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, 0.20 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 similar 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 with 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