTOPERATIVE PERCENT EXCESS WEIGHT LOSS MATTER?**

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**Background:** Weight loss (WL) trajectories can help guide bariatric patients towards postoperative WL goals. We evaluated the effect of preoperative BMI and short-term postoperative WL on weight maintenance of patients undergoing Roux-en-Y Gastric Bypass (RYGB) or Sleeve Gastroectomy (SG).

**Methods:** A single-institution retrospective review was done for patients undergoing laparoscopic primary SG or RYGB during 2013-2016. Patients were stratified by preoperative BMI (BMI <50 kg/m² vs BMI >=50 kg/m²) and into those achieving percent of excess weight loss (%EWL) <50% and >=50% by 12-months. Follow-up occurred at 6 weeks, 3-, 6-, 9-, and 12-months and long-term. Statistical analysis were performed within each procedure, using SPSS v25.0, α =0.05.

**Results:** 158 (RYGB:N=63, SG:N=95) patients were included. Median long-term follow-up was 4 years [1.5-5.2 years] for RYGB and 4 years [1.5-5.5 years] for SG. RYGB patients with preoperative BMI <50kg/m2 had a mean %EWL of 66.9±19.3% at 12-months, and 59.3±22.78% at long-term [Figure 1]. RYG patients with initial BMI >=50kg/m2 had a mean %EWL of 48.8±10.6% at 12-months, and 42.5±20.0% at long-term. For SG, patients with preoperative BMI <50kg/m2 had a mean %EWL of 50.6±19.1% at 12-months, with a subsequent %EWL of 38.54±23.97% at long-term. SG patients with preoperative BMI>=50kg/m2 had a mean %EWL of 39.3±15.3% at 12-months, and 22.80±22.42% at long term.

**Conclusion:** Our data demonstrates that those with a preoperative BMI<50kg/m² and those who reached at least 50%EWL at one-year postoperatively, were less likely to have weight recidivism long-term. Future studies focused on patient selection and interventions to increase weight maintenance at long-term are required.
SAFETY OF SLEEVE GASTRECTOMY IN PATIENTS WITH A PREVIOUS ORGAN TRANSPLANT: A PROPENSITY-SCORE MATCHED ANALYSIS OF THE MBSAQIP
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Background: In patients with a previous organ transplant sleeve gastrectomy showed positive outcome in terms of weight loss and improvement of comorbidities, renal function, and quality of life. The safety of the procedure in this highly specific population is not well known. Objective: The aim of this study was to assess the safety of sleeve gastrectomy (SG) in patients with a previous organ transplant.

Methods: In an observational MBSAQIP registry study, we compared the 30-day outcomes in patients with previous organ transplant who underwent sleeve gastrectomy with controls. The primary outcome was mortality. Secondary outcomes were reoperation, readmission, leak, and bleed rates. Propensity-score matching was used to assemble a cohort of patients with similar baseline characteristics.

Results: Among 135,938 eligible patients, 301 patients with previous organ transplant who underwent LSG and 301 controls had similar propensity scores. SG in patients with previous organ transplant, as compared with controls, was associated with similar risks of death (0.33% vs 0.33%; relative risk [RR], 1.00; 95% confidence interval [CI], 0.06 to 15.99, P=1.000), reoperation (1.00% vs 1.00%; RR, 1.00; 95% CI, 0.01 to 4.95, P=1.000), leakage (1.33% vs 1.00%; RR, 1.33; 95% CI, 0.30 to 45.96, P=0.705), and bleeding (1.99% vs 1.00%; RR, 2.00; 95% CI, 0.50 to 8.00, P=0.317). SG in patients with previous organ transplant was associated with higher risks of readmission (7.97% vs 3.99%; RR, 2.00; 95% CI, 1.00 to 4.00, P=0.045).

Conclusions: SG in patients with previous organ transplant leads to higher risk of readmission.

SAFETY OF ROUX-EN Y GASTRIC BYPASS IN PATIENTS WITH A PREVIOUS ORGAN TRANSPLANT: A PROPENSITY-SCORE MATCHED ANALYSIS OF THE MBSAQIP
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Background: Roux-en Y gastric bypass (RYGB) is one of the options for patients with previous organ transplant who require bariatric treatment. The safety profile of RYGB in this specific patients group is not well known. Objective: The aim of this study was to assess the safety of RYGB in patients with a previous organ transplant.

Methods: Observational registry study was performed. The 30-day outcomes in patients with previous organ transplant who underwent Roux-en Y gastric bypass were compared to controls. The primary outcome was mortality. Secondary outcomes were reoperation, readmission, morbidity, leak, and bleed rates. Propensity score matching was used to control for potential confounding.

Results: Out of 51,619 eligible patients, 97 patients with previous organ transplant who underwent RYGB and 97 controls had close propensity scores and were included in the analyses. At follow up of 30 days, no fatal cases were observed. RYGB in patients with previous organ transplant was associated clinically higher risks of readmission (17.53% vs 8.25%; relative risk [RR], 2.12; 95% confidence interval [CI], 0.98 to 4.59, P=0.049), leakage (5.15% vs 1.03%; RR, 5.00; 95% CI, 0.58 to 42.80, P=0.102), morbidity (10.03% vs 4.12%; RR, 2.50; 95% CI, 0.78 to 7.98, P=0.109) and similar risks.