VOLUME 21 NUMBER 6S JUNE 2025

SUPPLEMENT TO

SURGERY FOR OBESITY AND RELATED DISEASES

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OFFICIAL JOURNAL OF THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY

American Society for Metabolic and Bariatric Surgery (ASMBS) Annual Meeting 2025 Abstract Book

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7. CONTROVERSIES IN BARIATRIC SURGERY: These are articles dealing with controversial topics such as: Is bariatric surgery appropriate in patients with schizophrenia or bi-polar disorders? Which should come first in the morbidly obese patient with chronic renal failure: renal transplant or bariatric surgery? How do you manage the patient with an anatomically intact, non-obstructive Roux-en-Y gastric bypass who "can't eat"? They can be associated with a case report or just present a philosophical or

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Original Articles	Structured	250	3000	6	Required at revision stage	30
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Paired Editorial	None	N/A	750	0	Not Required	5
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**Updated January 2025*

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-Summary of peer review process.

-PRISMA checklist (Review articles).

-Credit Author Statement.

-Declaration of Competing Interest Form.

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About the American Society for Metabolic and Bariatric Surgery

The ASMBS is the largest national society for this specialty. The vision of the Society is to improve public health and well-being by lessening the burden of the disease of obesity and related diseases throughout the world.

Founded in 1983, foremost American surgeons have formed the society's leadership and have established an excellent organization with educational and support programs for surgeons and integrated health professionals. The purpose of the society is to advance the art and science of metabolic and bariatric surgery by continually improving the quality and safety of care and treatment of people with obesity and related diseases by:

- Advancing the science of metabolic and bariatric surgery and increasing public understanding of obesity.
- Fostering collaboration between health professionals on obesity and related diseases.
- Providing leadership in metabolic and bariatric surgery the multidisciplinary management of obesity.
- Advocating for health care policy that ensures patient access to prevention and treatment of obesity.
- Serving the educational needs of our members, the public and other professionals.

Educational Overview and Information

Purpose
The American Society for Metabolic and Bariatric Surgery is committed to providing tools for physicians and integrated health professionals as they participate in the Maintenance of Certification program, a lifelong learning process which includes areas of self-assessment and

quality improvement of practice performance by physician specialists. Presentations of papers submitted from the most current research, as well as invited lecturers, promote the exchange of information and experiences between those practiced in bariatric surgery and newcomers to the field. The Scientific Session is offered as a culmination to the selection of courses presented in various learning formats designed to meet the needs of the learner. The primary goal is continual improvement in competence and performance of those in the field of bariatric surgery which will result in improved patient outcomes.

Target Audience

The conference is designed for all clinical and academic surgeons and support staff, including any health professional involved in the care of the patient with obesity, who wish to increase their knowledge of the surgical and perioperative management of the patient with obesity. The conference is also designed for those seeking practical pearls and hands-on experience to modify their practice and thereby achieve more favorable patient outcomes.

Educational Objectives

Upon completion of this conference, physicians and support staff should be able to:

- Define, discuss, and solve specific challenges in the treatment of patients who suffer from obesity and obesity-related metabolic diseases and conditions
- Describe the development and use of new techniques to achieve weight loss by surgery in patients with obesity
- Examine the broad scope of patient care services
- Identify the specific needs of bariatric patients and assist in targeting their care in a coordinated multidisciplinary team effort

Educational Disclaimer

The primary purpose of this conference is education. Information presented, as well as publications, technologies, products, and/or services discussed, are intended to inform you about the knowledge, techniques, and experiences of bariatric surgeons who are willing to share such information with colleagues. A diversity of professional opinions exists in bariatric surgery, and the views of the conference's faculty are offered solely for educational purposes. Faculty's views neither represent those of the ASMBS nor constitute endorsement by the Society. The ASMBS disclaims any and all liability or damages to any individual attending this conference for all claims, which may result from the use of information, publications, technologies, products, and/or services of the meeting. Faculty disclosure statements have been requested from the speakers and will be presented in the conference materials.

American Society for Metabolic and Bariatric Surgery (ASMBS) Annual Meeting 2025 Abstract Book

June 15th- 19th, 2025

Gaylord National Resort & Convention Center
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SURGERY FOR OBESITY AND RELATED DISEASES

AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY (ASMBS) ANNUAL MEETING 2025 ABSTRACT BOOK

Top Papers Session I
Tuesday, June 17th, 2025
8:00 AM – 9:30 AM

RZY8JY68MG

COMPARATIVE EFFECTIVENESS OF SEMAGLUTIDE AND TIRZEPATIDE VS BARIATRIC SURGERY

Avery Brown *NYU Langone Health*; Suhani Patel *NYU Langone Health*; Alexander Eduardo Hien Vu *NYU Langone Health*; Eduardo Somoza *NYC Health + Hospitals*; Tony Mei *NYU Langone*; Megan Jenkins *NYU Langone*; Loic Tchokouani *NYU Langone*; Marina Kurian *NYU Langone*; Babak Orandi *NYU Langone*; Tatiana Figueredo-Dietes *NYU Langone*; Jeffrey Lipman *NYU Langone*; Julia Park *NYU Langone*; Patricia Chui *NYU Langone*; John Saunders *NYU Langone*; Allan Massie *NYU Langone*

Introduction: GLP-1 receptor agonist (GLP1-RA) use is increasing exponentially. Few studies directly compare the effectiveness of the newer GLP1-RAs (semaglutide and tirzepatide) to bariatric surgery, the gold-standard treatment for obesity and diabetes.

METHODS AND PROCEDURES: We identified 122,595 patients aged greater than or equal to 18 yo prescribed Injectable Semaglutide or Tirzepatide, compared to 18,136 patients who underwent minimally invasive sleeve gastrectomy or Roux en-Y gastric bypass at two large urban health systems from 2018-2024. %Total weight loss (%TWL) and HbA1C were followed for 2 years posttreatment. To account for GLP1-RA discontinuation, we performed intention-to-treat (any patients prescribed at least 6 months' GLP-RA) and per-protocol (only patients with continuous GLP1-RA orders) analyses using 1:1 propensity matching on age, baseline BMI greater than or equal to 35, and HbA1c.

Results: 14,152 propensity matched patients were studied. GLP1-RA patients had significantly higher rates of diabetes, hyperlipemia, and COPD compared to surgery patients. In the intention-to-treat analysis (N=7076 GLP1-RA vs. 7076 surgery), bariatric surgery was associated with more weight loss at all time points (2 year %TWL -25.7±14.9 for surgery vs. -5.3±10.5 for GLP1-RA, $p<0.001$). In the per-protocol analysis (146 GLP1-RA, 146 bariatric surgery), the difference in outcomes was attenuated, but surgery patients still had significantly more weight loss at all time points (2 year weight loss -24.6±13.9 for surgery vs.-7.6 ±11.1 for GLP1-RA, $p<0.001$). Bariatric surgery was associated with superior HbA1c control (2 year change -0.2 points vs -0.5 points, $p<0.001$).

Conclusions: Bariatric surgery is associated with superior sustained, long term weight loss and diabetes control compared to GLP-1RAs among patients eligible for both options.

4P8MDVGMNQ

ADVANCEMENTS IN SELF-FORMING MAGNETIC ANASTOMOSIS FOR BARIATRIC SURGERY: FEASIBILITY AND EARLY OUTCOMES

Mohit Bhandari *Mohak Bariatrics and Robotic Surgery Centre, Sri Aurobindo University, Indore*; Winni Mathur *Mohak Bariatrics and Robotic Surgery Centre, Sri Aurobindo University, Indore*; Susmit Kosta *Mohak Bariatrics and Robotic Surgery Centre, Sri Aurobindo University, Indore*; Manoj Reddy *Mohak Bariatrics and Robotic Surgery Centre, Sri Aurobindo University, Indore*

Introduction: Magnetic anastomosis technology is a cutting-edge advancement in bariatric surgery, aiming to reduce complications such as leaks and bleeding while simplifying surgical techniques. This innovation holds the potential to enhance procedural safety and efficiency, making it a promising tool in the evolving landscape of bariatric interventions. This study evaluates the feasibility, safety, and efficacy of self-forming magnetic anastomosis (SFM) in various bariatric procedures, including duodenal-ileal bypass for sleeve revision, jejunal-jejunal anastomosis in Roux-en-Y gastric bypass (RYGB), and single anastomosis duodenal ileostomy bypass with sleeve gastrectomy (SADI-S).

Methods: In a series of prospective, non-randomized single-center trials, SFM devices were utilized alongside a novel laparoscopic enterotomy control and capture (ECC) device. The procedures were performed on obese and super-obese patients with BMIs ranging from 31.4 to 52.3 kg/m^2. The anastomoses were created intraluminally using SFM technology, with outcomes including procedure time, post-operative adverse events (AEs), percentage of total weight loss (%TWL), and device performance.

Results: Among 20 patients, all surgeries were completed without conversion, mortality, or significant AEs. Anastomosis creation took 14–18 minutes, with magnets expelled naturally within 8–15 days. At 12 months, %TWL reached 21.5% for sleeve revisions, 31.9% for RYGB, and 41.5% for SADI-S. No device-related pain or retention was reported, and intermediate %TWL results demonstrated progressive weight loss.

Conclusion: SFM technology offers a safe, efficient, and standardized approach to bariatric surgery. Future research should explore its long-term outcomes and applications in other surgical fields.

DMVGV6PGQV

MARKED DISPARITIES IN CANCER SCREENING WITH WORSENING OBESITY SEVERITY: INSIGHTS FROM THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

Florina Corpodean *Pennington Biomedical Research Center / LSU-HSC*; Michael Kachmar *Pennington Biomedical Research Center*; Michael Cook *LSU-HSC*; Philip Schauer *Pennington Biomedical Research Center*; Vance Albaugh *Metamor Metabolic Institute at Pennington Biomedical Research Center*

Introduction: Preventive cancer screening is essential for early detection, but whether individuals with obesity face screening barriers is unclear, despite obesity predisposing to various cancers. This study tested whether increasing BMI is negatively associated with likelihood of undergoing cancer screenings using a national dataset.

Methods: Behavioral Risk Factor Surveillance System (BRFSS) data (2012, 2014, 2016, 2018, 2020) examined 1,766,157 participants. Regression models, incorporating complex survey design and weighting for BRFSS sampling, assessed associations between BMI categories (30-40, 40-50, 50-60, 60+) and likelihood of ever having had a fecal occult blood test (FOBT), colonoscopy/sigmoidoscopy, PAP smear, mammogram, or PSA test, compared to BMI 25-30.

Results: For colorectal cancer screening, odds ratios (OR) and 95% confidence intervals (CI) indicated significantly lower odds of sigmoidoscopy/colonoscopy among patients with BMI 40-50 (0.87, 0.838-0.907), 50-60 (0.63, 0.57-0.69, $p<0.05$), and 60+ (0.44, 0.36-0.54, $p<0.0001$). BMI 50-60 (0.97, 0.88-1.07) and 60+ (0.86, 0.69-1.78) showed non-significant trends for lower odds of FOBT. For women's cancer screening, BMI 60+ was associated with reduced odds of PAP smear (0.69, 0.48-0.99, $p<0.05$). Mammography odds were lower across all groups: BMI 40-50 (0.84, 0.80-0.87), 50-60 (0.76, 0.69-0.84), and 60+ (0.73, 0.60-0.89, $p<0.0001$). Men had lower odds of PSA testing across all BMI groups: 30-40 (0.93, 0.91-0.95), 40-50 (0.69, 0.65-0.73), 50-60 (0.54, 0.46-0.63), and 60+ (0.45, 0.32-0.64, $p<0.0001$).

Conclusion: Increasing BMI is associated with significantly lower odds of routine cancer screening for colorectal, cervical, breast and prostate cancers. This disparity suggests biases that limit participation and predispose to delayed or advanced cancer diagnosis. Targeted strategies are needed to address these disparities and improve access and treatment for this vulnerable population.

PRGGA98GRY

FROM DISABILITY TO PRODUCTIVITY: THE IMPACT OF METABOLIC AND BARIATRIC SURGERY ON RETURN TO WORK

Justin Dhyani *Jersey Shore University Medical Center*; Samuel Wyman *Geisinger School of Medicine*; Craig Wood, Ms *Geisinger Medical Center*; Arash Rahimi-Ardabily *Geisinger Medical Center*; Ryan Horsley, Do *Geisinger Medical Center*; Anthony Petrick, Md *Geisinger Medical Center*; Mark Mahan, Do *Geisinger Medical Center*; Alexandra Falvo, Md *Geisinger Medical Center*; Vladan Obradovic, Md *Geisinger Medical Center*; David Parker, Md *Geisinger Medical Center*; Tiffany Tse *Geisinger Medical Center*; Osama Shaheen *Geisinger Medical Center*

Introduction: Metabolic and Bariatric Surgery (MBS) remains the most successful treatment of obesity and its related comorbid conditions. MBS has demonstrated improvements in physical functioning, hip and knee pain, quality of life, and control of comorbid conditions. Our goal was to determine the impact of MBS on unemployed disabled patient's ability to return to the workforce.

Methods: A prospectively maintained MBS database was used to identify patients with known preoperative employment status, age 18-59, who underwent primary MBS between 2006-2022. Employment status was extracted from the medical record to identify patients unemployed due to disability. The overall time until return to work (RTW) was evaluated using Kaplan-Meier analysis and compared between demographic groups using Log-Rank tests.

Results: Of the 6534 eligible patients, 9.6% (n=625) self-reported as not working due to disability during the preoperative period. The rate of self-reported RTW was 10.5%, 17%, 44.3%, at 2, 4, and 10-years respectively. The median total follow-up was 5.7 years. Younger age was associated with shorter time until RTW ($p=0.026$) but no statistically significant difference was associated with sex ($p=0.948$), race ($p=0.663$), BMI ($p=0.668$), or surgery type ($p=0.722$).

Conclusion: We found that over 40% of unemployed disabled patients were able to RTW 10 years after MBS and nearly 60% of these patients under 40 years old RTW after 10 years. These findings demonstrate that MBS has important collateral benefits for both patients and the American work force.

WRVLJNBLRP

DIRECT ORAL ANTICOAGULANTS VERSUS ENOXAPARIN FOR EXTENDED THROMBOPROPHYLAXIS AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY

Avery Brown *NYU Langone Health*; Elizabeth S. Li *NYU Langone Health*; Suhani Patel *NYU Langone Health*; Allan Massie *NYU Langone Health*; Peculiar Ihunwo *NYC Health & Hospitals*; Ariel Schaap *NYU Langone Health*; Eduardo Somoza *NYC Health + Hospitals*; Babak Orandi *NYU Langone Health*; Dorry Segev *NYU Langone Health*; Manish Parikh *NYU Langone Health*; Karan Chhabra *NYC Health and Hospitals*

Introduction: Extended-course enoxaparin is increasingly utilized after bariatric surgery to prevent venous thromboembolism (VTE), the leading cause of death following bariatric surgery. Direct oral anticoagulants have been validated for extended prophylaxis outside of bariatric surgery and are offered to patients in our program who cannot tolerate or obtain enoxaparin. We evaluated the safety and efficacy of apixaban 2.5 mg BID relative to enoxaparin 40 mg BID for 28 days post-discharge following sleeve gastrectomy.

Methods: Patients $\geq$18 undergoing laparoscopic sleeve gastrectomy from 2020-2024 at a single highvolume urban academic center were included. Bleeding and thrombosis outcomes within

30 days post op were analyzed between patients receiving enoxaparin 40 mg BID or apixaban 2.5 mg BID. T-tests and Fisher's exact testing were used to assess differences in bleeding and thrombosis events post op.
Results: 5293 patients were included for analysis (5108 enoxaparin 40 mg BID, 185 apixaban 2.5 mg BID). Mean BMI was similar among anticoagulant groups (39.2 vs 40.8, p=0.61). The 30-day thrombosis rate was significantly lower with enoxaparin vs apixaban (0.1% vs. 1.6%, p<0.001). Readmission for bleeding or reoperation for bleeding within 30 days were also significantly less frequent with enoxaparin vs apixaban (0.5% vs. 2.2%, p=0.02). When stratified by BMI, apixaban was associated with higher bleeding and thrombosis rates in the BMI 30-39.9 range (2.1% vs 0.1%), but not 40+ range (1.3% vs 0.1%).
Conclusions: Enoxaparin is more effective and safer, with lower thrombosis and bleeding rates, than apixaban for extended thromboprophylaxis following sleeve gastrectomy.

Top Papers Session II
Tuesday, June 17th, 2025
10:15 AM – 12:00 PM

6A4B6GLBAP

IMPACT OF FOOD DESERTS ON WEIGHT LOSS AND WEIGHT REGAIN FOLLOWING BARIATRIC SURGERY

Andrew *Barnes Ochsner Health*; Jessica Koller-Gorham *Barnes Ochsner Health*; Paige Guia *Ochsner Health*; Prarthana Somaiah *Ochsner Health*; Samantha Beland
Introduction: Bariatric surgery is a well-established treatment for obesity, leading to significant weight loss and improvement in comorbidities. Residing in food deserts has shown to impact outcomes across many different surgical fields, but few studies have explored its impact on post-surgical weight loss and weight regain following bariatric surgery.
Method: A retrospective review of patients undergoing bariatric surgery at a single institution from 2014-2020 was performed. Pre-operative weight and post-operative weight data were obtained at 1, 3, and 5 years after surgery using a prospectively maintained database. Food desert status was derived from the USDA Food Access Research Atlas based on addresses at the time of surgery.
Results: Out of the cohort, 773 patients had weight data at the 1, 3, and 5 years post-operatively. Of These 157 patients (20.3%) resided in a food desert at the time of surgery. Pre-operative BMI were similar between the two groups (44.3 vs 44.6, p = 0.768). We found no significant difference between percent excess BMI lost at each time point (1 Year: 44.5% vs 47.2%, p = 0.17 | 3 Year: 35.3% vs 36.2%, p = 0.73 | 5 Year: 31.3% vs 33.5%, p = 0.40).
Conclusion: Our data suggests that residing in a food desert does not significantly impact the percent excess BMI lost following bariatric surgery. While there was a trend towards less excess BMI loss in the food desert group, these results demonstrate the power of bariatric surgery to produce dramatic weight loss regardless of food access and income.

4BYRJY5RX8

COMPARATIVE ANALYSIS OF RACIAL DISPARITIES BETWEEN ADOLESCENT AND ADULT PATIENTS UNDERGOING BARIATRIC SURGERY: NATIONWIDE ANALYSIS FROM THE MBSAQIP DATABASE

Allison Frederick *MUSC Health University Medical Center*; Georgia Lydon *Medical University of South Carolina*; Aaron Lesher *Medical University of South Carolina*; Mary Kate Bryant *Medical University of South Carolina*
Introduction: Metabolic surgery has emerged as a safe and efficacious treatment for adolescents and adults with obesity, although racial disparities exist in the bariatric population. This study analyzed patient characteristics and perioperative outcomes to determine if racial disparities differ across age groups in bariatric patients.
Methods: Adolescents (<=19 years) and adults (>19 years) who underwent sleeve gastrectomy or gastric bypass from 2020-2022 were identified in the national MBSAQIP datafile. Patient characteristics and 30-day outcomes were compared by race and age group.
Results: 2,829 adolescents (n=793, 28% black) and 434,775 adults (n=102,973, 23.7% black) were included. Preoperative median BMI was higher in black vs white adolescents (48.6 vs 45.4, p<0.001) and black vs white adults (45.3 vs 43.3, p<0.001). Comorbidity burden was similar between black and white adolescents. Black adults had higher rates of T2DM, HTN, and renal insufficiency, p<0.001. Black adolescents (7.1% vs 3.5%) and adults (4.1% vs 3.1%) were less likely to receive perioperative VTE prophylaxis versus white patients, p<0.001. Incidence of post-operative PE was higher in black adolescents (0.3% vs 0%, p=0.02) and adults (0.2% vs 0.09%, p<0.001).
Conclusion: Disparities exist for black adolescents and adults undergoing bariatric surgery. While most outcomes were not clinically significantly worse in black patients, ensuring appropriate VTE prophylaxis is an important modifiable target for improving outcomes. Black patients in both age groups had higher utilization of post-operative resources and may represent an opportunity for additional education and early follow-up in this population.

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MARGINAL ULCERATION AFTER CONVERSION OF SLEEVE GASTRECTOMY TO ROUX-EN-Y GASTRIC BYPASS

Fadlullah Ba'Th *Cleveland Clinic*; Xiaoxi Feng *Cleveland Clinic*; Rickesha Wilson *Cleveland Clinic*; Toms Augustin *Cleveland Clinic*; Jerry Dang *Cleveland Clinic*; Walter Cha *Cleveland Clinic*; Kalman Bencsath *Cleveland Clinic*; Chao Tu *Cleveland Clinic*; Roberto Simons-Linares *Cleveland Clinic Foundation*; Andrew Strong *Cleveland Clinic*; Salvador Navarrete *Cleveland Clinic*; Ricard Corcelles Codina *Cleveland Clinic*; Jesse Gutnick *Cleveland Clinic*; Alex Milinovich *Cleveland Clinic*; Matthew Kroh *Cleveland Clinic*
Introduction: Patients who undergo Roux-en-Y gastric bypass (RYGB) are at risk to develop marginal ulceration. The aim of this study was to examine the long-term risk of marginal ulceration

after primary RYGB and following conversion of sleeve gastrectomy to RYGB (SG-to-RYGB).

Method: This retrospective study included patients who underwent primary RYGB or SG-to-RYGB at an academic US health system between 2015 and 2023. Follow-up ended in January 2025. The Kaplan-Meier method estimated time to incident marginal ulcer.

Results: The study included 1,909 patients who underwent primary RYGB and 202 patients who underwent SG-to-RYGB. During the follow-up time of 3.8±2.9 years, 280 primary RYGB patients and 42 SG-to-RYGB patients developed a marginal ulcer. The cumulative incidence of marginal ulcer at 5 years was 17% (95%CI: 15%-19%) in the primary RYGB group and 28% (95% CI: 19%-36%) in the SG-to-RYGB group. The cumulative incidence of marginal ulcer at 8 years was 19% (95%CI: 17%-22%) in the primary RYGB group and 35% (95%CI: 21%-47%) in the SG-to-RYGB group and (Figure 1). The median time to ulcer diagnosis was 7.2 months (IQR: 2.4-21.6) in the primary group and 9.6 months (IQR: 3.6-26.4) in the conversion group. In the SG-to-RYGB group, there was no difference in risk of incident marginal ulcer among patients who underwent RYGB primarily for GERD or for inadequate weight loss following sleeve gastrectomy.

Conclusion: In long-term follow-up, approximately one out of 5 patients following primary RYGB and one out of 3 patients following SG-to-RYGB may develop marginal ulceration.

R85QMYAQ8L

THE VALUE OF PATIENT SELECTION IN SAME-DAY DISCHARGE IMPLEMENTATION: INSIGHTS FROM MBSAQIP DATABASE

Sara Saeidishahri *Hartford Hospital*; Amir Ebadinejad *Center for Obesity Research, Innovation, and Education (CORIE), Hartford Hospital, Hartford, CT*; Yin Wu *Center for Obesity Research, Innovation, and Education (CORIE), Hartford Hospital, Hartford, CT*; Tara Mclaughlin *Center for Obesity Research, Innovation, and Education (CORIE), Hartford Hospital, Hartford, CT*; Edward Hannoush *Center for Obesity Research, Innovation, and Education (CORIE), Hartford Hospital, Hartford, CT*; Dale Bond *Hartford HealthCare*; Darren Tishler *Hartford HealthCare*; Pavlos Papasavas *Hartford HealthCare*

Introduction: Same-day discharge (SDD) in sleeve gastrectomy (SG) is gaining popularity but requires careful patient selection. This study evaluated the risk profile of SG patients with SDD and assessed 30-day serious adverse events (SAE) in patients with SDD and next-day discharge (NDD).

Method: MBSAQIP database (2020–2023) used to identify primary SG patients and classify into SDD and NDD. Within the SDD and NDD groups, patients were categorized as low-risk (LR) [age<65 yrs, BMI <50 kg/m^2, and no history of foregut surgery, diabetes, sleep apnea, cardiovascular disease, kidney disease, immunosuppression or thromboembolic events] and high-risk (HR) [patients with at least one of the above conditions]. Logistic regression models assessed odds of SAE (i.e. comprehensive complication index ≥26.2) between SDD and NDD based on risk categories and cumulative number of risk factors.

Results: Among 523,122 SG cases, we identified 40,379 SDD (50.4% LR, 49.6% HR) and 281,612 NDD (41.2% LR, 58.8% HR). The odds of HR patients experiencing SAE were significantly higher in SDD group compared to NDD (OR: 1.26, CI: 1.09-1.45, p=0.001); in the LR group, SDD was not associated with an increased incidence of SAE (p=0.11). Among high-risk SDD, 66.7% patients had one RF, 25.7% had two and 6.1% had ≥ 3. Logistic regression demonstrated that compared to patients with a single RF, those with two RF and ≥3RF were significantly more likely to experience SAEs (OR = 1.40 and 2.10, respectively; p < 0.01). Furthermore, mortality was significantly higher in high-risk SDD group compared to LR patients (14 vs. 4 deaths, OR: 3.40, p<0.001).

Conclusion: This study demonstrates that 50% of the SDD SG patients were considered high-risk and 32% had multiple risk factors. Performing SG with SDD in high-risk patients is associated with a greater likelihood of SAE. Results warrant implementation of risk stratification models to ensure patient safety while maximizing the benefits of SDD.

WQK9V7R9QA

IDENTIFYING MICRORNA PREDICTORS OF WEIGHT LOSS AFTER BARIATRIC SURGERY

Bixiao Zhao *Lahey Hospital & Medical Center*; Kailey Hooper *Lahey Hospital & Medical Center*; Travis Sullivan *Lahey Hospital & Medical Center*; Piyush Gupta *MedStar Georgetown University Hospital*; Jacob Nudel *Boston Medical Center*; Kimberly Christ *Lahey Hospital & Medical Center*; Dmitry Nepomnayshy *Lahey Hospital & Medical Center*

Introduction: Bariatric surgery is an effective treatment for obesity. However, the degree of postoperative weight loss can vary greatly between patients and the rationale behind such disparity remains unclear. Recent studies have shown how genetics contribute to the response to bariatric surgery, but little is known about the role of microRNAs (miRNAs) in this setting. We aimed to identify miRNA candidates that regulate postoperative weight loss in a cohort of bariatric surgery patients.

Methods: Total RNA was isolated from patients' blood collected at their initial consult visit for bariatric surgery (Roux-en-Y gastric bypass or sleeve gastrectomy), per approved IRB protocol. Weight loss was quantified as percentage of excess body mass index loss (EBMIL) after 1 year. Patients were divided into two groups: high weight loss (HWL) (EBMIL >70%) and low weight loss (LWL) (EBMIL <50%). Twenty samples from each group were selected for small RNA sequencing on an Illumina platform. Differential expression between groups was examined to identify miRNA candidates.

Results: HWL and LWL groups were similar in baseline demographics and makeup of operative procedures. A total of 5,666 unique miRNAs were detected. After rigorous quality control and comparison of miRNA profiles, 3 exhibited significant differential expression: miR1914-3p (P = 4.9 x 10-6), miR-664b-5p (P = 1.7 x 10-5), and miR-370-3p (P = 1.7 x 10-4). All 3 miRNAs exhibited higher expression in the LWL group. Downstream analyses revealed PTCD1 as a potential genetic target and enrichment for biologic pathways involving cellular metabolism and adipocyte differentiation.

Conclusion: Several miRNAs demonstrate differential expression and may be predictive of outcomes in patients with robust versus poor weight loss after bariatric surgery. These results can assist with personalized treatment decisions and serve as a foundation for additional studies on the impact of miRNAs on postoperative response.

IH Top Oral Abstracts
Tuesday, June 17th, 2025
8:00 AM – 9:30 AM

ABJWPL0W9Y

COMPARATIVE RISK OF PSYCHIATRIC DISORDERS FOLLOWING GLP-1 RECEPTOR AGONIST THERAPY VS. BARIATRIC SURGERY: A PROPENSITY SCORE-MATCHED ANALYSIS

Abdallah Attia *Tulane University*; Eman Toraih *Tulane University*; John Baker *Tulane University*; Dietric Hennings *Tulane University*; Shauna Levy *Tulane University*

Introduction: Psychiatric disorders are prevalent among individuals with obesity, and treatment modality may influence mental health outcomes. This study compares the risk of psychiatric disorders in patients treated with GLP-1 receptor agonists (GLP-1 RA) versus metabolic and bariatric surgery (MBS) over a five-year follow-up.

Methods: A retrospective cohort analysis using the TriNetX database compared patients undergoing MBS to those initiating GLP-1 RA therapy. Propensity score matching was employed to balance demographic and clinical characteristics. Patients with a history of psychiatric disorders were excluded to assess new-onset conditions. GLP-1 RAs included semaglutide, liraglutide, and dulaglutide. The follow-up period lasted up to five years. Psychiatric outcomes were evaluated using risk ratios (RR), hazard ratios (HR), and KaplanMeier survival analysis.

Results: After propensity score matching, each cohort included 33,600 patients. The MBS group had a mean age of 46.2 years (±13.6), with 79.1% female, while the GLP-1 RA group had similar demographic profiles post-matching. MBS was associated with a significantly lower risk of anxiety disorders (HR: 0.60, 95% CI: 0.55–0.66), substance use disorders (HR: 0.61, 95% CI: 0.54–0.71), and cognitive deficits (HR: 0.36, 95% CI: 0.23–0.58). Psychotic disorders (OR: 0.67,% CI: 0.31–1.3) and PTSD showed no significant differences. Rare conditions, including dissociative and impulse-control disorders, showed no meaningful differences between groups.

Conclusion: MBS confers significant psychiatric benefits compared to GLP-1 RA therapy, particularly for anxiety, substance use, and cognitive disorders. These findings emphasize the need to consider mental health outcomes when selecting treatment modalities for individuals with obesity. Future research should explore mechanisms underlying these benefits to guide personalized treatment strategies.

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FEASIBILITY, ACCEPTABILITY, AND COUPLE CHARACTERISTICS FROM PILOT RANDOMIZED TRIAL OF RECONNECT POSITIVE PSYCHOLOGY INTERVENTION POST-BARIATRIC SURGERY

Larissa Mcgarrity *University of Utah*; Alexandra Terrill *University of Utah*; Anna Ibele *University of Utah*; Lisa Aspinwall *University of Utah*; Ella Gaskin *University of Utah*

Introduction: Despite significant improvements for patients pre-to-post-MBS in many domains, our research team has documented declines in relationship satisfaction, social support, and adaptive coping by 3 years post-MBS that threaten long-term quality of life. We developed a fully-remote, self-administered, dyadic positive psychology intervention for MBS patients and romantic partners, called ReConnect (Reimagining Us in the Context of Bariatric Surgery), focused on optimizing resilience and countering stigma.

Method: 40 couples involving one partner 1-3 years post-MBS were enrolled and randomized in an NIH/NCATS K12-funded pilot waitlist-control trial evaluating ReConnect across 16 weeks (ClinicalTrials.gov ID#NCT05958615). Couples (ages 26-64, relationship length 3-45 years, 42% racial/ethnic minority or mixed race, 65% less than college degree, 18% lesbian/gay/bisexual) endorsed a range of depressive symptoms and relationship distress at baseline.

Results: Pre-specified feasibility metrics were exceeded: retention>80% (97.5%), weekly surveys and intervention activity completion >70% (89.5%), outcome assessment completion >90% (97.5%). Moderate to high overall satisfaction ratings with ReConnect were endorsed by 88.6% of patients (M=3.3/4) and 91.2% of partners (M=3.3/4), with gratitude activities perceived by both as most beneficial. Patients also endorsed high satisfaction with positive focus and intimacy modules while partners endorsed finding meaning and acts of kindness. Qualitative feedback supported and expanded quantitative results.

Conclusion: It is feasible to recruit and retain a diverse sample of post-bariatric surgery couples in an intervention clinical trial following an iterative patient-centered development process. Metrics suggested highly favorable satisfaction and acceptability ratings of ReConnect. Intervening at the couple level for MBS patients is novel, feasible, acceptable, and holds promise for improving long-term psychosocial health.

4NGW05VWN0

HYPOGLYCEMIA FOLLOWING METABOLIC AND BARIATRIC SURGERY: EVIDENCE FROM OBJECTIVE AND SUBJECTIVE ASSESSMENT METHODS

Gail Kerver *Sanford Health*; Scott Engel *Sanford Health*; Glen Forester *Sanford Health*; Leslie Laam *Sanford Health*; David Sarwer *Temple University*; Stephen Wonderlich *Sanford*; Kristine Steffen *Department of Pharmaceutical Sciences, North Dakota State University, Fargo, North Dakota*

Introduction: Hypoglycemia (glucose < 70 mg/dL) is a potential complication following metabolic and bariatric surgery (MBS). Hypoglycemia purportedly occurs 1-3 hours after eating refined carbohydrates (i.e., “late dumping syndrome”) and thus can generally be managed with changes to dietary intake. However, patients may be unaware of its occurrence in the moment, as associated symptoms can be non-specific (e.g., dizziness, anxiety). To better understand hypoglycemia following MBS, this study utilized a unique combination of assessments to compare the subjective self-report of hypoglycemic symptoms, as measured via ecological momentary assessment (EMA), with objectively-collected hypoglycemia data from continuous glucose monitoring (CGM).

Method: Participants were 44 adults (Mage=43.5 years; 84.1% female; 95.5% white) who completed 10 days of EMA and CGM one year after undergoing Roux-en-Y gastric bypass. During EMA, participants identified how many of 18 hypoglycemic symptoms they experienced since the last assessment.
Results: The CGM data showed that, objectively, ~66% of participants (n=29) experienced at least one daytime hypoglycemic event (range=1-23 episodes/person, average episode duration=33 minutes). The total number of subjective, EMA-endorsed hypoglycemic symptoms did not correspond with the occurrence of a hypoglycemic event captured by CGM (B=.14, SE=.10, p=.145). However, multilevel models revealed that participants were more likely to report during EMA that they felt "shaky", "lightheaded", and had "coordination problems/clumsiness" (FDR corrected p-values<.05) during periods of time coinciding with hypoglycemic events identified by CGM.
Conclusion: Many patients are at risk for hypoglycemia post-MBS. If objective assessment methods are unavailable, several subjective symptoms may serve as the most likely indicators of hypoglycemia at the moment.

MQDXMN0XQA

A META-ANALYSIS OF PRE-SURGICAL WEIGHT STIGMA EXPERIENCES ON POST-SURGICAL WEIGHT CHANGE: FUTURE DIRECTIONS FOR BARIATRIC SURGERY OUTCOMES

Hannah Farnsworth *University of Utah*; Dakota Leget *University of Florida*; Lara Lacaille *University of Minnesota Duluth*; Rick Lacaille *University of Minnesota Duluth*; Afton Koball *Mayo Clinic*
Background: Experiencing weight stigmatization (EWS) is linked to maladaptive eating behavior, poorer mental health, and an increased risk of weight gain, which may negatively impact post-bariatric surgery outcomes.
Method: This pre-registered meta-analysis–conducted following PRISMA guidelines–included quantitative studies measuring EWS in bariatric patients pre- and post-surgery (12 or 24 months) or examining the association between pre-surgical EWS and post-surgical weight change.
Results: Thirty-six studies were included, with 24 and 14 studies reporting on EWS over 12 months (N=2,644) and 24 months (N=3,329), respectively. Six studies (N=537) reported on EWS predicting post-surgical weight loss. Findings revealed a reduction of EWS across all studies with large effects for both post-operative time points (12 months Hedges' g=1.31, CI:1.13,1.50; 24 months Hedges' g=1.18, CI:1.00,1.35). Pre-surgical EWS was not significantly associated with weight loss (r=0.16, CI:-0.07,0.37, p>.05). Moderator analysis of surgery type demonstrated a statistically significant difference between RYGB and LAGB at only 12 months post-surgery (Hedges' g=1.28 vs. 0.87, Q=3.89, p<.05).
Conclusion: EWS was reduced post-surgery, presumably due to people being less stigmatized at a lower body weight. The degree to which EWS were correlated with surgery outcomes was inconsistent as a predictor. However, few studies reported on such associations. Researchers are encouraged to report data that will aid in our understanding of the relationship of weight stigma on bariatric surgery outcomes.

79XMZ07M8N

VERBAL WEIGHT RELATED ABUSE AND DISORDERED EATING IN MBS

Genna Hymowitz *Stony Brook Medicine*; Mashrikazaman Khan *Stony Brook Medicine*; Jessica Salwen-Deremer *Dartmouth Hitchcock Health System*; Caroline Sanicola *Stony Brook Medicine;* Colleen Schreyer *John Hopkins Medicine*
Introduction: Verbal weight-related abuse (vWRA), a form of weight-related stigma, is linked to disordered eating and psychological distress; in the general population it predicts disordered eating behaviors better than experiences of weight related teasing and general childhood trauma. Few studies have examined vWRA among patients preparing for metabolic and bariatric surgery (MBS). This study evaluated the prevalence of vWRA and its relationship with depression and disordered eating in a racially diverse sample of adults enrolled in an MBS program.
Method: Participants (n = 669) completed measures assessing psychosocial functioning, including exposure to vWRA and its emotional impact. Mean age was 41.6 (± 11.35) years, and the majority identified as female (83.3%) and African American (53.4%) or White (35.4%), with an average BMI of 47.52. (+8.43).
Results: Most respondents (71.75%) experienced vWRA at least once annually before age 21, with 7% - 13% reporting over 20 instances per year. Analyses revealed associations between vWRA and symptoms of depression (r = .301 p <.01), binge eating (r = .248, p <.01), and night eating syndrome (r =.224, p <.01). Individuals who endorsed previous vWRA reported higher levels of depressive (t(380) = -3.912, p <.01), binge eating (t(657) = -3.786 p <.01) and night eating (t(665) = -2.625, p <.01) symptoms. Results indicated the interaction of vWRA and the impact of vWRA predicted binge eating symptoms (β = .545, p <.01).
Conclusion: Findings demonstrate a significant association between vWRA, depression, and disordered eating in patients preparing for MBS, and that the impact of vWRA dictates the relationship between vWRA and binge eating, highlighting the need for assessing and addressing vWRA in this population.

QDVMV4RMWM

THE IMPACT OF PATIENT-PROVIDER DISCUSSIONS OF METABOLIC AND BARIATRIC SURGERY ON LONGTERM CARDIOVASCULAR OUTCOMES

Nisarg Shah *Yale University School of Medicine*; Liyun He *Harvard University*; Abdelrahman Nimeri *Brigham and Women's Hospital*; Lee-Shing Chang *Brigham and Women's Hospital*; Fritha Morrison *Mass General Brigham*; Zhou Lan *Brigham and Women's Hospital*; Alexander Turchin *Brigham and Woman's Hospital*
Introduction: Metabolic and bariatric surgery (MBS) is a proven intervention for sustained weight loss and cardiovascular (CV) risk reduction for individuals with moderate to severe obesity. However, MBS remains underutilized, partly due to gaps in patient-provider discussions about its benefits.
Methods: We conducted a retrospective cohort study of adults aged 18-65 with a BMI $\geq$ 35 kg/m^2 treated at the Mass General Brigham system between 2000-2020. Natural language processing was used to identify MBS discussions from electronic health

records. We studied the relationship between patient-provider MBS discussions and the composite primary outcome of myocardial infarction, ischemic stroke, heart failure hospitalization, or all-cause mortality.

Results: Among 129,686 study patients, median BMI was 37.3 kg/m2; 79,170 (61.1%) were women and 79,089 (60.1%) were age < 50y. Only 6009 (4.6%) patients had one MBS discussion with their provider over 1 year after study entry; 5284 (4.1%) had ≥2 discussions. Patients who had ≥2 MBS discussions were more likely (OR 7.88; 95% CI 7.66-8.11; p < 0.001) to undergo MBS within 1 year. Over a mean of 6.5 years of follow-up, propensity score adjusted cumulative incidence of the primary outcome was 3.3% vs. 4.8% (p = 0.015) for patients <50y with vs. w/o ≥2 MBS discussions and 16.1% vs. 17.2% (p = 0.624) for patients ≥50y. In propensity score-adjusted multivariable analysis, patients <50y who had ≥2 MBS discussions had a lower risk of the primary outcome (HR 0.72, 95% CI 0.54-0.95, p=0.02). This relationship was attenuated by inclusion of receipt of MBS in the statistical model. No significant association was observed in patients ≥ 50y.

Conclusion: MBS discussions are a critical intervention to improve CV outcomes in younger patients with obesity, highlighting the need for proactive counseling. Efforts to increase counseling rates could enhance access to this effective treatment of obesity, ultimately decreasing long-term CV risk.

Top Videos I

Tuesday, June 17th, 2025

1:30 PM- 3:00 PM

G906RZ5696

BELLY FLOP! SYMPTOMATIC DISPLACEMENT OF REMNANT STOMACH ONE YEAR AFTER SLEEVE TO GASTRIC BYPASS CONVERSION: A CASE REPORT

Michael Kachmar *Pennington Biomedical Research Center*; Hector Garcia Navas *Pennington Biomedical Research Center / LSU-HSC*; Florina Corpodean *Pennington Biomedical Research Center / LSU-HSC*; Michael Cook *LSU-HSC*; Vance Albaugh *Metamor Metabolic Institute at Pennington Biomedical Research Center*; Philip Schauer *Pennington Biomedical Research Center*

Introduction: In this video we describe a rare case of symptomatic migration of the remnant stomach over 1-year following conversion of sleeve gastrectomy to Roux-en-Y gastric bypass (RYGB) for severe reflux and gastroparesis.

Case Presentation: A 45-year-old female with prior sleeve gastrectomy and conversion to RYGB presented with three days of worsening mid and right lower quadrant (RLQ) abdominal pain. Preoperative imaging confirmed migration of the remnant stomach to the RLQ, correlating with the patient's symptoms. Diagnostic laparoscopy was performed, followed by adhesiolysis and three-point suture-pexy to reposition the remnant stomach into the left upper quadrant (LUQ).

Results: The patient's symptoms resolved immediately postoperatively. She tolerated diet advancement and was discharged home on postoperative day one. Follow-up at two and four weeks confirmed sustained symptom resolution and healed incisions.

Conclusion(s): Symptomatic remnant stomach migration following RYGB conversion is rare. Suture-pexy is a safe and effective technique for anatomical correction, with no short-term recurrence or torsion risk observed.

PBJDXZKDBY

ESOPHAGOJEJUNOSTOMY AFTER MULTIPLE FAILED FUNDOPLICATIONS, COLLIS GASTROPLASTY, AND LEAKS

Simon Rodier *Mayo Clinic*; Noura Jawhar *Mayo Clinic, Rochester*; Sara Bocchinfuso *Mayo Clinic, Rochester*; Nour El Ghazal *Mayo Clinic*; Tala Abedalqader *Mayo Clinic, Rochester*; Simon J. Laplante *Mayo Clinic*; Omar Ghanem *Mayo Clinic*

This video highlights the management, intra-operative decision making and technical details involved in the case of a female in her 50s with a history of GERD who had undergone two prior Nissen fundoplications followed by a Collis gastroplasty with Dor fundoplication. She was referred to us with a re-recurrent hiatal hernia and GERD symptoms. Her workup was also notable for an EGD with autoimmune metaplastic atrophic gastritis. She ultimately underwent laparoscopic esophagojejunostomy with total gastrectomy that was complicated by the EEA stapler tearing through her distal esophagus on the first attempt. The procedure was ultimately able to be completed, and her postoperative course was uncomplicated.

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HIATAL HERNIA REPAIR WITH ROUX-EN-Y GASTRIC BYPASS USING SELF-FORMING MAGNETS WITH AN IMMEDIATE FUNCTIONAL LUMEN FOR JEJUNOJEJUNOSTOMY CREATION

Melissa Felinski *UT Health Houston*; Shinil Shah *UT Health Houston*

Magnetic anastomotic techniques have been largely limited secondary to the lack of a standardized method to create an immediately functional lumen. This video demonstrates the technique of using self-forming magnets with an immediate functional lumen to create the jejunojejunostomy during robotic assisted laparoscopic hiatal hernia repair and Rouxen-Y gastric bypass. The patient is a 37 year old woman with class 3 obesity and associated comorbidities who had a prior history of laparoscopic cholecystectomy and pelvic laparoscopy for endometriosis. Technical steps demonstrated in this video include hiatal dissection, pars-flaccida approach to gastric pouch creation, 2-layered hand sewn gastrojejunostomy, and creation of the jejunojejunostomy using a magnetic anastomotic technique that results in an immediately functional lumen. The patient had no perioperative issues, and was discharged after a uneventful post operative course. Contrast study at approximately 1 week after surgery revealed the magnets to be in the right colon as well as one of the enterotomy capture devices near the hepatic flexure. Repeat contrast at approximately day 30 demonstrated complete elimination of both magnets as well as the enterotomy capture devices.

7A6064M0AY

SURGICAL MANAGEMENT OF GASTROBRONCHIAL FISTULA POST SLEEVE GASTRECTOMY BY ROBOTIC APPROACH

Thita Intralawan *Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand*; Voraboot Taweerutchana *Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand*

Introduction: AA 44-year-old male with a history of diabetes, dyslipidemia, hypertension, and morbid obesity underwent laparoscopic sleeve gastrectomy five months earlier. He developed a gastrobronchial fistula, confirmed by esophagogastroduodenoscopy (EGD) and an upper gastrointestinal series (UGIS), after initial esophageal stenting failed due to upper gastrointestinal bleeding. He was transferred to our hospital for further evaluation and management.

Method: After nutritional optimization with nasojejunal feeding, a robotic gastrobronchial fistulectomy, gastric pouch resection, and Roux-en-Y esophagojejunostomy with a doublelayer hand-sewn anastomosis were performed. The operation time was 2 hours and 50 minutes, with an estimated blood loss (EBL) of 50 mL.

Results: The patient had an uneventful recovery. Feeding via a jejunostomy tube was initiated on postoperative day (POD) 1, and UGIS on POD 5 confirmed no leakage, allowing progression to an oral diet. Tube feeding was discontinued within two weeks. He was discharged on POD 10 and showed no complications or readmissions at one-month and one-year followups.

Conclusion: Gastrobronchial fistulas are rare complications following sleeve gastrectomy but can lead to significant morbidity if not managed effectively. Successful management focuses on stabilizing the patient, optimizing nutrition, and planning definitive surgical repair. Definitive fistula management requires a tailored approach for each patient. Robotic assisted surgery provides precision and effective solutions for managing complex fistulas.

BQK45PZ4LN

NAVIGATING BOWEL LENGTH DISCREPANCIES DURING REVISIONAL SURGERIES AFTER PREVIOUS SINGLE ANASTOMOSIS DUODENO-ILEAL BYPASS - A VIDEO SERIES

Suraj Panjwani *Advanced Laparoscopic Surgery Associates*; Kelvin Higa *Fresno Heart and Surgical Hospital*; Jose Covarrubias *Community Medical Centers*; Carlos Delgado *AdventHealth Orlando*; Nicole Takeda *Community Health Partners*; Amarita Klar *Community Medical Centers*; Keith Boone *UCSF Fresno*; Pearl Ma *UCSF, Community Health Partners*

Introduction: Single Anastomosis Duodeno Ileal Bypass with Sleeve or SADI-S and the Biliopancreatic Diversion with Duodenal Switch are both tools for morbid obesity. DS may be a potential revision option after SADI for suboptimal weight loss or weight recurrence. Length of common channel can impact weight loss. Inconsistencies in measuring small bowel length exist and may be a challenge during revisional cases.

Methods: Here we present a video series of 3 cases that underwent a SADI procedure. During the revision to DS we noticed common channels were longer than 300 cms even though the index procedure was performed with a 300 cm common channel. This required taking down the duodeno-ileal anastomosis prior to re-measuring the bowel and completing the DS.

Results: Patients have lost 37 lbs (6 months), 67 lbs (1 year) and 21 lbs (1 month) after converting to DS.

Conclusion: With an increase in SADI procedures, we may see more patients who have suboptimal weight loss and may need to be revised. We must be ready to adapt If encountered with discrepant lengths as a long common channel may fail to reach its malabsorptive goals.

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LAPAROSCOPIC REPAIR WITH T-TUBE FOR LATE LARGE PERFORATED MARGINAL ULCER AFTER ROUX-EN-Y GASTRIC BYPASS

Pattharasai Kachornvitaya *Bangkok Hospital*; Suthep Udomsawaengsup *Bumrungrad International Hospital*

Introduction: Marginal ulcers are a recognized acid-related complication following laparoscopic Roux-en-Y gastric bypass. While acute perforation is rare, managing such cases surgically remains complex and underreported. In this video, we present a repair over a T-tube for treating a large, perforated marginal ulcer long after the initial surgery.

Method: A 71-year-old female underwent laparoscopic Roux-en-Y gastric bypass 8 years ago. She presented with severe abdominal pain lasting 3 days. Physical examination revealed generalized tenderness with guarding. Imaging showed intra-abdominal free air and a perforation site at the gastrojejunostomy anastomosis, indicating the need for urgent surgical intervention. The patient was positioned supine, and general anesthesia was administered. The operation was performed laparoscopically. Intraoperatively, a large perforated marginal ulcer, concealed by the omentum, was identified. The main steps of the procedure included: Repairing the perforation with absorbable sutures over a 21 Fr Ttube, reinforced with an omental patch, performing a feeding jejunostomy at the distal part of the Roux limb using a PEG kit and gastroscopy, and placing a drain under the repaired site.

Results: The treatment of marginal ulcers remains controversial, with no clear guidelines. The literature considers surgical repair, surgical anastomotic revision, and gastric bypass reversal as potential treatment options. Complicated intraoperative findings require a tailored approach.

Conclusion: Laparoscopic repair over a T-tube for a large, perforated marginal ulcer is a safe and effective procedure without the need for an anastomosis revision in cases of late, large perforated marginal ulcers.

BRA9QN79RP

CROUCHING DI, HIDDEN LUMEN: HAIRPIN KINK OF A DUODENAL SWITCH

Emmry Stimson *Touro University*; Olivia Haney *Northwell Health*; Chris Esposito *Northwell Health*; Caitlin Russell *Northwell Health*

Our patient is a 43-year-old female that presented with ongoing complaints of PO intolerance and GERD symptoms that began post operatively of gastric sleeve converted to duodenal switch completed 5

years prior. Initial endoscopy with GI was unable to find lumen after pylorus instead there was only a blind limb. UGI with good contrast progression through DI with small hiatal hernia. Repeat endoscopy located lumen with a hairpin turn at the DI. The patient was then referred to the Bariatric Team. She was only able to tolerate liquids, both in and out of the hospital. Patient consented to Robotic Lysis of Adhesions and Exploration. She was given ICG preoperatively to identify blind pouch limb. The procedure began with extensive lysis of adhesion. There was omentum caked to the anterior abdominal wall and the stomach was densely adhered to the undersurface of the liver. Dissection proceeded to separate omental adhesions from the ileum. We performed an on table endoscopy to confirm our anatomy as the bowel had dense interloop adhesions. Our endotower did not have imaging capabilities but confirmed the ileum was difficult to cannulate. The dissection continued to free up interloop adhesions in an attempt to straighten out the proximal ileum. We once again checked endoscopically if we had mobilized enough bowel to resolve the obstruction. It became clear, particularly on endoscopic insufflation, that the large blind limb would overdistend and cause the bowel to kink further. With this in mind, we continued our dissection to free up the blind limb for resection. We checked ICG as well to confirm the location of the afferent limb. We separated the blind limb from the proximal ileum. The staple line was plicated to prevent bending back over. Postoperatively she had resolution of her symptoms. She tolerated her diet without issues and had minimal incisional pain. In conclusion, a comprehensive workup is important for diagnosing post surgical issues.

N05ANK9A0Z

B-CLAMP REMOVAL AND CONVERSION TO RYGB

Maher El Chaar *St Luke's University Hospital and Health Network*; Albert Lwin *St Luke's University Hospital and Health Network*; Eric Stevens *St. Lukes University Health Network*; Ikemefuna Akusoba *St. Lukes University Health Network*

The gastric B-clamp is an uncommon procedure in the United States. We demonstrate the removal of a gastric B-clamp and its conversion to a Roux-en-Y gastric bypass (RYGB). In this video, we highlight the division of anterior and posterior gastric attachments necessary for device removal. We also demonstrate the subsequent conversion to an RYGB, including the use of intraoperative EGD to assess for mucosal injuries.

Top Videos II

Tuesday, June 17th, 2025

3:45 PM- 5:15 PM

PAGL5KYLWB

IMMEDIATE DUODENO-ILEAL ANASTOMOSIS WITH SELF-FORMING MAGNETS IN A ROBOTIC-ASSISTED SINGLE ANASTOMOSIS DUODENAL SWITCH

Gustavo Ortega *Orlando Health*; Manoel Galvao Neto *Orlando Health Weight Loss and Bariatric Surgery Institute*; Muhammad Ghanem *Orlando Health*; Hany Takla *Orlando Health Weight loss and Bariatric Surgery Institute*; Alexis Sanchez *Orlando Health*; Andre Teixeira *Orlando Health Weight Loss and Bariatric Surgery Institute*

As the Duodenal Switch and the Single Anastomosis Duodeno-ileal bypass with Sleeve (SADI-S) continue to gain momentum as viable bariatric surgery options for appropriately selected patients, we continue to explore options for mitigating the risk of complication on higher risk anastomoses such as the Duodeno-ileostomy. This abstract serves to review a novel approach for creation of the Duodeno-ileal anastomosis as observed during a case performed as part of the FLOWS (Functional Lumen with Self-Forming Magnetic Anastomosis- NCT06454916) trial.

The patient presented to our clinic for evaluation, and we discussed bariatric options with them. The patient's BMI was 47.61 kg/m2 prior to surgery and medical comorbidities included back pain, pre-diabetes, sleep apnea, and hypertension. Based on thorough review of inclusion and exclusion criteria, the patient was selected as a suitable candidate to participate in the FLOWS trial. All treatment options were discussed with him prior to obtaining informed consent. The procedure was performed as planned and the patient discharged the following day. Per study protocols, X-rays were performed on a weekly basis to ensure that the magnets were eventually expelled.

Given the tenuous nature of the blood supply to the duodenum and desire to minimize manipulation of the duodenal cuff following transection, we performed a robotic-assisted SADI-S as part of this multi-center FDA trial. Utilizing Self-Forming Magnet technology, we were able to complete the anastomosis without the use of suture or staples. During the presentation of this video, we will discuss the technical considerations, benefits, and perceived areas of improvement for this novel approach.

VD8M76YMP6

INNOVATIVE OPTIONS FOR BPD-DS CONVERSION TO ROUX-EN-Y GASTRIC BYPASS

Jacob Baxter *Mayo Clinic*; Omar Ghanem *Mayo Clinic*; Jack Sample *Mayo Clinic*; Noura Jawhar *Mayo Clinic, Rochester*; Tala Abedalqader *Mayo Clinic, Rochester*; Nour El Ghazal *Mayo Clinic*; Simon J. Laplante *Mayo Clinic*

Introduction: Revisional bariatric surgeries are the third most common bariatric surgeries in the United States. Revisional surgery may be done for repair of the primary surgery, reversion to original anatomy, or conversion to a different bariatric surgery. Reasons for conversion include complications from index surgery, inadequate weight loss, weight rebound, or malnutrition. Revisional surgery is done following all types of bariatric surgery, however it is relatively uncommon following biolopancreatic diversion with duodenal switch (BPD-DS). The most common reason for BPD-DS revision is malnutrition. We present laparoscopic conversion of BPD-DS to Roux-en-Y gastric bypass (RYGB) for a patient with regurgitation and reflux. We also present a technical complication secondary to the patient's malnutrition and its operative management.

Method: This is a case presentation of a 61-year-old female undergoing laparoscopic revision of a BPD-DS to RYGB for symptoms of regurgitation and reflux.

Result: We utilized a unique approach that requires 2 anastomoses with a single Roux limb, as opposed to the 4 anastomosis or dual Roux limb conversion techniques. The patient had a post-operative complication of obstruction at a port-site hernia 5 days after surgery. Following laparoscopic repair with mesh, the patient was doing well 30 days after surgery.
Conclusion: Revisional bariatric surgery requires technical expertise, as it is frequently done for patients with challenging anatomy and poor nutritional status. Established techniques for BPD-DS conversion to RYGB require 4 anastomoses or the preservation of specific gastric vasculature. Newer techniques may be utilized to avoid these risks and anatomic constraints.

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LAPAROSCOPIC REMOVAL OF VAGAL NERVE BLOCK DEVICE

Benjamin Caesar *Houston Methodist Hospital*; Vadim Sherman *Houston Methodist Hospital*; Soon Moon *Houston Methodist Hospital*
Introduction: This case involves a 67-year-old female with a history of morbid obesity who underwent vagal nerve block device insertion in 2016. Over the subsequent two years, she experienced a weight loss of 30 pounds. However, she discontinued using the device due to the inability to charge the neuroregulator and the subsequent unavailability of battery replacements. Currently, she is receiving treatment with GLP-1 agonists for weight loss, which have proven to be effective thus far. She expressed interest in removing the vagal nerve block device, as it has caused MRI limitations, interfered with metal detector signaling during travel, and resulted in moderate pain at the neuroregulator site.
Method: Laparoscopic vagal nerve block device removal was pursued. This video provides a detailed account of the surgical procedure, including the extraction of the leads embedded in the anterior and posterior vagal nerve trunks and the removal of the subcutaneous neuroregulator.
Results: The device was successfully removed, and the patient was discharged on the same day as the surgery. At the time of this submission, she has recovered well without any complications.
Conclusion: While vagal nerve block device placement has become a rare occurrence in bariatric surgery, it is essential for bariatric surgeons to be familiar with the procedure for device removal.

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GASTROPLEURAL FISTULA AFTER SLEEVE GASTRECTOMY REQUIRING CONVERSION TO ROUX-EN-Y GASTRIC BYPASS

Connie Au *Houston Methodist Hospital*; Lee Morris *Houston Methodist Hospital*; Patrick Reardon *Houston Methodist Hospital*
Introduction: Gastric leak is one of the most feared complications that can occur after sleeve gastrectomy. The rate of gastric leak after sleeve gastrectomy is reportedly 2.4%. Fistula formation after gastric leak is even more rare and can be very difficult to treat.
Method: We present a case of gastropleural fistula after a sleeve gastrectomy which required surgical management with conversion of sleeve gastrectomy to Roux-en-Y gastric bypass.
Results: Our patient had a negative UGI after our procedure and on POD30 continued to do well with no recurrent symptoms.
Conclusion: Surgical management of complications after gastric sleeve should be considered if the patient previously failed several attempts at conservative management.

GRAQ6ALQRN

CONVERSION OF SLEEVE TO BYPASS AFTER HEART/LIVER TRANSPLANT

Sara Bocchinfuso *Mayo Clinic Rochester*; Nour El Ghazal *Mayo Clinic*; Tala Abedalqader *Mayo Clinic, Rochester*; Noura Jawhar *Mayo Clinic, Rochester*; Jacob Baxter *Mayo Clinic*; Simon J. Laplante *Mayo Clinic*; Omar Ghanem *Mayo Clinic*
Introduction: In this video, we present a revision of sleeve gastrectomy to Roux-en-Y gastric bypass in a patient with prior heart and liver transplant.
Methods: The patient is a male over 60 years old with a BMI in the 30s. He has a history of sleeve gastrectomy in 2016 followed by heart and liver transplant in 2020. Following this he required three abdominal wall hernia repairs with mesh, the most recent of which involving a closed loop obstruction. He presented to us with severe reflux, regurgitation, and vomiting. A preoperative esophagogastroduodenoscopy (EGD) revealed findings suspicious for Barrett's esophagitis. After thorough counseling, the patient provided consent for a hiatal hernia repair and conversion of the sleeve gastrectomy to Roux-en-Y gastric bypass. His immunosuppressive therapy was transitioned from sirolimus to tacrolimus preoperatively, while mycophenolate therapy was continued.
Results: The conversion from sleeve gastrectomy to Roux-en-Y gastric bypass was performed successfully without complication. The patient began a clear liquid diet on postoperative day 0 and was discharged on postoperative day 3. His surgical drain was removed on day 9. To date the patient is is doing well without complication.
Conclusion: Conversion of a sleeve gastrectomy to a Roux-en-Y gastric bypass is a feasible surgical option in patients with a history of heart and liver transplantation. Successful outcomes require meticulous preoperative planning and intraoperative adjustments tailored to the patient's complex medical history.

BZLX98QXZ9

ROBOTIC MANAGEMENT OF A COMPLEX PERFORATED MARGINAL ULCER

Gregory Rives *Tulane University*; Phoebe Huang *Tulane University*; John Baker *Tulane University*; Shauna Levy *Tulane University*; Dietric Hennings *Tulane University*
Introduction: Marginal Ulcer is a well-documented complication of gastric bypass surgery. While improved surgical technique and post-operative management have reduced their prevalence, marginal ulcer perforation remains a leading long-term complication requiring reoperation. Operative management typically involves either graham patch or revision of the GJ anastomosis, with recent research favoring revision despite its challenges in emergent settings.

Methods: A 53-year-old female with history of sleeve gastrectomy converted to roux-en-y gastric bypass presented with 48-hour weakness, epigastric tenderness, tachycardia, leukocytosis, AKI, hypoalbuminemia, and CT showing free air. After initial resuscitation and antibiotics, robotic surgery revealed purulent a large perforated GJ ulcer involving 180 degrees of the posterior anastomosis. Dense adhesions to the gastric remnant suggested possible GG fistula. Management included GJ revision, completion gastrectomy, handsewn anastomosis, and J tube placement.
Results: Recovery was uncomplicated despite persistent tachycardia and AKI requiring continued resuscitation. Initial tube feeds were converted to TPN due to J tube leakage. The patient developed refeeding syndrome requiring electrolyte monitoring. Diet was advanced to bariatric soft by post-operative day 5. Extended hospitalization was needed for physical therapy due to deconditioning. The patient was discharged to rehab on TPN and bariatric soft diet.
Conclusion: This case demonstrates successful robotic management of marginal ulcer perforation after gastric bypass. While graham patch is often preferred in emergencies, complete GJ revision can be safely performed when indicated. The case highlights the importance of resuscitation and flexible nutrition strategies. Though marginal ulcer remains a serious complication, early intervention and comprehensive post-operative care can achieve good outcomes.

ADBZKJBZDV

TWISTS AND TURNS: NAVIGATING RYGB AFTER FUNDOPLICATION, RECURRENT PEH, AND UNEXPECTED INTESTINAL MALROTATION

Yung Lee *Division of General Surgery, McMaster University*; Dennis Hong *McMaster University*
Introduction: Performing laparoscopic Roux-en-Y gastric bypass (RYGB) in patients with a history of Nissen fundoplication, recurrent paraesophageal hernia (PEH), and incidental intestinal malrotation presents unique technical challenges. RYGB can address not only the metabolic and anatomic concerns but also inadvertently resolves aspects of the Ladd's procedure required for malrotation correction.
Methods: We present the case of a patient with a history of Nissen fundoplication and recurrent PEH who underwent laparoscopic RYGB. Intraoperatively, intestinal malrotation was incidentally identified after gastric pouch creation. The surgical approach was adjusted to incorporate elements of a Ladd's procedure, including reorientation of the small bowel for proper placement of the Roux limb.
Results: The patient tolerated the procedure well and was discharged on postoperative day 1 without complications. The RYGB successfully addressed both the metabolic goals and elements of malrotation correction by reestablishing bowel orientation and function.
Discussion: Performing a primary RYGB after a nissen fundoplication, recurrent PEH, as well as intestinal malrotation is feasible. RYGB inherently addresses key aspects of the Ladd's procedure by widening the mesenteric base, and ensuring proper orientation of the small bowel. This highlights the dual utility of RYGB in cases where malrotation is identified intraoperatively. However, surgeons must remain vigilant intraoperatively identifying intestinal malrotation to ensure safe and functional reconstruction.

68NALB5APA

MAGNETIC DUODENO-ILEO ANASTOMOSIS WITH MAGDI, EARLY EXPERIENCE IN CHILE

Marcos Berry *Clinica Las Condes*; Lionel Urrutia *Universidad de Chile*; Jose Estruga *Universidad de Chile*; Carlos Sandoval *Universidad de los Andes - Colombia*
Introduction: Metabolic syndrome with obesity often requires weight loss and metabolic interventions. This case highlights and shows a magnetic duodeno-ileal anastomosis (MAGDI) as a new and less invasive surgical approach.
Method: A 48-year-old woman (98kg, BMI 41) with metabolic syndrome, having lost 50kg through prior medical treatment, desired further weight reduction. Following normal pre-operative assessments and multidisciplinary clearance, a MAGDI was indicated. This is a combined laparo-endoscopic procedure. Two hours pre-operatively, the patient ingested the distal MagDi magnet, followed by metoclopramide 10 mg iv and 125 ml of mineral oil po. Abdominal x-ray confirmed proper magnet positioning before laparoscopic access (trocar positioning similar to sleeve gastrectomy). Peri-duodenal adhesions were taken down, the greater omentum divided in half with bipolar, and the ileum measured from distal to proximal until 250 cm and marked with clips. Endoscopically, the second magnet was advanced and placed in the first portion of duodenum. Magnets coupled with special magnetic graspers, then the graspers were released and the endoscope was withdrawn, and the mesenteric defect was closed. The procedure lasted 50 minutes.
Results: The procedure was completed with no complications nor adverse events. Post-operative abdominal x-ray next day confirmed appropriate coupled magnet placement and the patient was discharged uneventfully.
Conclusion: This case demonstrates safety and feasibility of MAGDI, as a potential less invasive surgery for managing metabolic syndrome and obesity. Further studies are needed to evaluate long-term efficacy and safety.

Abstract Session I
Wednesday, June 18th, 2025
8:00 AM – 9:30 AM

G8GRQKGRXN

LIVES IN THE BALANCE: PRECISION SURGERY FOR INTERNAL HERNIA IN A BARIATRIC PREGNANCY

Alejandro Feria *Case Western Reserve University / MetroHealth Medical Center*; Ali Kara *Case Western Reserve University / MetroHealth Medical Center*; Alec Haas *Case Western Reserve University / MetroHealth Medical Center*; Kevin El-Hayek *Case Western Reserve University / MetroHealth Medical Center*; Aneesha Mcclinton *Case Western Reserve University / MetroHealth Medical*

Center; Amelia Dorsey *Case Western Reserve University / MetroHealth Medical Center*; Sergio Bardaro *MetroHealth Medical Center*

Introduction: Internal hernias in bariatric pregnancies are rare but represent a surgical emergency due to the risk of bowel necrosis and obstruction. This case involves a 36-year-old patient, 17 weeks pregnant, with a history of laparoscopic Roux-en-Y gastric bypass, presenting with upper abdominal pain. Despite equivocal imaging findings and the diagnostic challenges posed by pregnancy, the patient's clinical course and a subtle swirl sign on CT prompted surgical intervention.

Method: Video-based case review.

Results: Laparoscopic exploration was performed with careful coordination between bariatric surgery, high-risk obstetrics, and obstetrical anesthesia teams. Trocar placement was adapted to accommodate the gravid uterus, and perioperative fetal monitoring was employed. Intraoperatively, herniation of small bowel limbs through the Petersen defect and a mesenteric defect at the jejunojejunostomy were identified. Both defects were reduced and closed with permanent running sutures to ensure durable closure and proper limb orientation. The patient recovered well, with a return of bowel function, successful advancement of diet, and stable fetal monitoring. She has continued with a normal pregnancy without symptom recurrence.

Conclusion: This case underscores the importance of maintaining a high index of suspicion for internal hernias in bariatric pregnancies, even with nonspecific imaging findings. It highlights the critical need for interdisciplinary collaboration, precise surgical techniques, and tailored intraoperative strategies to optimize maternal and fetal outcomes in rare bariatric emergent scenarios.

7B66XA46BR

COMPARING OUTCOMES OF LAPAROSCOPIC VERSUS ROBOTIC METABOLIC SURGERY FOR PATIENTS BASED ON BODY MASS INDEX: A STATE-WIDE ANALYSIS

Hope Jackson *Michigan Medicine*; Sarah Petersen *Center for Healthcare Outcomes and Policy, University of Michigan, Ann Arbor, MI*; Ryan Howard *University of Michigan*; Mouhammad Halabi *Henry Ford Health*; Hadi Hamdan *Henry Ford Health*; Hassan Nasser *Henry Ford Health*; Nabeel Obeid *University of Michigan*; Sean O'Neill *University of Michigan*; Jonathan Finks *University of Michigan*; Oliver Varban *Henry Ford Health*

Introduction: A large body habitus can impact operative exposure and fine motor movements resulting in more technically challenging surgery. Robotic surgery provides advances in imaging, ergonomics, and instrumentation which may mitigate these challenges. We examined the impact of robotic surgery on bariatric procedure outcomes according to body mass index (BMI).

Methods: A state-wide bariatric specific data registry identified all patients who underwent laparoscopic(n=99,532) and robotic bariatric procedures(n=13,167) from 2006 to 2024. Patients were stratified by BMI (35-50 kg/m2, 50-65 kg/m2, ≥65 kg/m2) and 30-day riskadjusted post operative outcomes for robotic vs. laparoscopic Roux-en-Y gastric bypass (RYGB) and sleeve gastrectomy (SG) were compared.

Results: Among patients undergoing robotic RYGB, those with a BMI>65 kg/m2 had lower overall risk-adjusted complication rates (9.2% vs 13.9%, p=0.0087) and readmission rates (2.3% vs 6.4%, p<0.0001) compared to laparoscopic RYGB. Additionally, more patients with a BMI >65 kg/m2 underwent robotic RYGB (57% vs 43%) in 2023. Patients in low and midrange BMI terciles (35-50 kg/m2, 50-65 kg/m2) had lower infection rates compared to laparoscopic RYGB (2.5% vs. 0.9 %, [p=0.0144]; 1.5% vs. 3.4%, [p=0.0262]). Among patients undergoing robotic SG, patients with BMI 50-65 kg/m2 had significantly lower readmission rates vs. laparoscopic SG. Regardless of BMI, patients undergoing robotic SG were prescribed significantly less opioids in 2023.

Conclusions: For patients with a BMI > 65 kg/m2, robotic RYGB is associated with lower overall adverse outcomes and became more common than laparoscopic RYGB in 2023. Benefits of robotic SG were also reported, including lower opioid prescribing regardless of BMI.

6X6Q5A8Q4K

BETTER LUCKY THAN GOOD: TAKEDOWN OF GG FISTULA

Noura Jawhar *Mayo Clinic, Rochester*; Simon Rodier *Mayo Clinic Rochester*; Nour El Ghazal *Mayo Clinic*; Tala Abedalqader *Mayo Clinic, Rochester*; Sara Bocchinfuso *Mayo Clinic Rochester*; Jacob Baxter *Mayo Clinic*; Simon J. Laplante *Mayo Clinic*; Omar Ghanem *Mayo Clinic*

Introduction: Gastrogastric fistula (GGF) is an uncommon surgical complication following Roux-en-Y gastric bypass (RYGB). Incidence is up to 0.5-6% following RYGB and patients can present with nonspecific symptoms of abdominal pain, heartburn and vomiting. Surgical repair remains the definitive management with surgery considered for large GGF (> 1cm) and patients who failed endoscopic treatment. Surgical repair options include GGF takedown, GGF takedown with a revision of the gastrojejunostomy anastomosis or conversion to a Roux-en-Y esophagojejunostomy (RYEJ).

Methods: A 68-year-old female with a history of RYGB presented to a tertiary bariatric surgery center with symptoms of reflux and vomiting.

Results: Upper endoscopy confirmed the presence of a GGF near the GE junction as well as a small pouch. Esophagogastroduodenoscopy (EGD) was attempted for endoscopic GGF closure. Likely the source of the patient's symptoms, we educated and consented the patient for a surgical GGF takedown with a potential for conversion to Roux-en-Y esophagojejunostomy (RYEJ). The patient was discharged home from the hospital on postoperative day one. There was no evidence of radiologic or clinical recurrence on follow-up.

Conclusion: With a favorable surgical anatomy and early proximal dissection and mobilization, surgical takedown of GGF following RYGB can be performed successfully rather than preparing the patient for a possible RYEJ conversion.

DKPP5D9PKQ

IMPACT OF SURGEON VOLUME ON OUTCOMES FOR ROBOTIC-ASSISTED GASTRIC BYPASS: A STATEWIDE ANALYSIS

Mouhammad Halabi *Henry Ford Health*; Hadi Hamdan *Henry Ford Health*; Sarah Petersen *Center for Healthcare Outcomes and Policy, University of Michigan, Ann Arbor, MI*; Hassan Nasser *Henry Ford Health*; Hope Jackson *Michigan Medicine*; Oliver Varban *Henry Ford Health*

Introduction: Despite an increasing trend in robotic bariatric surgery, there has been a lack of compelling evidence to support the use of robotics in bariatric surgery, which may be due to an influx of low volume surgeons who are newly adopting the robotic platform. This study examines the volume-outcome relationship for robotic Roux-en-Y gastric bypass (rRYGB).

Methods: Using a state-wide bariatric specific data registry, we identified all patients who underwent rRYGB from 2008 to 2024 (n=4,525). Surgeon annual case volumes were ranked then divided into terciles to compare risk adjusted 30-day complication rates between the highest and lowest volume terciles for rRYGB.

Results: A total of 4,525 patients underwent robotic rRYGB between 2008 and 2024. Highvolume surgeons (n=18) performed 3,706 procedures, whereas low-volume surgeons (n=18) performed 72. High-volume surgeons were more likely to operate on African American patients (29.8% vs. 12.5%, p=0.0014) and patients with higher preoperative weight (278.9 lbs vs. 263.1 lbs, p=0.0361). No differences were observed in age, BMI, sex distribution, or the incidence of metabolic diseases. High-volume surgeons had faster mean operative times (159.4 minutes vs. 209.3 minutes, p<0.0001) and demonstrated significantly lower 30-day risk adjusted overall complication rates (11.4% vs 20.8%, p=0.0077) and lower readmission rates (4.4% vs 11.2%, p=0.0189) than low volume surgeons.

Conclusions: When compared to low volume surgeons, high volume robotic surgeons are more efficient and have lower complication rates with gastric bypass. These findings highlight the importance of surgeon experience and operative volume in robotic bariatric surgery.

PMQZQVYZG5

EARLY RE-INITIATION OF GLUCAGON-LIKE-1-PEPTIDE AGONISTS AFTER SLEEVE GASTRECTOMY IN YOUTH: A RETROSPECTIVE COHORT STUDY

Kamran Samakar *USC Verdugo Hills Hospital*; Alaina Vidmar

Background: Early re-initiation of Glucagon-like-1 peptide (GLP-1) agonists post-sleeve gastrectomy (SG) may improve metabolic and patient-centered outcomes, but the safety and efficacy in pediatric populations remain understudied.

Methods: This retrospective cohort study at a tertiary care children's hospital evaluated the safety and efficacy of reintroducing GLP-1 and/or GLP-1/gastric inhibitory polypeptide (GIP) agonists within six weeks post-SG in youth previously on these agents. Youth were offered early re-initiation at their 2-week postoperative visit with standard titration. Early reinitiators (30 semaglutide, 5 tirzepatide) were compared to those receiving standard care (SC = 34) without medication restart. Primary outcomes included weight trajectory, readmission rates, reoperation rates, gastrointestinal side effects, and eating behaviors.

Results: From November 2023 to December 2024, 102 youth had surgical consults, 79 underwent SG (78% conversion rate), and 69 met inclusion criteria (mean age 16.9 ± 2.0 years, mean BMI 49.7 ± 9.4 kg/m2; 59% female, 80% Hispanic, 68% publicly insured). Mixed-effects multivariate regression, adjusting for baseline BMI, age, and sex, revealed that early reinitiators (7.1 weeks to reinitiation [IQR 3.1,9.9]) had a significantly greater reduction in percent BMI at 3, 6, 9, and 12 months compared to SC (all p<0.05). At 12 months, early reinitiators (n=12) had a %BMI reduction of -30% (95% CI: -32, -28) vs. -26% (95% CI: -28, -24) in SC (n=9; p=0.01). There were no significant differences in 30-,60-, or 90-day readmissions, reoperations, or gastrointestinal side effects (all p>0.05). Early reinitiators had greater reductions in emotional overeating at 3,6,9, and 12 months (-4.0, 95% CI: -4.0, -3.4; p=0.01).

Conclusion: Early re-initiation of GLP-1 and/or GLP-1/GIP agonists post-SG was safe, well-tolerated, and associated with improved weight outcomes and reduced emotional overeating, without compromising safety.

ZLVVMBJVLY

ROBOTIC ROUX-EN-Y GASTRIC BYPASS IS ASSOCIATED WITH INCREASED 30-DAY MORTALITY: A 2023 MBSAQIP ANALYSIS OF 50,365 PATIENTS

Valentin Mocanu *Cleveland Clinic*; Melissa Wills *Cleveland Clinic Foundation*; Juan Barajas-Gamboa *Cleveland Clinic Abu Dhabi*; Ricard Corcelles Codina *Cleveland Clinic*; Matthew Allemang *Cleveland Clinic*; Andrew Strong *Cleveland Clinic*; Matthew Kroh *Cleveland Clinic*; Jerry Dang *Cleveland Clinic*; Salvador Navarrete *Cleveland Clinic*

INTRODUCTION: The implementation of robotic Roux-en-Y gastric bypass (R-RYGB) has been met with tremendous enthusiasm over the last decade. Yet, despite the rapidly increasing adoption of robotic delivery, remarkably little is known about the impact of modern R-RYGB on short-term morbidity and mortality.

METHODS: A retrospective analysis of the 2023 MBSAQIP database was performed by identifying all primary laparoscopic (L-RYGB) and R-RYGB cases. Primary outcomes were to characterize and evaluate 30-day morbidity and mortality between cohorts. Multivariable logistic regression analysis was used to determine independent predictors of mortality.

RESULTS: A total of 50,365 patients underwent RYGB, of which 19,553 (38.8%) received R-RYGB. There were no clinically relevant differences with respect to age (44.6 ± 11.6 R-RYGB vs. 44.4 ± 11.5 L-RYGB), body mass index (45.6 ± 7.8 R-RYGB vs. 45.3 ± 7.5 L-RYGB), or female sex (83.2% R-RYGB vs. 83.3% L-RYGB) between cohorts. R-RYGB patients were more likely to have reflux (46.4% vs. 41.6%; p <0.0001), undergo concurrent paraesophageal hernia repair (19.4% vs. 15.8%; p < 0.0001), and have increased operative time (139.7 ± 55.5 min vs. 115.2 ± 53.7 min; p < 0.0001). L-RYGB patients had higher rates of bleeding (1.5% vs. 1.2%; p=0.001), while R-RYGB patients had higher 30-day rates of readmission (5.3% vs. 4.3%;

p <0.0001) and mortality (0.14% vs. 0.07%; p = 0.02). After adjusting for patient and technical factors, robotic delivery was independently associated with increased mortality (OR 2.10; 95% CI 1.11 – 4.00; p=0.02).

CONCLUSION: In 2023, robotic RYGB comprised only 39% of elective cases yet over one half of all deaths occurring within 30-days. Multivariable regression demonstrated a two-fold increased mortality associated with robotic surgery. Caution should be employed as robotic bypass becomes increasingly adopted with emphasis made on access, training standardization, and center accreditation.

RDB54JP59K

UNEXPECTED CHALLENGES IN SLEEVE-TO-BYPASS REVISION: MANAGING A HIDDEN ROSSETTI FUNDOPLICATION

Faiz Unnisa Shariff *Wellspan Health*

Introduction: Sleeve gastrectomy is a popular procedure for managing obesity, but persistent gastroesophageal reflux disease (GERD) can necessitate revisional surgery. This case involves a 62-year-old female with a history of Class III obesity, laparoscopic gastric band placement and removal, sleeve gastrectomy, and hiatal hernia repair. She presented with regurgitation and reflux refractory to medical therapy, requiring evaluation for a sleeve-to-bypass revision.

Methods: Preoperative evaluation included esophagogastroduodenoscopy (EGD), which showed LA Grade II esophagitis, a moderate-sized hiatal hernia, retained fundus, and narrowing near the incisura. Upper GI imaging confirmed acid reflux and narrowing. During surgery, a hidden Rossetti fundoplication was unexpectedly identified, necessitating intraoperative adjustments to complete the Roux-en-Y gastric bypass revision successfully.

Results: Postoperatively, the patient remained hospitalized for two days, tolerating a bariatric clear liquid diet. At the 30-day follow-up, her reflux symptoms had resolved, and she achieved a weight loss of 25 pounds.

Conclusion: This case highlights the importance of anticipating unexpected findings during revisional bariatric surgery. The presence of a hidden Rossetti fundoplication required adaptability and surgical expertise. By overcoming these challenges, excellent outcomes were achieved, demonstrating significant symptom resolution and weight loss. This case underscores the value of a thorough preoperative assessment and intraoperative flexibility in managing complex cases.

PM7WJ8NWM0

OUTCOMES AFTER BARIATRIC SURGERY IN PATIENTS WITH HEART FAILURE: MATCHED ANALYSIS OF MBSAQIP 2023

Scott Mu *Rutgers New Jersey Medical School*; Hector Lopez *Newark Beth Israel Medical Center*; Alan Saber *Newark Beth Israel Medical Center*

Background: Heart failure prevalence is increasing in the United States, as is the prevalence of obesity. Bariatric surgery can reverse myocardial dysfunction, but these patients may be at higher perioperative risk. We examined whether heart failure was associated with increased risk of postoperative complications.

Methods: We used data from the 2023 MBSAQIP PUF and identified all individuals with a preoperative history of heart failure. We compared baseline characteristics of patients with heart failure to all patients without heart failure. We performed 1:1 nearest neighbor Mahalanobis distance matching on demographic variables and comorbidities, and exact matching on procedure, to identify a comparison group to identify the associations between heart failure and key postoperative outcomes.

Results: For the 3,422 patients with a history of heart failure, the most commonly performed procedure was sleeve gastrectomy (61%), followed by Roux-en-Y gastric bypass (33%). Compared to all patients without heart failure, patients with heart failure were more likely to be older (median age 54 vs. 43, p<0.01), male (37% vs. 17%, p<0.001), on therapeutic anticoagulation (28% vs. 2.8%, p<0.001), and have a history of percutaneous coronary intervention (14% vs 0.9%, p<0.001), myocardial infarction (13% vs. 0.9%, p<0.001), and dialysis (2.7% vs. 0.3%, p<0.001). Compared to a matched group with similar comorbidities undergoing the same surgical procedure, those with heart failure had increased risk of requiring a transfusion (1.9% vs. 0.9%, p<0.001), gastrointestinal tract bleeding (1.8% vs. 0.6%, p<0.001), unplanned intubation (0.7% vs. 0.2%, p=0.003), reoperation (2.1% vs. 1.4%, p<0.017), readmission (8.6% vs. 5.2%, p<0.001), and death (0.7% vs 0.3%, p=0.039).

Conclusion: Patients with heart failure have an increased risk for cardiopulmonary and bleeding complications after bariatric surgery and could benefit from targeted quality improvement interventions.

ABV4L6V4BR

NAVIGATING COMPLEX BARIATRIC SURGERY COMPLICATIONS: UNUSUAL CASE OF TYPE IV PARAESOPHAGEAL HERNIA WITH BOWEL OBSTRUCTION

Yousra Sadqi *cleveland clinic abu dhabi*; John Rodriguez *cleveland clinic abu dhabi*; Carlos Vera Abril *cleveland clinic abu dhabi*; Daniel Guerroun *cleveland clinic abu dhabi*

Severe complications following bariatric surgery can lead to prolonged and complex clinical courses requiring a multidisciplinary approach. We present the case of a 26-year-old female (BMI 32 kg/m2) who underwent laparoscopic gastric plication in 2018, complicated by sepsis, fundus necrosis, and abdominal wall abscess. These complications necessitated multiple washouts, along with repeated esophageal stents and pigtail drains to manage a persistent gastric leak. After five months of unsuccessful endoscopic therapy, the patient underwent esophagojejunostomy with Roux-en-Y reconstruction, partial gastrectomy, and gastrostomy tube insertion in the remnant, which was subsequently removed. She later developed a large type IV paraesophageal hernia with small bowel obstruction.

In November 2024, the patient presented with severe left upper quadrant pain and emesis. CT imaging revealed a large type IV paraesophageal hernia with small bowel obstruction.

She underwent a complex laparoscopic surgery, facing multiple challenges: dense abdominal adhesions, limited space, and altered anatomy with a large hernia defect containing clustered small bowel loops extending in the chest, severely adherent to the liver and spleen. The procedure was complicated by bleeding from the spleen and an iatrogenic bowel injury, both of which were managed intraoperatively. The defect was closed primarily and reinforced with mesh and anatomy was restored.
Postoperatively, the patient experienced sepsis requiring ICU care, ileus, abdominal abscesses, and chest empyema. After a prolonged recovery, she improved and was discharged in stable condition with all drains removed successfully.
This case underscores the complexity and long-term risks associated with bariatric surgery complications. It emphasizes the value of a multidisciplinary approach, tailored patient care, and a thorough understanding of post-surgical anatomy to achieve optimal outcomes in challenging scenarios.

Abstract Session II
Wednesday, June 18th, 2025
1:30 PM – 3:00 PM

86LJ8AXJ64

WHEN YOU CANNOT REMOVE IT, SHAVE IT

Jacob Baxter *Mayo Clinic*; Omar Ghanem *Mayo Clinic*; Jack Sample *Mayo Clinic*; Noura Jawhar *Mayo Clinic, Rochester*; Tala Abedalqader *Mayo Clinic, Rochester*; Nour El Ghazal *Mayo Clinic*; Simon J. Laplante *Mayo Clinic*

Introduction: Roux-en-Y gastric bypass (RYGB) remains one of the most common bariatric surgeries due to its established safety and efficacy profile. RYGB revision may be indicated for refractory ulcer disease, anastomotic stenosis/stricture, malnutrition, or dumping syndrome. Revision may entail conversion to duodenal switch for greater weight loss, conversion to native anatomy, or anastomotic resection or revision for complications such as stricture, marginal ulcer, and malnutrition. Here we present a laparoscopic conversion of RYGB to EJ for a patient with anastomotic stenosis and ulceration.
Method: This is a case presentation of a 53-year-old female undergoing laparoscopic revision of a RYGB to EJ for anastomotic stenosis and ulceration after endoscopic management was unsuccessful. Pre-operative workup, intra-operative recording, and post-operative course are reviewed.
Result: The patient was found to have gastrojejunostomy stenosis refractory to endoscopic stenting. She was taken to the OR for laparoscopic conversion of RYGB to EJ. The adhesion burden was significant. The gastric pouch with ulceration was resected and carefully dissected away from adherent splenic vessels. The patient did well post-operatively.
Conclusion: Revisional bariatric surgery can be exceedingly challenging due to its reoperative nature. Alteration of normal anatomy can pull in typically uninvolved structures, including splanchnic vessels, to the operative field. For RYGB gastrojejunostomy complications refractory to medical and endoscopic management, resection of the anastomosis with EJ creation is a reliable, yet technically challenging, solution.

69RWGRVWLJ

ONE ANASTOMOSIS GASTRIC BYPASS (OAGB) WITH 150 CM BILIOPANCREATIC LIMB (BPL): FIVEYEAR RESULTS

G Balamurugan *South Tyneside and Sunderland NHS Foundation Trust*; Madeleine Walton *South Tyneside and Sunderland NHS Foundation Trust*; Laurence Hunt *South Tyneside and Sunderland NHS Foundation Trust*; Mayuri Vinod *South Tyneside and Sunderland NHS Foundation Trust*; Maureen Boyle *South Tyneside and Sunderland NHS Foundation Trust*; Aya Musbahi *South Tyneside and Sunderland NHS Foundation Trust*; Kamal Mahawar *South Tyneside and Sunderland NHS Foundation Trust*

Introduction: The optimal biliopancreatic limb (BPL) length for one-anastomosis gastric bypass (OAGB) remains a topic of debate, with traditional lengths of 200 cm raising concerns about protein-calorie malnutrition. This study evaluates the safety and efficacy of OAGB with a 150 cm BPL, focusing on weight loss, metabolic outcomes, and morbidity over five years in a high-volume bariatric unit.
Methods: This retrospective analysis of prospectively maintained data from December 2015 to June 2019 at Sunderland Royal Hospital includes 290 patients who underwent OAGB with a 150 cm BPL. Data on demographics, intraoperative details, and postoperative outcomes were collected. Follow-up assessments were conducted at 3, 6, 12, 18, 24 months, and 5 years, with completion rates of 83.4% at 1 year, 69.7% at 2 years, and 62.7% at 5 years.
Results: At five years, patients demonstrated substantial weight loss outcomes, achieving a mean total weight loss (%TWL) of 30.32% ± 9.95, and excess weight loss (%EWL) of 65.44% ± 23.64. Significant metabolic improvements were observed, with diabetes resolved in 44.83%, hypertension improved in 29.17%, and dyslipidaemia resolved in 21.42% of patients. Complication rates were low, with intraoperative complications reported in 0.13% and immediate postoperative complications in 1.72%. The median postoperative hospital stay was 2 days. Notably, no 30-day mortality was recorded, and long-term mortality was minimal at 0.17%.
Conclusion: These results highlight that OAGB with a 150 cm BPL provides comparable weight loss and metabolic benefits to traditional longer BPL lengths while reducing the risk of malnutrition.

KNK90JK9NV

LAPAROSCOPIC SLEEVE GASTRECTOMY WITH A NEW AI-ENABLED ROBOTIC SURGICAL ASSISTANT

Henry Mercoli *Elsan Group*

VIDEO case presentation: Laparoscopic Sleeve Gastrectomy with a NEW AI-enabled ROBOTIC surgical assistant

6GXDL48DGP

EARLY EXPERIENCE OF SIMULTANEOUS SLEEVE GASTRECTOMY IN OBESE LIVING DONOR LIVER TRANSPLANT RECIPIENTS – DEMONSTRATING FEASIBILITY AT A SINGLE AMERICAN CENTER

Ronit Patnaik *University of Texas Health San Antonio*; Jillian Woodworth *UT Health San Antonio*; Jason Kempenich *University of Texas Health San Antonio*; Kent Van Sickle *University of Texas Health San Antonio*; Haley Daigle *University of Texas Health San Antonio*; J Michael Cullen *University of Texas Health San Antonio*; Tarunjeet Klair; Richard Peterson *UT Health San Antonio*

Introduction: Obesity and MASH (Metabolic associated steatohepatitis) cirrhosis are increasingly common. Graft steatosis after liver transplantation has been described, and posttransplant obesity related complications are rising. Simultaneous sleeve gastrectomy (SG) has been described in the deceased donor liver transplantation (DDLT) population, but it has not been described in the living donor liver transplantation (LDLT) population.

Method: We performed a prospective review of LDLT recipients who underwent simultaneous SG at our institution from December 2023 to December 2024. Short term post-operative outcomes, weight loss, graft function and dependence on diabetes and hypertension medications were reviewed.

Results: 7 patients with a mean pre-operative BMI of 42.1 (+/-5.8) underwent this simultaneous procedure. Mean weight loss at 1 month was 15.7% (+/-7.4), at 6 months was 27.2% (+/-8.3) and at 12 months was 33.4 % (+/-6.0). At 6 months post-op, 50% of the patients were off anti-hypertension medications and all off diabetes medications. There were no postoperative biliary, vascular, bariatric or other surgical complications. 5/7 (71%) developed an AKI post-op with eventual resolution of AKI. Mean post operative length of stay was 9.7 days (+/-4.3). None of the patients had a re-admission within 30 days, graft dysfunction or death.

Conclusion: SG in LDLT patients allows an elective option for low or medium MELD patients with MASH cirrhosis. Very early outcomes are promising since SG offers risk reduction (via weight loss, reduction of comorbidities and decreased long-term graft steatosis) in the setting of transplant.

LYGB7R4B8M

A TALE OF TWO STOMACHS: ENDOSCOPIC TRANSORAL OUTLET REDUCTION FOR MANAGEMENT OF WEIGHT REGAIN IN PATIENT WITH PRIOR REVISED VERTICAL BANDED GASTROPLASTY

Andrew Mertz *Walter Reed National Military Medical Center*; Amit Mehta *Kaiser Permanente*; Kristen Koller *John Hopkins Medicine*; Michael Schweitzer *John Hopkins Medicine*; Geri Keane *John Hopkins Medicine*

Introduction: Vertical-banded gastroplasty (VBG) was a popular restrictive bariatric procedure in the 1980s that has since declined in prevalence, due to the emergence of delayed complications such as staple-line dehiscence leading to subsequent gastrogastric (GG) fistula formation and weight regain. Surgical management typically includes revision to Roux-en-Y gastric bypass (RYGB), where feasible. We present a case of revised VBG followed by weight regain successfully treated with endoscopic transoral outlet reduction (TORe) of the gastrojejunal anastomosis (GJA) of the remnant stomach via the GG fistula.

Method: Single case report.

Results: 70-year-old female underwent VBG in 1986. She presented with weight regain (20lbs, 7.7%) and reflux so revision to RYGB was pursued in 2007. However, this was a challenging surgery due to dense adhesions surrounding the pouch and a modified surgery was performed. The patient subsequently lost 15lbs and did well for many years until she represented to our center with weight regain. An upper GI series and upper endoscopy were performed to delineate anatomy and assess endoscopic options for the treatment of weight regain. The patient was found to have two side by side gastric pouches linked via gastrogastric fistula, each with a gastrojejunal anastomosis. As chronic gastrogastric fistulae are known to be notoriously difficult to close endoscopically, we successfully performed a TORe of the remnant stomach GJA. The patient subsequently lost 23lbs (8.2% TBWL at 1 year).

Conclusion: TORe via a chronic GG fistula in novel method for the management of weight regain in patients with challenging anatomy.

ABPDANZDBQ

EFFECT OF BARIATRIC SURGERY ON NON-ALCOHOLIC FATTY LIVER DISEASE: AN EXPLORATORY METABOLOMICS AND VALIDATION STUDY

Mengyi Li *Beijing Friendship Hospital, Capital Medical University*; Yuanjie Pang *Department of Epidemiology & Biostatistics, School of Public Health, Peking University;* Zhongtao Zhang *Capital Medical University*

Objective: To examine the weight loss-dependent effects of bariatric surgery on rapid remission of non-alcoholic fatty liver disease (NAFLD) and to validate the results in a general population-based cohort.

Summary of Background Data: Bariatric surgery is a promising procedure to induce substantial weight loss and to alleviate NAFLD in short post-surgical period, but the underlying metabolomics-related causal associations are unclear.

Methods: Ten participants with NAFLD who underwent bariatric surgery were enrolled. Clinical assessments, MRI, and plasma metabolomics were assessed before surgery and 3-month after surgery. Temporal associations of body mass index (BMI) decrease, changes in metabolites, and NAFLD remission were quantified using cross-lagged models. These were then validated in the general population-based cohort of 1,258 participants with measurements of liver steatosis, plasma metabolomics, and genetics data using Mendelian randomization.

Results: In the 10 participants (mean age 35.6, 80% women) undergoing bariatric surgery, liver steatosis assessed by MRI was alleviated in all 3 months after surgery. Of the 64 metabolites quantified, 19 metabolites showed significant differences pre- and post-surgery (false discovery rate-corrected $p<0.05$). Temporal associations were observed between BMI decrease and 5 metabolites, and 3 metabolites (chenodeoxycholic acid [CDCA], palmitoylcarnitine, and hippuric acid) were validated in the general

populationbased cohort. CDCA explained 18% of the association between BMI decrease and NAFLD remission ($p<0.05$). In the general population-based cohort, Mendelian randomization showed that genetically elevated CDCA level was associated with high risk of liver fibrosis.
Conclusions: CDCA, a bile acid metabolite, mediated the causal effects of weight loss on rapid remission of NAFLD following bariatric surgery, and might predict long-term surgical benefits in liver fibrosis reduction.

WY98ZM78JR

REVISION OF SLEEVE GASTRECTOMY TO SINGLE ANASTOMOSIS DUODENAL SWITCH USING SELF-FORMING MAGNETS WITH AN IMMEDIATE FUNCTIONAL LUMEN

Melissa Felinski *UT Health Houston*; Shinil Shah *UT Health Houston*
This video demonstrates the technique of revision of a gastric sleeve to single anastomosis duodenal switch using self-forming magnets with an immediate functional lumen to create the duodeno-ileostomy. The patient is a 34 year old man who underwent laparoscopic sleeve gastrectomy in 2022. His weight had decreased from 561 lbs (BMI 75.04) to a nadir of 383 lbs (BMI 52.05). He desired further weight loss and revision to single anastomosis duodenal switch was felt to be the best option for the patient. Classically, the duodenoileostomy is performed using either hand sewn or stapled/hybrid techniques. This video demonstrates the technical steps of performing the anastomosis using self-forming magnets that provide an immediate functional lumen. The patient had no peri-operative issues and was discharged the morning following surgery. Contrast study at post-operative day 7 revealed a patent anastomosis with magnets still in place. Repeat contrast study at post-operative day 30 revealed a patient anastomosis and complete elimination of both sets of magnets. Magnetic anastomotic techniques that result in an immediately functional lumen offer promise to allow surgeons to perform safe, efficient, and reproducible minimally invasive intra-corporeal anastomoses with potential reduction of anastomotic complications, including leak, structure, bleeding, and ulceration.

PWR985P9M9

LAPAROSCOPIC WEDGE GASTRECTOMY WITH ICG FOR CHRONIC LEAK AFTER ONE-ANASTOMOSIS GASTRIC BYPASS

Elad Boaz *Cleveland Clinic Florida*; Noam Kahana *Cleveland Clinic Florida*; Ana Pena *Cleveland Clinic Florida*; Samuel Szomstein *Cleveland Clinic*; Emanuele Lo Menzo *Cleveland Clinic*; Raul Rosenthal *Cleveland Clinic*
One-anastomosis gastric bypass (OAGB) is a widely performed bariatric procedure, with a reported leak rate of less than 1%. This presentation highlights the case of a 57-year-old female with a history of prior sleeve gastrectomy (SG), converted to OAGB, complicated by a chronic leak. The patient underwent multiple interventions, including pharmacological, percutaneous, endoscopic, and surgical drainage with no resolution of the leak. Laparoscopic wedge gastrectomy was ultimately performed as a definitive treatment. The application of indocyanine green (ICG) during surgery facilitated real-time assessment of gastric perfusion, ensuring precise resection and promoting optimal outcomes. This case underscores the importance of a multidisciplinary approach, combining surgical expertise and advanced imaging techniques, in managing complex complications following bariatric procedures.

YM86J9Z6MA

MANAGEMENT OF GASTRO-GASTRIC FISTULA WITH GASTRECTOMY AND ESOPHAGOJEJUNOSTOMY

John Marr *Luminis Health Anne Arundel Medical Center*; Alex Gandsas *Luminis Health*; Elizabeth Hahn *Luminis Health Anne Arundel Medical Center*; Kevin Stitely *Luminis Health Anne Arundel Medical Center*
Introduction: This video presents the case of a 58-year-old female who underwent an open gastric bypass 25 years ago. At the time of consultation, she reported severe reflux and abdominal pain. Imaging studies, including a CT scan and upper endoscopy, confirmed the presence of a gastro-gastric fistula, likely as a complication of a marginal ulcer.
Method/Results: While the initial surgical plan was to revise the gastrojejunostomy, intraoperative findings necessitated a total gastrectomy with esophagojejunostomy reconstruction.
Conclusion: This case highlights the complexities of revisional surgery, demonstrating the importance of the surgeon's ability to adapt and modify the original plan to prioritize patient safety and achieve successful outcomes.

Abstract Session III
Wednesday, June 18th, 2025
3:45 PM- 5:15 PM

7P9LWAKLRQ

MARGINAL ULCER GONE WILD

Chirsten Chaconas *HCA Healthcare*; Peter Habib *Chicago Institute of Advanced Surgery*; Marc Sarran *Chicago Institute of Advanced Surgery*; Francisco Quinteros *Chicago Institute of Advanced Surgery*; Rami Lutfi *Chicago Institute of Advanced Surgery*
Marginal ulcers following Roux-en-Y gastric bypass (RYGB) can pose significant challenges in postoperative management. We present a case of a 42-year-old female who developed a marginal ulcer 16 days post-RYGB. Despite conservative maximal medical management, her ulceration persisted and progressed to a gastrocolic fistula. Initial endoscopic intervention with stenting, suturing, and clipping of the fistula was unsuccessful, leading to stent migration. At ten weeks post-operation, surgical intervention was necessary for fistula takedown, transverse colectomy, and revision of the gastrojejunostomy. This case highlights the complexities of managing marginal ulcers and the importance of stepwise progression of interventions in treating marginal ulcer.

9JBRWV9RJG

COMBINED THERAPY OF SEVERE OBESITY IN PATIENTS WITH BARDET-BIEDL SYNDROME USING ANTIOBESITY MEDICATIONS, BARIATRIC SURGERY, AND GENETIC-BASED TARGETED THERAPY

Maryam Khalil *The University of Oklahoma - Tulsa*; Stephen Phillippe *The University Of Oklahoma Health Sciences Center*; Leah Hillman *The University Of Oklahoma Health Sciences Center*; Stacey Kubovec *The University Of Oklahoma Health Sciences Center*; Jesse Richards *The University Of Oklahoma Health Sciences Center*; Geoffrey Chow *Univesity of Oklahoma, Tulsa*; Zhamak Khorgami *The University of Oklahoma College of Medicine - Tulsa, Department of Surgery*

Introduction: Setmelanotide, a melanocortin-4 receptor agonist, helps treatment of obesity in patients with Bardet-Biedl Syndrome (BBS). Glucagon-like peptide 1 receptor agonists (GLP-1 RA) are effective anti-obesity medications (AOM) in diabetic and nondiabetic patients. This study describes the outcomes of a university-based bariatric program using combined therapy for treating severe obesity in patients with BBS.

Methods: All patients referred to the University of Oklahoma weight loss program (July 2020 to October 2023) underwent a multidisciplinary evaluation including screening for genetic obesity, complete medical evaluation, and molecular genetic test when indicated.

Oral AOMs and GLP1 RAs were used for medical weight loss and optimization before bariatric surgery. BBS was diagnosed based on clinical criteria, and a genetic test was used for confirmation. When diagnosed with BBS, Setmelanotide was considered in addition to other AOMs, both in the preoperative and postoperative periods. Outcomes and complications of medical treatment were measured.

Results: Out of 101 patients diagnosed with BBS, 38 underwent combined therapy. Mean weight and BMI were 142.8±31.9 kg and 52±10.9 kg/m2. A genetic test was compatible with the clinical diagnosis of BBS in 23 patients (60.5%). Gastric bypass was the most common surgery (44.7%). A combination of oral AOMs, GLP-1 RA, and Setmelanotide were used before and after surgery. 13 patients received preoperative Setmelanotide and lost an average of 15.6 kg. Average weight loss after treatment with Setmelanotide (before or after surgery) was 18.2±15.1 kg. Surgical patients on both GLP-1 RA and Setmelanotide had the highest weight loss. The most common causes for discontinuation of Setmelanotide were hyperpigmentation and nausea.

Conclusion: A combined therapy approach including oral AOM, GLP-1 RA, and genetic targeted therapy can optimize patients for bariatric surgery and enhance postoperative weight loss.

KYR7GBN705

TWO CASES OF ROUX-EN-Y GASTRIC BYPASS IN PATIENTS WITH SITUS INVERSUS TOTALIS

Jihyun Yun *OHSU Hospital*

Situs inversus is a rare congenital condition that can be incidentally discovered on imaging. This mirror-image anatomy presents challenges in bariatric surgery and requires careful preoperative and intraoperative planning. Here, we present two patients with situs inversus totalis who underwent bariatric surgery. The first patient is a 71-year-old female who required conversion of her laparoscopic sleeve gastrectomy to a Roux-en-Y gastric bypass, along with primary esophageal hernia repair. This was due to chronic nausea, vomiting, and dysphagia, which had led to LA grade D esophagitis. The second patient is a 40-year-old female who required a type 3 paraesophageal hernia repair and primary Roux-en-Y gastric bypass for a BMI of 40, associated with GERD, OSA, and prediabetes. Both patients were discharged uneventfully on postoperative days 1 and 2, respectively, with appropriate follow-up in the bariatric clinic.

A6LZ0KPZ6R

SAFETY AND FEASIBILITY OF SLEEVE GASTRECTOMY CONVERSION TO ROUX-EN-Y GASTRIC BYPASS VERSUS SINGLE ANASTOMOSIS DUODENO-ILEAL BYPASS: AN ANALYSIS OF MBSAQIP DATABASE

Yeisson Rivero Moreno *Montefiore Medical Center*; Arturo Estrada *Montefiore Medical Center*; Shannon Keisling *Montefiore Medical Center*; Ricard Corcelles Codina *Cleveland Clinic*; Jenny Choi *Montefiore Medical Center*; Erin Moran-Atkin *Montefiore Medical Center*; Diego Camacho *Montefiore Medical Center*

Introduction: Sleeve Gastrectomy (SG) has become the most common bariatric procedure worldwide. Unfortunately, a significant number of patients require conversion to Roux-en-Y gastric bypass (RYGB) or Single Anastomosis Duodeno-Ileal Bypass (SADI) due to recurrent weight gain (RWG). This study aimed to determine the rate of serious complications and mortality of conversion of SG to RYGB (SG-RYGB) compared to SG to SADI (SG-SADI)

Methods: This was a retrospective analysis of the MBSAQIP database from 2020-2022. Patients undergoing SG-RYGB or SG-SADI were included. Thirty-day operative outcomes, intraoperative and postoperative events, and mortality were analyzed.

Results: A total of 28758 patients were included. 27412 (95.3%) underwent SG-RYGB and 1346 (4.6%) underwent SG-SADI. The mean preoperative body mass index (BMI) was 39.7 kg/m2 for SG-RYGB and 45.3 Kg/m2 for SG-SADI ($p<0.001$). SG-RYGB had a longer hospital stay (1.76 vs. 1.58 days, $p=0.002$) and higher frequency of intraoperative/postoperative occurrence in the first 30 days (5.9% vs. 3.4%, $p<0.001$), including transfusion (1.3% vs. 0.4%, $p=0.004$), readmission (7.3% vs. 4.6%, $p<0.001$), and emergency visit (12.5% vs. 8.5%, $p<0.001$). Although SG-SADI was associated with a higher rate of anastomotic leak (0.4% vs. 1.1%, $p<0.001$), there was no difference in reoperation (2.8% vs. 2.5%) or deaths (0.02% vs. 0%). No differences were observed in %EWL, %TWL, and % EBMIL between both groups.

Conclusions: Both revisional procedures are safe. Although SG-RYGB has a higher frequency of intraoperative/postoperative occurrence in the first 30 days, SG-SADI has a higher rate of anastomotic leaks, with no difference in reoperation or deaths.

XQN4NX74QB

LAPAROSCOPIC COMMON BILE DUCT EXPLORATION AN

Xavier Jean *University at Buffalo; Medical College of Wisconsin*; Gene Yang *University at Buffalo*; Alan Posner *University at Buffalo*

Introduction: Laparoscopic common bile duct exploration has become more common in the management of choledocholithiasis and has a particular benefit in patients with a history of Roux en Y Gastric Bypass due to the limited endoscopic options. Guidelines regarding transcystic common bile duct exploration typically include large stones ($\geq$ 6 mm) as a relative contraindication. Techniques including mechanical destruction or lithotripsy have increased the success of this procedure. We present a case of a successful laparoscopic common bile duct exploration in a patient with a previous Roux en Y Gastric Bypass and several large stones.

Method: A standard laparoscopic cholecystectomy and cholangiogram were performed confirming three large common bile duct stones. A choledochoscope was inserted and the stones were identified. Initial attempts to extract the stones through the cystic duct were unsuccessful. With lithotripsy available as backup, the stones were broken up mechanically and extracted or passed into the duodenum. The duct was completely cleared and the cholecystectomy was completed without issue.

Results: The patient successfully underwent a laparoscopic transcystic common bile duct exploration. The postoperative course was unremarkable and the patient was discharged without issue. They were seen in clinic with no complications noted and no complications at 30 days or beyond.

Conclusion: Laparoscopic common bile duct exploration is a safe procedure for management of choledocholithiasis in a bypass patient. Additional techniques including mechanical destruction and lithotripsy can allow for safe clearance of the common bile duct in a patient with large stones $>$ 6mm and should be strongly considered as a first line management for choledocholithiasis.

A9LR5DBR90

FIRST US CASES OF FDA-APPROVED MAGNETIC COMPRESSION BOWEL ANASTOMOSIS SYSTEM

Nestor De La Cruz Munoz *University of Miami, Miller School of Medicine*; Eli Monzon Canales *University of Miami, Miller School of Medicine*; Paul Enochs *Bariatric Specialists of NC, PA*; Helmuth Billy *Ventura Advanced Surgical Associates*

Introduction: Using compression to create bowel anastomoses has been explored since 1894. In October 2024, the FDA approved the first magnetic compression bowel anastomosis technology for clinical use. This innovative system employs magnets to compress two bowel segments, facilitating gradual anastomosis formation. Once complete, the magnets are excreted naturally through the gastrointestinal tract. Notably, this technique avoids the creation of enterotomies in the intestines, reducing potential surgical risks.

Method: One magnet is swallowed preoperatively while a second magnet is delivered endoscopically into the duodenum. This process enables magnetic duodenal-ileal (MagDI) (and other small bowel) anastomoses without need for making enterotomies, simplifying the procedure and reducing risks.

Results: 12 patients at three US centers have undergone MagDI anastomosis using this technology. Among them, nine patients received MagDI as a revision procedure for weight regain or inadequate weight loss after a gastric procedure. Additionally, two patients underwent MagDI with sleeve gastrectomy as a primary bariatric operation and one underwent revision of gastric bypass. Two patients underwent outpatient surgery, while the others were discharged after one-night observation. Operative time averaged 78 minutes. No complications have been reported.

Conclusion: This early experience demonstrates the promise of magnetic compression anastomosis as a safe and less complex alternative to traditional anastomotic techniques. By reducing technical demands and perioperative risks, even in high-risk populations, this technology may expand access to more challenging malabsorptive bariatric operations.

454PQKLP5J

TECHNICAL CONSIDERATIONS IN CONVERSION FROM ENDOSCOPIC SLEEVE GASTROPLASTY TO GASTRIC BYPASS

Lisa Brubaker *Baylor College of Medicine*; Gabriel Glaun *South Florida Surgical Specialists*; Mark Ward *AdventHealth*; John Paul Gonzalvo *AdventHealth*; Michel Murr *AdventHealth*

Introduction: This video abstract focuses on technical considerations in conversion from endoscopic sleeve gastroplasty (ESG) to gastric bypass. A 47-year-old male presented to clinic to discuss surgical weight loss options. The patient had a past medical history of hypertension, obesity with a BMI of 60, obstructive sleep apnea, and GERD. The patient had an ESG in 2021 with minimal weight loss. His highest weight pre-ESG was 407 lbs. His lowest weight after the procedure was 370 lbs. His current weight was 385 lbs. The patient reported a restrictive sensation after the ESG but currently does not feel any restriction.

Method: Preoperative work up consisted of upper gastrointestinal series (UGI) and upper endoscopy (EGD). Laparoscopy with intraoperative EGD was used for the conversion procedure.

Result: Preoperative UGI revealed 9 metallic sutures in gastric region and an hourglass deformity of the body of the stomach with a large fundus. Preoperative EGD revealed 3 areas of restriction in the body of the stomach with visible suture material which was cut and removed. A technical consideration made in planning for laparoscopic gastric bypass was performing intraoperative EGD given the discrepancy between the number of ESG sutures we visualized on UGI (9) compared to during EGD (3); our concern was that residual sutures eroded into the gastric wall would damage the stapling device and result in potential areas of leak. The video depicts evidence of ESG sutures on the anterior and posterior aspect of the greater curvature and how EGD and laparoscopic manipulation were used to exclude these areas from gastric pouch creation. A completion EGD with leak test confirmed an intact gastrojejunal anastomosis and no residual foreign bodies in the gastric pouch. The patient did well post-operatively with $>$50 lb. weight loss in 90 days and no post-operative complications.

Conclusion: Conversion procedures are possible after ESG with careful pre-operative planning.

6AGR9PNRD0

REVERSAL OF VERTICAL BANDED GASTROPLASTY & PERORAL ENDOSCOPIC MYOTOMY IN A PATIENT WITH ACHALASIA

Noura Jawhar *Mayo Clinic, Rochester*; Simon Rodier *Mayo Clinic, Rochester*; Nour El Ghazal *Mayo Clinic*; Tala Abedalqader *Mayo Clinic, Rochester*; Sara Bocchinfuso *Mayo Clinic, Rochester*; Simon J. Laplante *Mayo Clinic*; Dennis Wigle *Mayo Clinic*; Omar Ghanem *Mayo Clinic*

Introduction: Achalasia is rare following bariatric surgery (BS). Limited data exists regarding the development or existence of esophageal dysmotility disorders after BS.

Vertical banded gastroplasty (VBG), a restrictive BS procedure, can lead to esophageal junction outflow obstruction postoperatively and this could result in esophageal dilation with increased lower esophageal pressure, a variant of achalasia. VBG revision or reversal could treat the condition. For MBS patients, the optimal type and timing of achalasia intervention remains unclear. Peroral endoscopic myotomy (POEM) has recently emerged as the preferred approach for the management of esophageal dysmotility disorders.

Methods: A 67-year-old male with a history of VBG and BMI of 16 kg/m2 presented to a tertiary bariatric surgery center with symptoms of vomiting and regurgitation. The patient was diagnosed with achalasia and underwent several unsuccessful endoscopic dilations.

Results: Upper GI imaging and manometry confirmed the diagnosis of achalasia. The patient was also found to have a hiatal hernia on imaging. Likely the source of the patient's symptoms, we educated and consented the patient for VBG reversal with hiatal hernia repair, and subsequent POEM.

The patient was started on a liquid diet with trickle feeds following surgery. The patient was transitioned to full feeds on postoperative day seven. The POEM was performed successfully with no evidence of radiologic or clinical recurrence of achalasia on followup.

Conclusion: Prior to definitive management for achalasia, the underlying cause should be addressed in patients who have undergone bariatric surgery such as VBG. Reversal of VBG should proceed POEM, to fully avoid recurrence of symptoms and the condition of achalasia itself. Initiating with VBG reversal also ensures that the reversal staple is away from the area of interest for the myotomy. The role of POEM in the management algorithm of BS patients should be further studied.

Reducing the Stigma of Obesity

Thursday, June 19th, 2025

10:15 AM- 12:00 PM

VYZQLM4QR5

PATIENT EXPERIENCES OF WEIGHT STIGMA AND INTERNALIZED WEIGHT BIAS BEFORE AND AFTER BARIATRIC SURGERY: A SEQUENTIAL MIXED-METHODS STUDY

Melissa Butt *Penn State College of Medicine*; Nevada Cox *Penn State College of Medicine*; Heather Stuckey *PennState Health*; Ann Rogers *PennState Health*; Andrea Rigby *PennState Health*

Introduction: Despite efforts to reduce and treat obesity, the presence of weight stigma persists in the medical field and may impact patient utilization or effectiveness of weight loss therapies - further adding to the physical and mental challenges patients face. The objective of this study was to gain insight into bariatric surgery patients' experiences of weight stigma and the extent to which interpersonal and provider weight stigma impact patient perceptions.

Methods: This mixed-method study included pre- and post-bariatric surgery patients (n=24) from a surgical weight loss program at an academic medical center. Participants completed surveys regarding patients' perceptions of weight stigma during medical encounters. Participants who completed all surveys were organized into focus groups.

Recruitment and data collection via surveys and interviews occurred between August and October 2022. Responses were recorded, transcribed, deidentified, and coded for recurring themes using NVivo 12.

Results: Three main themes were identified in the focus groups regarding participants' experiences of weight stigma and decisions to pursue bariatric weight loss surgery: (1) Participants perceived that family members were a significant source of negative weight-based sentiments, (2) Participants recounted largely negative experiences with health care providers, and (3) Participants found positive support and experiences with select clinicians.

Conclusions: Participants undergoing surgical weight loss experienced significant amounts of weight stigma from both health care providers and family members' negatively impacting patients' relationships with the medical field, as well as self-esteem and self-image contributing to IWB. Addressing these issues could improve patient-provider relationships, obesity related treatment utilization, obesity rates and health outcomes.

DQ9W7DJWQG

EVALUATING SOCIOECONOMIC BIAS IN BARIATRIC REFERRALS: EXPERIENCE FROM A SINGLE ACADEMIC CENTER

Jonathan Li *University of California, Davis Medical Center*; Leah Timbang *University of California - Davis Health*; Brian Howard *University of California - Davis*; Ariel Pham *University of California - Davis*; Victoria Lyo *University of California - Davis*; Mohamed Ali *University of California - Davis*; Shushmita Ahmed *University of California - Davis*

Intro: Although metabolic/bariatric surgery (MBS) is the most efficacious treatment for obesity, only 1% of eligible individuals undergo surgery. Utilizing the distressed community index (DCI), we aimed to characterize MBS referral patterns and evaluate for socioeconomic bias.

Methods: We performed a retrospective review of patients at our institution in 2022 with a BMI of >40 and without prior MBS. Patients were stratified into high tier (HT) and low tier (LT) DCI. Demographics and comorbidities were compared.

Results: Of 686 patients, 438 (63.8%) patients were HT and 248 (36.2%) were LT. Of all patients, there were no differences in age (57.9±13.09 years), BMI 46.0+6.6 kg/m2, or sex (61.9% female) between DCI groups. HT had higher rates of white patients (48% HT vs 37%LT, p=0.03), private insurance (62%HT vs 54%LT, p=0.03), hypertension (40%HT vs 27%LT, p<0.01), obstructive

sleep apnea (21%HT vs 13%LT, p=0.01), and dyslipidemia (23% HT vs 13%LT, p<0.01). Only 97 (14%) were referred for MBS. HT patients were more likely to be referred for MBS (16.7% vs 9.7%, p=0.01), constituting 75% of the referred population.
Among referred patients, there were no differences in age, BMI, or comorbidities between HT and LT.
Conclusion: MBS referral rates remain low even among patients who meet BMI criteria. Although HT patients had greater comorbidities as a whole, among referred patients there were no differences in BMI, age or comorbidities between DCI groups, suggesting that equally sick patients from each group were referred. Nonetheless, greater number of HT patients were referred, suggesting socioeconomic bias.

PDQN08JNYN

NAVIGATING THE PATH TO REVISION: STRATEGIES TO ADDRESS SHAME AND STIGMA IN BARIATRIC SURGERY

April Williams *BariNation*; A. Joseph Cribbins Iii *Texas Center for Bariatrics and Advanced Surgery*; Edmund Chen *Texas Center for Surgery*; Jason Smith *BariNation*

Introduction: Revisional procedures are crucial for patients experiencing weight recurrences or complications following initial procedures. However, significant shame and stigma surrounding weight recurrence and the need for revision can deter patients from seeking necessary care. This presentation will explore strategies practitioners can employ to help patients overcome these barriers and access timely revision surgery.
Methods: This presentation will draw upon clinical expertise, current literature, and inspiring patient success stories to discuss effective communication techniques, patient education strategies, and the importance of a compassionate and non-judgmental approach. We will emphasize the importance of addressing long-term health management and advancing metabolic disease markers that may contribute to weight recurrence and the role of multidisciplinary care teams in supporting patients throughout their revision journey.
Results: By implementing these strategies, including sharing compelling patient testimonials, healthcare providers can foster an environment of trust and understanding, empowering patients to make informed decisions about their care and navigate the revision process with confidence and reduced emotional distress.
Conclusion: Addressing the shame and stigma associated with revision bariatric surgery is crucial for improving patient outcomes and ensuring access to high-quality care. By prioritizing patient-centered communication, fostering a supportive environment, and sharing the inspiring journeys of successful revision patients, healthcare providers can play a vital role in helping patients overcome these barriers and achieve long-term success.

6W9VGRMVLV

IMPACT OF BARIATRIC SURGERY ON WEIGHT STIGMA

Justin Dhyani *Jersey Shore University Medical Center*; Divya Sundararajan *Geisinger School of Medicine*; Craig Wood, Ms *Geisinger Medical Center*; Arash Rahimi-Ardabily *Geisinger Medical Center*; Benefsha Mohammad *Geisinger Medical Center*; Vladan Obradovic, Md *Geisinger Medical Center*; David Parker, Md *Geisinger Medical Center*; Anthony Petrick, Md *Geisinger Medical Center*; Mark Mahan, Do *Geisinger Medical Center*; Alexandra Falvo, Md *Geisinger Medical Center*; Osama Shaheen *Geisinger Medical Center*

Introduction: Weight stigma is associated with adverse health outcomes including depression, anxiety, disordered eating, and low self-esteem. The adverse psychological and medical sequelae of externalized and internalized weight stigma may affect individuals who have undergone metabolic and bariatric surgery (MBS). Understanding weight stigma and associated risk factors can improve the care, outcomes, and quality of life of bariatric surgery patients. We aim to evaluate changes in patient's internalized weight stigma before and after MBS.
Methods: A prospectively maintained bariatric surgery database was used to identify patients aged 18+ with BMI ≥35/kg2 that underwent primary bariatric surgery from the years 2006-2019 (n=5749). Patients completed the Impact of Weight Quality of Life questionnaire (iwQOL) survey preoperatively and at 12 month follow up. Weight stigma was evaluated using the 7- item self-esteem score from the iwQOL.
Results: Self-esteem scores significantly increased for the overall group (+41.9, p< 0.01) and within each surgery type with BPD-DS demonstrating the smallest change (+31.6). Patients with higher preoperative BMI (BMI≥50kg/m2) had smaller increases in self-esteem scores compared to lower BMI (<40 kg/m2) (+34.8 versus +46.9) (p=0.0066). Patients with higher post operative weight loss demonstrated greater improvement in self-esteem scores.
Neither sex, age, nor race/ethnicity showed a statistically significant difference in change in weight stigma.
Conclusions: Bariatric surgery positively impacted patients' self-esteem and internalized weight stigma. Greater weight loss was associated with decreased self-bias and stigma, contributing to an improvement in quality of life.

Trending Research Topics in Integrated Health

Thursday, June 19th, 2025

1:30 PM – 3:00 PM

JXZB60YBX5

UNDERSTANDING OBESITY STIGMA: THE USE OF NATURAL LANGUAGE PROCESSING AND TEXT MINING

Abdallah Attia *Tulane University*; Eman Toraih *Tulane University*; Jayanth Mosalakanti *Tulane University*; John Baker *Tulane University*; Dietric Hennings *Tulane University*; Shauna Levy *Tulane University*

Introduction: Obesity stigma affects mental, physical, and social well-being, with 42% of U.S. adults reporting weight stigma. The study utilized natural language processing (NLP) techniques to analyze social media data, uncovering sentiments and patterns of stigma related to medical and surgical treatments.
Methods: The study analyzed one million Reddit posts, including confessional-style data downloaded from HuggingFace. GLP-1 receptor agonists (GLP-1RA) and bariatric surgery discussions

extracted via the RedditExtractor package in R. Text preprocessing in Python involved tokenization, stopword removal. Sentiment analysis was performed using the TextBlob library. Latent Dirichlet Allocation was used to identify key themes and narratives.

Results: 44,378 posts (4.4%) discussed weight-related topics, and 7,538 posts focused on GLP-1RA and bariatric surgery. Sentiment analysis revealed that 54% of weight-related posts expressed negative sentiments, while 44% were positive. Bigram analysis highlighted frequent terms like "lose weight" (2,208 occurrences), "mental health" (3,231 occurrences), and "fat people" (3,775 occurrences). Trigrams exposed stigmatizing language, such as "I hate fat people" (2,104 occurrences), reflecting overt bias toward individuals with obesity. Mental health-related phrases like "depression and anxiety" cooccurred frequently, indicating significant overlap. GLP-1RA discussions centered on stigma from family and political stigma concerns, alongside financial and healthcare access challenges. Bariatric surgery posts highlighted immediate weight-loss benefits but raised concerns about the lengthy qualification process, nutritional deficiencies, and postsurgical lifestyle adjustments.

Conclusion: Analyzing social media discussions helps us better understand societal attitudes, patterns of bias, and disparities. This deeper insight is crucial for addressing these challenges and improving care for individuals with obesity.

LYNXDBNXYQ

A TECHNOLOGY-BASED INTERVENTION TO REDUCE ALCOHOL USE AFTER BARIATRIC SURGERY

Lisa Matero *Henry Ford Health*; Celeste Pappas *Henry Ford Health*; Brittany Christopher *Henry Ford Health*; Roman Grossi; Alyssa Vanderziel *Henry Ford Health*; Roland Moore *Prevention Research Center, Pacific Institute for Research and Evaluation*; Nancy Barnett *Brown University*; Hamann Aaron *Henry Ford Health*; Carlin Oliver *Henry Ford Health*; Oliver Varban *Henry Ford Health;* Jordan Braciszewski *Henry Ford Health*
Arthur

Introduction: Patients who undergo bariatric surgery are at increased risk for an alcohol use disorder. This study examined the feasibility, acceptability, and preliminary outcomes of a technology-based intervention to reduce alcohol use delivered after bariatric surgery.

Methods: Participants (N= 60) who were 6-18 months post-surgery were randomized to the intervention or a treatment-as-usual control group. The intervention consisted of 2 (15- minute) sessions of interactive web-based content followed by 3-months of daily text messaging based in motivational interviewing and adapted to the participants' level of motivation to avoid alcohol use (scale of 0-10). Participants completed baseline and 3- month follow-up questionnaires.

Results: Participants were primarily female (90%), White (55.0%) or Black (43.3%), with a mean age of 44.6 years (SD= 10.4). Of those randomized to the intervention (n= 24), 83.3% (n= 20) began the intervention and 95% (n=19) completed it. Participants rated the intervention as relevant and useful, and 100% thought that other patients would use the intervention. The intervention group reported a significant increase in level of motivation to avoid alcohol use from baseline to 3-months (7.04 vs. 7.91, p= .02) whereas the control group did not show a significant change (p= .73). Among those who had not yet used alcohol postsurgery, no patients in the intervention group reported alcohol use at the 3-month followup whereas 36.4% of patients in the control group reported alcohol use.

Conclusion: A technology-based intervention delivered after bariatric surgery was feasible, acceptable, and showed promising preliminary outcomes for reducing alcohol use after bariatric surgery.

6GPPQ8VPGL

EXPLORING RISKS FOR SMOKING CESSATION RELAPSE POST ROUX-EN-Y GASTRIC BYPASS

Kaitlyn Jenne *Mayo Clinic*; Julia Jurgensen *Mayo Clinic*; Nour El Ghazal *Mayo Clinic*; Omar Ghanem *Mayo Clinic*

Introduction: Tobacco cessation is required before bariatric surgery, as tobacco use is a risk factor for ulcerations in Roux-en-Y gastric bypass (RNYGB). Studies are needed to assess and predict relapse after surgery.

Method: Patients who underwent RNYGB from 2008-2022 with a smoking status prior to surgery completed a telephone questionnaire regarding tobacco use between October and December 2024. Pre/postoperative weight and age, and questionnaire answers were collected. Independent samples t test, chi square tests of independence and binary logistic regression were conducted for analysis.

Results: 163 patients were eligible, 71 participants reached and 41 participated. 27 participants reported relapse. There was a significant difference between the relapse and abstinence groups in mean preoperative and 6 months postoperative weight ($p < 0.05$), and significant negative correlation was found between relapse and the above factors ($p < 0.05$) (Table 1). Participants who relapsed used nicotine replacement therapy (NRT) as a smoking cessation method and stress as a contributing factor to relapse. The abstinence group used combination therapy and attributed this to their success. (Figure 1).

Preoperative weight and lower/middle class income were associated with lower odds of relapse, and history of substance abuse was a significant predictor of relapse ($p < 0.05$).

Conclusion: Patients who smoke prior to RYNGB are at higher risk for relapse if utilizing NRT alone compared to combination approach. Additional research is needed to explore long-term success of combination therapy for smoking cessation in RYNGB patients and to assess complications between relapse and abstinence groups.

ZDN56WV5X5

FROM SWEET TO SOUR: HOW METABOLIC SURGERY CHANGES TASTE AND ALCOHOL RISK IN WOMEN

Marta Pepino *University of Illinois;* Mariel Molina-Castro *University of Illinois at Urbana Champaign*; Jessica Nicanor-Carreon *University of Illinois at Urbana Champaign*; Blair Rowitz *Carle Illinois College of Medicine*

Introduction: Metabolic surgery, such as gastric bypass or sleeve gastrectomy, alters taste perception, potentially fostering healthier eating habits. While sensory-discriminative aspects of taste remain largely unchanged, the affective response to sweetness shifts. Building on Cabanac's work linking obesity with reduced "satiety aversion to sucrose," we found that women with obesity experience prolonged pleasure from sweetness than those with a healthy weight. This delayed sensory habituation, crucial for satiation, reverses shortly post-surgery. Similarly, alcohol intake decreases initially post-surgery; however, the risk of alcohol use disorder (AUD) doubles after two years. This study examines changes in sweetness perception beyond two years from surgery and potential mechanisms underlying AUD increased risk.
Method: Sweetness palatability tests assessed affective responses in 15 post-surgery women and 30 non-surgery controls (15 with healthy weight and 15 with similar body composition to the post-surgery group). Subjective alcohol responses were evaluated using validated questionnaires in 14 post-surgery women and 14 non-surgery controls. Alcohol effects were measured using oral and intravenous alcohol administration via an alcohol clamp.
Results: Women >2 years post-surgery exhibited reduced "satiety aversion to sucrose," akin to responses of women with obesity without surgery. Post-surgery participants reported greater drunkenness and drug-like effects (e.g., resembling lysergic acid) after consuming alcohol compared to controls. The alcohol clamp revealed a higher likelihood of tolerance to alcohol's sedative effects in post-surgery participants.
Conclusion: The initial benefits in taste perception observed shortly post-surgery diminished when assessed >2 years post-surgery. Altered alcohol subjective effects and increased tolerance may explain the heightened AUD risk in this population.

GLDAW7RA9B

ASSOCIATION BETWEEN PREOPERATIVE 24-HOUR MOVEMENT BEHAVIORS AND EARLY WEIGHT LOSS AFTER METABOLIC BARIATRIC SURGERY: A COMPOSITIONAL ISOTEMPORAL SUBSTITUTION ANALYSIS

Leah Schumacher *Temple University;* Yin Wu *Center for Obesity Research, Innovation, and Education (CORIE), Hartford Hospital;* J. Graham Thomas *Weight Control & Diabetes Research Center, Brown Alpert Medical School;* Aurélie Baillot *Department of Nursing, Université du Québec en Outaouais, Canada;* Pavlos Papasavas Hartford HealthCare; Sivamainthan Vithianathan *Cambridge Health Alliance;* Daniel Jones *Rutgers New Jersey Medical School;* Webster Jennifer *Weight Control & Diabetes Research Center;* Dale Bond *Hartford HealthCare*
Introduction: Physical activity (PA), sedentary behavior (SB) and sleep are interrelated 24- hour movement behaviors where change in time spent in one behavior influences time spent in the others. However, previous research examining associations between movement behaviors and metabolic bariatric surgery (MBS) outcomes has examined these behaviors separately, rather than in ways that reflect their codependence. This study evaluated whether early post-MBS weight loss differed based on compositional time reallocations between pre-MBS 24-hour movement behaviors.
Method: Participants wore an accelerometer 24 hours/day for 10 days before MBS to capture time spent in sleep, SB, light-intensity PA (LPA) and moderate-to-vigorous intensity PA (MVPA). Compositional isotemporal substitution models estimated differences in 6- month post-MBS percentage total weight loss (% TWL) associated with reallocating time between pre-MBS 24-hour movement behaviors.
Results: Forty-five participants (45.2±11.3 years old, 88.9% women, 59.1% White) provided valid accelerometry and weight data. Overall pre-MBS time-use composition (minutes/day: sleep—447.3±70.7, SB—583.7±100.9, LPA—366.0±75.3, MVPA—42.6±23.0) was associated with weight loss (% TWL=23.8±5.1; F=2.66, p=0.047). Reallocating 15 to 60 SB or LPA minutes/day to MVPA was associated with a 0.9%-3.5% increase in %TWL, whereas reallocating 15 to 30 MVPA minutes/day to SB or LPA was associated with a 1.4%-5.0% decrease in %TWL (ps<.05). Other reallocations were non-significant.
Conclusion: Reallocating time from SB or LPA to MVPA before MBS might enhance weight loss, whereas reallocating time away from MVPA to SB or LPA might impede weight loss. Future research should examine changes in time-use composition after MBS and associations with weight and other health outcomes.

Presidential Grand Rounds I

Tuesday, June 17th, 2025

9:30 AM – 10:15 AM

PV9K4QNKVG

ROBOTIC ASSISTED VERSUS LAPAROSCOPIC DUODENAL SWITCH: A NATIONWIDE PROPENSITY-SCORE MATCHED ANALYSIS

Michael Edwards *Mayo Clinic*; Yuki Lui *Intuitive Surgical, Inc*; Yu-Hsiang Kao *Intuitive Surgical, Inc*; Feibi Zheng *Intuitive Surgical, Inc.; Baylor College of Medicine*
Introduction: Duodenal switch (DS) procedures including biliopancreatic diversion with duodenal switch and single anastomosis duodenal-ileal bypass with sleeve gastrectomy are technically demanding metabolic surgeries performed laparoscopically or with robotic assistance.
This study aims to compare the clinical outcomes between robotic-assisted DS (R-DS) and laparoscopic DS (L-DS).
Methods: From the Premier Healthcare Database, patients who underwent primary elective L-DS or R-DS from 2017-2022 were identified. Demographics, operative, and 30-day outcomes were compared. Propensity score matching (PSM) was used to obtain an approximate unbiased measure of outcomes by balancing patient's baseline covariates between L-DS and R-DS.
Results: Of 3,215 DS cases, 2,279 (71%) were laparoscopic and 936 (29%) robotic. Utilization of robotic surgery increased 1.7-fold from 2017 to 2022. Comorbidities were mainly comparable between the two groups. After PSM, all demographic variables were comparable. Matched R-DS and L-DS cohorts had comparable intraoperative complication rates, length of hospital stay, conversion, transfusions, overall 30-day postoperative complication, and readmission rates. Patients undergoing R-DS had longer operative times (240 min vs 205 min, $p < 0.001$) and a lower 30-day

gastrointestinal hemorrhage rate (0.1% vs. 1.0%, = 0.039). The absolute proportion of overall complications decreased over time (Figure 1) by approximately 5% and the median perioperative 30-day total cost decreased by $2,596 (all trend test, P<0.05). In the PSM group, complication decreased over time for both L-DS and R-DS (Figure 2), and the median 30-day total cost for R-DS and L-DS decreased $9,230 and $3,341 respectively.

Conclusion: While the operative time remains longer in the R-DS, early complications were comparable for both R-DS and L-DS. Overall complication and cost decreased over time for both and the cost difference between R-DS and L-DS continues to narrow.

QLDNXWGNLJ

EXAMINING THE LONG-TERM CHARGES ASSOCIATED WITH SLEEVE GASTRECTOMY AND ROUX-ENY GASTRIC BYPASS: AN HCUP ANALYSIS

Mitchel Fernando *Stritch School of Medicine, Loyola University of Chicago*; Mason Friesch *Stritch School of Medicine, Loyola University of Chicago*; Simon Park *Stritch School of Medicine, Loyola University of Chicago*; Kevin Brown *Loyola University Medical Center*; Monica Edwards *Loyola University Medical Center*; Laura Wool *Loyola University Medical Center*; James Lau *Loyola University Medical Center*; Tyler Cohn *Loyola University Medical Center*

Introduction: Studies examining the long-term costs of sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB) are primarily limited to single institution case-series. In this context, we utilize the Healthcare Charges and Utilization Project (HCUP) databases to establish longitudinal charges associated with SG and RYGB.

Methods: The 2017-2018 HCUP State Inpatient Database (SID), State Ambulatory Surgery and Services Databases (SASD), and State Emergency Department Databases (SEDD) for Florida, Georgia, Maryland, and Wisconsin were queried to identify patients who underwent SG or RYGB. The 2019 database files were used to capture all subsequent inpatient, ambulatory, and ER visits for one year postoperatively. Initial surgical and postdischarge charges were captured. SG and RYGB patients were 1:1 propensity matched for sex, age, race, admission-type, insurance type, disposition, income, and Elixhausercomorbidity scores to establish differences in outcomes and charges between cohorts.

Results: 34,115 patients were identified. 26,136 (77%) underwent SG. 7,979 (23%) underwent RYGB. RYGB had increased median charges of the index procedure compared to SG ($59,231 vs. $48,104, p<0.001). On comparison of propensity-matched cohorts, the RYGB cohort had significantly higher total charges ($66,947 vs. $53,323, p<0.001). Postdischarge, RYGB patients were more likely to present to the ER, be readmitted to the hospital, and have more ambulatory visits (all p<0.001) but this did not result in an overall increase in charges (p=0.2).

Conclusion: RYGB generates more charges than SG related to the initial procedure. Despite RYGB patients increased resource utilization after surgery, there is no significant differences in postdischarge healthcare expenditures between SG and RYGB.

MNJYBPMYGX

SLEEVE GASTRECTOMY IS ASSOCIATED WITH FEWER PATIENT-REPORTED EATING-RELATED SYMPTOMS COMPARED TO ROUX-EN-Y GASTRIC BYPASS

Nicole Petcka *Emory University*; Jessica Wu *Emory University*; Omobolanle Oyefule *Emory University*; Seyed A. Arshad *Emory University*; Ankit D. Patel *Emory University*; Edward Lin *Emory University*; Elizabeth Hechenbleikner *Emory University*; Danny Mou *Washington University*

Introduction: Patient reported outcome measures (PROMs) following metabolic and bariatric surgery (MBS) have yielded inconsistent findings regarding postoperative symptoms. We explored how BODY-Q eating-related (ER) behavior, distress, and symptoms compare between postoperative sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB) patients.

Methods: All MBS patients who presented for evaluation between 02/2023-10/2024 were given the BODY-Q ER questionnaires at multiple time intervals including preoperatively, and postoperatively 0-6, 6-12, 12-24, 24-36, and >36 months from surgery. The BODY-Q module is a validated questionnaire to assess ER behaviors (feeling out of control), distress (feeling embarrassed), and symptoms (feeling pain or bloating) on a scale of 0-100 (0 being worse health and 100 being optimal health). Median BODY-Q scores were compared using Mann-Whitney U-test with a p-value of <0.05 considered significant.

Results: There were 2,556 surveys included. Database compliance was 78%. RYGB patients reported lower scores for ER symptoms at 0-6 months (71.0 (57.0-85.0) vs. 76.0 (61.0-91.0); p<0.01) and 6-12 months (71.0 (58.0-84.0) vs. 79.0 (57.5-100.5); p<0.01) when compared to SG patients. RYGB patients reported higher prevalence of pain (50.3% vs. 35.9% 0-6 months & 47.3% vs. 25.6% 6-12 months; p<0.01) and nausea (51.0% vs. 34.3% 0-6 months & 50.9% vs. 25.6% 6-12 months; p<0.01) compared to SG patients.

Conclusion: SG patients report fewer ER-symptoms within the first 12 postoperative months compared to RYGB patients. However, this difference diminishes after 12 months. These findings should be incorporated into preoperative counseling to help patients make informed decisions between the two procedures.

0DY40L64WX

CONCURRENT HIATAL HERNIA REPAIR DURING BARIATRIC SURGERY: BALANCING SHORT-TERM OUTCOMES AND LONG-TERM EFFICACY

Ahmad Hider *University of Colorado*; Ryan Howard *University of Michigan*; Arthur Carlin *Henry Ford Health*; Michael Kia *McLaren Health*; Hope Jackson *University of Michigan*; Nabeel Obeid *University of Michigan*; Oliver Varban *Henry Ford Health*; Sarah Petersen *University of Michigan*; Jonathan Finks *University of Michigan*

Introduction: Concurrent hiatal hernia repair (cHHR) during bariatric surgery may improve gastroesophageal reflux disease (GERD) but may also increase the risk of perioperative complications. This study evaluates the impact of surgeon variability in cHHR on 30-day safety and 1-year GERD outcomes.

Methods: We analyzed data from the Michigan Bariatric Surgery Collaborative clinical registry between 2013-2023. Surgeons were stratified into terciles based on their annual rates of cHHR during laparoscopic sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB). Patients were surveyed at baseline and annually regarding GERD symptoms and anti-reflux medication use. Multivariable regression models were used to compare 30-day outcomes and 1-year GERD outcomes.
Results: During the study period, 67,307 patients underwent SG by 128 surgeons, and 15,916 patients underwent RYGB by 108 surgeons. Surgeons in the highest surgeon tercile for cHHR with SG (mean rate 52%) had lower rates of adverse events (Figure 1) and their patients reported a greater reduction in GERD-Health Related Quality of Life (HRQL) scores (0.5 vs. 0.1, $p=0.0074$) than patients in the lowest surgeon tercile (mean rate 13%). Surgeons in the highest tercile for cHHR with RYGB (mean rate 36%) also had lower rates of adverse events (Figure 2) and their patients reported a higher rate of discontinuing antireflux medications at 1 year (82.7% vs 74.7%, $p<0.0001$).
Conclusions: Surgeons vary in their rate of performing cHHR during bariatric surgery. A more aggressive approach to cHHR appears to be safe, with potential improvement in reflux control at 1 year.

A64Q8JMQ7P

SELF-FORMING MAGNETS WITH IMMEDIATE FUNCTIONAL LUMEN (SFM-IFL) FOR SMALL BOWEL ANASTOMOSES (SBA): INITIAL REPORT OF TECHNICAL OUTCOMES FROM THE NORTH AMERICAN PIVOTAL CLINICAL STUDY

Shinil Shah *UT Health Houston*; Melissa Felinski *UT Health Houston*; Muhammad Ghanem *Orlando Health Orlando Regional Medical Center*; Manoel Galvao Neto *Orlando Health Weight Loss and Bariatric Surgery Institute*; Michael Seger *Seger MD*; Richard Englehardt *Bariatric Medical Institute of Texas*; Nestor de la Cruz-Munoz *University of Miami, Miller School of Medicine*; Andre Teixeira *Orlando Health Weight Loss and Bariatric Surgery Institute*
Introduction: Factors that may contribute to the lack of more widespread adoption of metabolic and bariatric surgical procedures requiring anastomoses (MBS-A) include perceived technical difficulty and the learning curve for performing minimally invasive (MIS) intra-corporeal anastomoses (ICA) using standard techniques. Magnet assisted anastomotic techniques may offer promise, but to date, the lack of techniques that allow for an IFL has limited potential applicability.
Methods: The primary objective of this pivotal trial is to investigate the safety and effectiveness of an SFM-IFL anastomotic technique in patients undergoing MIS procedures requiring a SBA. Specific inclusion and exclusion criteria are publicly reported (NCT06454916).
Results: We report initial technical outcomes of the first 37 patients (8 surgeons). The majority of patients were female (30) and obese (mean BMI 42.2 (29.4-54.8)). The most frequently performed SBA were jejunojejunostomy (JJ, Roux-en-y gastric bypass) followed by duodenoileostomy (DI, single anastomosis duodenal switch). There was one device related adverse event (small bowel perforation recognized and treated intra-operatively). The average time to complete anastomosis was 18 minutes (JJ 15.7 minutes, DI 19.6 minutes). SFM-IFL was successfully completed in all patients without reoperations or anastomotic leaks/bleeds/strictures.
Discussion: Our initial experience demonstrates the technical feasibility and peri-operative safety of using SFM-IFL for SBA. While technologies (e.g., robotics) have enabled ICA for a subset of surgeons, techniques that both democratize the ability of surgeons to perform safe and efficient ICA as well as potentially reduce anastomotic complications (leak, stricture, bleeds and ulceration) may have wide applicability for MBS-A and other MIS or open anastomotic procedures.

Presidential Grand Rounds II
Tuesday, June 17th, 2025
12:00 PM- 12:45 PM

DXGB0Z5BK4

EVALUATING THE FEASIBILITY OF A NOVEL SUCTION-BASED LIVER RETRACTOR IN METABOLIC & BARIATRIC SURGERY

Ayaa Ali *Wellspan Health*; Faiz Shariff *Wellspan Health*
Introduction: Liver retraction in Metabolic and Bariatric Surgery (MBS) provides the surgeon with adequate exposure to safely perform surgery. Multiple liver retractors require insertion and adjustment at the bedside. With the wider adoption of robotic surgery, surgeon autonomy is paramount, including the ability to adjust liver retraction midprocedure. A novel suction-based liver retractor was investigated in this study to evaluate its ease of use and feasibility in liver retraction during MBS.
Methods: This was a quantitative prospective study analyzing 20 cases using case video recordings and immediate post-procedure surgeon surveys. The investigated liver retractor is a single-patient-use device that utilizes suction to attach to and retract the liver. (Please review attached video). The study assessed operative performance, retraction stability, and postoperative outcomes.
Results: A total of 20 robotic MBS recordings were analyzed, including 19 female and 1 male patient, with a mean age of 42 years and a mean BMI of 47. Retraction suction pressure was set at 300 mmHg in all cases. The mean retraction time for the procedure was 72 minutes. Post-procedure surveys reported the ease of use for all 20 cases was 10/10. Adequate exposure was obtained in 19/20 cases. No intraoperative or 30-day postoperative complications, including liver injuries, were observed.
Conclusion: The investigational suction-based liver retractor is feasible, easy to use, and safe for robotic MBS. It offers incision-free placement, ease of intraoperative adjustments, and no observed complications. This novel device provides an effective and reliable alternative to traditional liver retraction methods.

DXJZ8MDZXN

MODIFIED BARIATRIC FRAILTY SCORE TO PREDICT POSTOPERATIVE OUTCOMES IN ELDERLY PATIENTS FOLLOWING SLEEVE GASTRECTOMY AND ROUX-EN-Y GASTRIC BYPASS

Alba Zevallos *Northwest Hospital*; Gina Adrales *Johns Hopkins University*; Christina Li *LifeBridge Health*; Tarek Hassab *Johns*

Hopkins University; Michael Schweitzer *Johns Hopkins University*; Raul Sebastian *Johns Hopkins University*

INTRODUCTION: Elderly patients less frequently undergo bariatric surgery due to higher complication risks. Given the association between obesity and frailty in this population, precise preoperative risk assessment is essential. The Modified Bariatric Frailty Score (mBFS) was developed to quantify frailty and assess its impact on 30-day outcomes in elderly patients undergoing sleeve gastrectomy (SG) or Roux-en-Y gastric bypass (RYGB).

METHODS: Patients >60 years were included using the 2015–2022 MBSAQIP database. 14 variables of the Canadian Study of Health and Aging-Frailty Index were mapped onto 9 variables of MBSAQIP. Multivariate logistical regression analysis were performed between mBFS and seven postoperative outcomes (non-home discharge, mortality, prolonged hospital stay, ICU admissions, cardiac, pulmonary, and renal complications). Finally, a propensity score matching (PSM) between low mBFS(0–4) and high mBFS(5–9) was performed for SG and RYGB.

RESULTS: 90,239 SG and 40,272 RYGB patients were analyzed. Higher mBFS scores were strongly correlated with postoperative complications via linear regression and multivariate analysis. Scores of 5–9 significantly predicted adverse outcomes. After PSM, cohorts of 3,337 SG and 1,655 RYGB patients confirmed that high mBFS(5–9) was associated with increased complication rates after SG and RYGB.

CONCLUSION: Our mBFS is a better predictor of non-home discharge, prolonged hospital stays, 30-day mortality, unplanned ICU admissions, and cardiac, pulmonary, and renal complications than the ASA score of IV–V, renal insufficiency, lower limb venous disease, or BMI >50. Our study validated the cumulative deficit theory in elderly bariatric surgery patients.

J6JWXGJWV8

USE OF NOVEL FORCE FEEDBACK TECHNOLOGY ASSOCIATED WITH REDUCED FORCE IN ROBOTICASSISTED BARIATRIC SURGERY

Lee White *Stanford*; Brian Ruhle *Stanford University School of Medicine*; Robert Mostellar *Intuitive Surgical*; Michael Edwards *Mayo Clinic*; Ashwinram Suresh *Intuitive Surgical*; Lee White *Department of Urology, Stanford University; Intuitive Surgical;* Gretchen Jackson *Intuitive Surgical; Department of Pediatric Surgery, Vanderbilt University*

INTRODUCTION: Lack of haptic feedback has been perceived as a disadvantage of robotic surgery platforms. In 2024, the da Vinci 5 Surgical System was launched with novel Force Feedback (FF) technology, which transmits forces at the tips of surgical instruments to the robotic hand controllers. This study explored whether the use of FF was associated with a reduction in force applied by the instrument tips to tissue during robotic-assisted bariatric procedures.

METHODS: Data was collected from all bariatric procedures performed using the da Vinci 5 with at least one FF instrument from system launch on March 29, 2024 to December 31, 2024. Average force was compared across FF setting (i.e., off, low, medium, and high) using one-way analysis of variance (ANOVA) and post-hoc Tukey's HSD tests.

RESULTS: A total of 236 bariatric procedures with the da Vinci 5 were identified during the study period: 76 (32.2%) Roux-en-Y gastric bypasses, 87 (36.9%) sleeve gastrectomies, and 73 (30.9%) other bariatric procedures. Cases were performed by 53 surgeons with an average experience of 1,317 robotic cases (min 4, max 5,256; IQR 321-2,250). The mean instrument force decreased from 1.87 newtons (N) with FF turned off to 1.61 N, 1.48 N and 1.42 N when set to low, medium, and high, respectively (Figure 1). Overall, the difference in applied force across FF settings was statistically significant (F-statistic = 21.25, $p < 0.001$). Pairwise post-hoc Tukey's HSD tests identified significant differences across all FF setting pairs ($p < 0.05$) except when comparing medium to high settings ($p = 0.82$).

CONCLUSIONS: In this study evaluating the use of FF technology in procedures performed by robotic bariatric surgeons, FF was associated with a significant reduction in applied instrument force. Further studies are needed to determine the impact of this reduced force on tissue trauma and outcomes after robotic bariatric procedures.

KMN0RQ50MJ

MIDTERM RESULTS OF ROUX-EN-Y CONVERSION TO SADI FOR WEIGHT RECIDIVISM: A RAY OF HOPE AFTER FAILED GASTRIC BYPASS

Akshay Chauhan *University of Colorado*; Juda Breanna *Colorado University Anschutz Medical Campus*; Lisa Kassel *Colorado University Anschutz Medical Campus*; Dana Brown *Colorado University Anschutz Medical Campus*; Kweku Hazel *Colorado University Anschutz Medical Campus*; Kevin Rothchild *University of Colorado Anschutz Medical Campus*

Introduction: In the realm of bariatric surgery, weight regain after Roux-Y Gastric Bypass (RYGB) is a challenging problem with limited options. Conversion of RYGB to a single-anastomosis duodenoileal bypass with sleeve gastrectomy (SADI-S) has emerged as a viable alternative, however limited comparative data exists regarding its efficacy and outcomes. This study specifically investigates the description, feasibility, and midterm outcomes of RYGB to SADI-S.

Methods: Retrospective analysis. Preoperative workup included endoscopy, barium study, nutritional labs and evaluation by a dietician and psychologist. Anatomical causes of weight regain were excluded.

Results: Twenty-two patients with weight regain following RYGB were converted to SADI. The average preoperative BMI was 46.3. All patients underwent laparoscopic or robotic reversal of their gastric bypass followed by SADI-S over a 54 French bougie.18 patients had a common limb length of 200 cm, while the remaining 4 patients had a common limb of 250 cm. Hiatal hernia was repaired in all patients. Follow up for 3y was possible for 19 patients. There were no reoperations, mortality or readmissions were recorded during 3y follow-up. SADI-S was associated with further weight loss, resulting in a BMI of 30.55. HbA 1c <6% was achieved in 89% diabetic patients. The mean number of daily bowel movements was 2.5. None of the patients reported GERD or reflux. Vitamin A and Vitamin D deficiencies were the most common with an incidence rate of 25.6% and 25.8%, respectively.

Conclusion: Our results show that SADI-S is emerging as a promising and sage option for insufficient or weight regain following RYGB.

KXBPK0APXM

OUTCOMES OF METABOLIC BARIATRIC SURGERY IN PATIENTS WITH CIRRHOSIS: AN ANALYSIS OF NATIONAL READMISSION DATABASE

Stephen Phillippe *The University of Oklahoma College of Medicine - Tulsa, Department of Surgery*; Ali Esparham *Mashhad University of Medical Sciences, Mashhad, Iran*; Maryam Khalil *The University of Oklahoma College of Medicine - Tulsa, Department of Surgery*; Stacey Kubovec *Univesity of Oklahoma, Tulsa*; Geoffrey Chow *Univesity of Oklahoma, Tulsa*; Zhamak Khorgami *The University of Oklahoma College of Medicine - Tulsa, Department of Surgery*

Introduction: Metabolic bariatric surgery (MBS) is increasing among patients with cirrhosis. Previous studies reported higher mortality rates in patients with cirrhosis undergoing MBS. We aimed to investigate current trends in post-operative outcomes when patients with cirrhosis undergo MBS.

Methods: Utilizing the National Readmission Database (NRD) 2016-2020, ICD-10 codes and DRG codes, patients older than 18 years-old who underwent elective MBS were included in the analysis. Weighted analysis was performed. Multivariate logistic regression and general linear model were used for the analysis of categorical and continuous variables accounting for confounding factors.

Results: A total of 557,900 patients were analyzed including 3,365 with cirrhosis; 68.9% underwent sleeve gastrectomy, 29.2% gastric bypass and 1.9% duodenal switch. There was no significant difference in rate of in-hospital mortality (OR: 0.69, 95%CI: 0.18-2.70), acute kidney injury (OR: 0.76, 95%CI: 0.5-1.15), acute heart failure (OR: 0.85, 95%CI: 0.67-1.09), sepsis (OR: 1.42, 95%CI: 0.32-6.20), surgical site infection (OR: 1.88, 95%CI: 0.31-11.53), and venous thromboembolism (OR: 0.66, 95%CI: 0.161-2.69). The cirrhosis group had significantly higher total hospital charge ($57,525 (95%CI: $54,326-$60,724) vs $54,072 (95%CI $52,624-$55,521) p-value=0.015), length of stay (1.94 days (95%CI:1.73-2.15) vs 1.69 days (95%CI:1.64-1.75), p-value=0.004) and 90-day readmission (7.1% vs 5.1%, pvalue<0.001). The most common causes of readmission in patients with cirrhosis were fluid and electrolyte imbalance, nephrological disease, gastrointestinal bleeding, cardiovascular diseases, and hepatic failure.

Conclusion: Cirrhosis does not appear to increase the rate of in-hospital mortality or postoperative complications. However, it is associated with longer lengths of stay, higher total hospital charges, and increased readmission rates.

Presidential Grand Rounds III

Tuesday, June 17th, 2025

12:45 PM- 1:30 PM

KZ484XR8ZN

FOUR-YEAR EVALUATION OF SINGLE ANASTOMOSIS DUODENAL-ILEAL (SADI) BYPASS: A MULTICENTERED MBSAQIP ANALYSIS OF 4,624 PATIENTS

Valentin Mocanu *Cleveland Clinic*; Melissa Wills *Cleveland Clinic*; Juan Barajas-Gamboa *Cleveland Clinic Abu Dhabi*; Ricard Corcelles Codina *Cleveland Clinic*; Andrew Strong *Cleveland Clinic*; Matthew Kroh *Cleveland Clinic*; Jerry Dang *Cleveland Clinic*; Salvador Navarrete *Cleveland Clinic*

INTRODUCTION: Single anastomosis duodenal-ileal bypass (SADI) is the most recent metabolic procedure endorsed by the American Society for Metabolic and Bariatric Surgery, gaining popularity due to its safety, feasibility, and durable metabolic benefit. Comparison of procedural outcomes between SADI and the current gold standard, Roux-en-Y gastric bypass (RYGB), remains limited to small multi-centered studies, which may limit its widespread adoption.

METHODS: A retrospective analysis of the MBSAQIP database from 2020 to 2023 was performed by identifying all elective SADI and RYGB cases. We analyzed procedural trends and compare 30-day morbidity and mortality between the two cohorts. Multivariable logistic regression analysis was used to determine independent predictors of morbidity and mortality.

RESULTS: Of 192,637 patients analyzed, 4,624 (2.4%) underwent SADI. SADI patients were younger (42.9 ± 10.8 vs. 44.4 ± 11.5; p <0.0001), had higher body mass index (49.8 ± 9.2 vs. 45.5 ± 7.5; p<0.0001) and were more likely to be male (22.3% vs 16.6%) than RYGB patients. Delivery of SADI increased from 488 (1.3%) cases in 2020 to 1962 (3.7%) cases in 2023. Comparison of 30-day outcomes revealed that SADI was associated with increased leak (0.7% vs. 0.3%; p <0.0001) and acute kidney injury (0.4% vs. 0.1%; p<0.0001) rates but not bleeding, mortality, reoperation, reintervention, or readmission. After adjusting for covariates, SADI was independently associated with increased leak (OR 2.00; 95% CI 1.38 – 2.90; p=<0.0001) but not overall serious complications.

CONCLUSION: SADI had a near four-fold increase in case volume from 2020 to 2023. SADI and RYGB had similar 30-day morbidity and mortality with the exception of higher adjusted anastomotic leak rates with SADI.

LBAJVNZJYW

MEDICAL TREATMENT OF MARGINAL ULCER – DUAL VS TRIPLE THERAPY: DOES THE TYPE OF THERAPY MATTER?

Arash Rahimi-Ardabily*Geisinger Medical Center*; Mark Kapran *Geisinger Medical Center*; Craig Wood, Ms *Geisinger Medical Center*; Justin Dhyani *Geisinger Medical Center*; Osama Shaheen *Geisinger Medical Center*; Mark Mahan, Do *Geisinger Medical Center*; Alexandra Falvo, Md *Geisinger Medical Center*; Ryan Horsley, Do *Geisinger Medical Center*; Vladan Obradovic, Md *Geisinger Medical Center*; David Parker, Md *Geisinger Medical Center*; Anthony Petrick *Geisinger Medical Center*; Benefsha Mohammad *Geisinger Medical Center*

Introduction: Marginal ulcer (MU) is one of the most common complications after Roux-en-Y gastric bypass (RYGB). Currently, there is no consensus on the optimal medical treatment. Our study aimed to determine if resolution of MU was different between those receiving dual therapy (DT) versus triple therapy (TT).

Methods: A single institution bariatric registry was queried to identify RYGB patients between 2008 – 2023 that developed gastrojejunal ulceration after surgery. Those with subsequent endoscopy and that either received DT (misoprostol/sucralfate or

sucralfate/PPI) or TT (misoprostol/sucralfate/PPI) were chart reviewed to evaluate outcomes. Primary outcome was the timing of MU resolution which was compared using Kaplan-Meier analysis.
Secondary outcome was defined by MU recurrence rate after resolution.
Results: A total of 260 patients met inclusion criteria with 83% being female, mean age 45 years, and mean BMI 45.5 kg/m2. The overall median time from RYGB to diagnosis of MU was 8.2 months (IQR=[3.0-34.1]). The study cohort included n=137 with DT (53%) and n=123 with TT (47%). The difference in MU resolution rates were not significant (p=0.846) when comparing DT (3-months=50.4%, 6-months=73.8%, 12-months=90.3%) versus TT (3- months=48.7%, 6-months=72.6%, 12-months=91.5%). The difference in 24-month recurrence rates of MU after resolution was not significant between the two groups (DT=16.8%, TT=17.4%, p=0.907).
Conclusion: The MU resolution and recurrence rates were not significantly different when comparing DT to TT. Although our study found no significant difference between the two therapies, the key takeaway is that successful ulcer resolution requires an anti-ulcer regimen that includes at least a PPI and/or sucralfate.

MJLYZ5LYWP

STUDY ON THE EFFICACY AND RISK FACTORS OF METABOLIC AND BARIATRIC SURGERY IN IMPROVING OBESITY HYPOVENTILATION SYNDROME

Bing Wang *Shanghai Ninth People's Hospital*
Introduction: This study aimed to assess the effectiveness of metabolic and bariatric surgery (MBS) in patients with obesity comorbid with obesity hypoventilation syndrome (OHS) at 1-year follow-up.
Methods: This retrospective study was conducted between January 2020 and June 2023 at an MBS center in a university-affiliated tertiary hospital. Clinical data, including body mass index(-BMI), arterial blood gas(ABG) values, sleep study results, and anthropometric parameters, were recorded pre- and postoperatively. Correlations between variables and risk factors for OHS resolution were analyzed.
Results: Among 1134 MBS candidates, 151 patients had comorbid OHS (BMI 39.1±6.8 kg/m2 with PaCO2 48.6±3.0 mmHg) and were enrolled in this study (18.7% lost to followup). At the 1-year follow-up, BMI decreased to 29.0±6.0 kg/m2 (P<0.001) while PaCO2 dropped to 43.8±5.5 mmHg (P<0.001). Nonlinear analysis indicated that PaCO2 did not significantly decrease until percentage total weight loss (%TWL) exceeded approximately 20%. As Δwaist circumference increased, ΔPaCO2 showed a notable improvement when the reduction in waist circumference was less than 25 cm. Beyond this point, ΔPaCO2 slowed, approaching a plateau. Multivariate analysis identified a large preoperative waist circumference (OR: 1.059, 95% CI: 1.016-1.104, P = 0.006) and ABG pH < 7.35 (OR: 3.791, 95% CI: 1.262-8.739, P = 0.001) as risk factors for poor OHS improvement, while adequate %TWL after bariatric surgery (OR: 0.929, 95% CI: 0.888-0.974, P = 0.002) was a protective factor for OHS resolution.
Conclusions: MBS is an effective treatment for OHS in eligible patients. Achieving a sufficient %TWL is critical for the resolution of OHS.

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THE IMPACT OF URSODIOL USE ON HOSPITAL ADMISSIONS AND OPERATIONS FOR GALLSTONE DISEASE UP TO 5 YEARS FOLLOWING BARIATRIC SURGERY: A STATEWIDE ANALYSIS

Taylor Sims *Henry Ford Health*; Sarah Petersen *Center for Healthcare Outcomes and Policy, University of Michigan, Ann Arbor, MI*; Erin Charbeneau *University of Michigan*; Rachel Ross *Center for Healthcare Outcomes and Policy, University of Michigan, Ann Arbor, MI;* Jonathan F. Finks *University of Michigan Health System*; Oliver Varban *Henry Ford Health*; Arthur Carlin *Henry Ford Health*
Introduction: Gallstone disease following rapid weight loss with bariatric surgery can result in hospital admissions and cholecystectomy. Ursodiol is known to markedly reduce the incidence of gallstone formation but there is variability in its use among bariatric surgeons.
Methods: Using a state-wide bariatric specific data registry, we identified all patients with a gallbladder and without known gallstones who reported whether or not they had a hospital admission or operation for gallstone disease up to 5 years after undergoing primary sleeve gastrectomy or gastric bypass between 2006 and 2023 (n=45,405). Participating surgeons (76) were surveyed on their use of ursodiol following bariatric surgery. Multivariate logistic regression was used to compare hospital admissions and operations for gallstones between surgeons who prescribe ursodiol and those who do not.
Results: The overall rate of surgery for gallstone disease was 5.5% over 5 years. Ursodiol prophylaxis was used by 38% of bariatric surgeons which included 34.6% of the patients and was associated with lower rates of admission or operation for gallstones compared to those who were not prescribed ursodiol (6.4% vs. 3.7%; p<0.0001). The most significant differences (all p<0.0001) were noted in the first (3.2% vs. 1.7%), second (1.6% vs. 0.9%), and third (0.9% vs. 0.5%) years after surgery. The overall 5-year risk reduction was 42% which included 47% for sleeve gastrectomy and 40% for gastric bypass.
Conclusion: Ursodiol prophylaxis following bariatric surgery reduces admissions and operations for gallstone disease. Greater use of this medication by bariatric surgeons could have major health benefits for patients.

NDXRYJZRDB

WEIGHT-RELATED QUALITY OF LIFE TRAJECTORIES ACROSS 10 YEARS FOLLOWING PEDIATRIC METABOLIC & BARIATRIC SURGERY

Meg Zeller *Cincinnati Children's Hospital Medical Center*; Todd Jenkins *Cincinnati Children's Hospital Medical Center*; Jennifer Reiter-Purtill *Cincinnati Children's Hospital Medical Center*; Ronnette Kolotkin *Quality of Life Consulting*; Michael Helmrath *Cincinnati Children's Hospital Medical Center*; Justin Ryder *Lurie Children's Hospital*; Anita Courcoulas *University of Pittsburgh Medical Center*; Marc Michalsky *Nationwide Children's Hospital*; Thomas Inge *Lurie Children's Hospital*
Background: Weight-related quality-of-life (WRQOL) is a key patient-reported outcome of metabolic and bariatric surgery

(MBS), providing patient perspectives of the effect of surgical weight loss on day-to-day life across physical mobility/comfort and socioemotional domains. WRQOL is markedly impaired for adolescents with severe obesity but improves rapidly within the 1st year post-MBS. Longer-term follow-up studies are limited. We aimed to identify unique 10-year WRQOL trajectories following pediatric MBS and evaluate whether select baseline characteristics predict trajectory group membership.

Methods: Teen Longitudinal Assessment of Bariatric Surgery (Teen-LABS), a prospective observational study at five US centers, enrolled consecutive adolescents (ages 13-19 years) prior to undergoing either RYGB (n=161) or VSG (n=99). Latent class growth modeling was used to identify WRQOL trajectories 10 years post-MBS via the IWQOL Total Score. Cumulative logit modeling evaluated relationships between baseline characteristics and trajectory group membership.

Results: Ten-years post-MBS, WRQOL (M=79.9) improved from baseline (M=62.4), while BMI declined by 20.8%. Latent class analysis identified four unique WRQOL trajectories. Ten-year WRQOL by trajectory group (worst to best) was: Group 1, 52.3 (15%, n=34); Group 2, 74.9 (31%, n=71); Group 3, 88.5 (43%, n=98); Group 4, 97.2 (11%, n=25). Female sex and baseline BMI (higher) and WRQOL (lower) were each significantly associated with worse trajectory group membership ($p<0.01$).

Conclusion: WRQOL showed significant improvement quickly across all groups, which was maintained relative to baseline levels over time, yet with heterogeneity in patientreported experiences. Adolescent females and those presenting to surgery with greater excess weight and lower WRQOL may benefit from targeted clinical monitoring and support post-MBS to optimize improvements in day-to-day functioning and well-being.

Presidential Grand Rounds IV

Tuesday, June 17th, 2025

3:00 PM – 3:45 PM

PA7ZW4PZ8V

OUTCOMES OF SLEEVE GASTRECTOMY AND RYGB IN PATIENTS WITH LIVER DISEASE AND BMI ≥ 40 IN THE ERA OF LIVER TRANSPLANTATION: ANALYSIS USING THE 2023 MBSAQIP DATABASE

Alba Zevallos *Northwest Hospital*; Oscar Tuesta *Northwest Hospital*; Adrian Riva *Northwest Hospital*; Jessica Biller *Northwest Hospital*; Kevin Hansen *Sinai Hospital*; Gina Adrales *Johns Hopkins University*; Christina Li *LifeBridge Health*; Michael Schweitzer *John Hopkins Bayview Medical Center*; Raul Sebastian *Johns Hopkins University*

Introduction: Non-alcoholic fatty liver disease, common in bariatric patients, is a major cause of liver transplantation. However, BMI ≥40 is a relative contraindication for transplantation. The bariatric surgery (BS) safety in patients with liver disease (LD) remains unclear. We evaluated 30-day outcomes following sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB) in patients with and without LD, stratified by BMI (<40 vs. ≥40 kg/m^2).

Method: Using the 2023 MBSAQIP database, a 1:1 PSM analysis was conducted, including 27 characteristics. Outcomes were compared between patients with BMI <40 with versus without LD after SG and RYGB, as well as patients with BMI ≥40 with versus without LD after SG and RYGB.

Results: In SG group, either in patients with BMI<40 (4,224 cases) or BMI≥40 (9,907 cases), LD patients had higher rates of blood transfusions (1.0% vs. 0.5%,p=0.003; 0.8% vs. 0.5%,p=0.019) compared to patients without LD. In patients with BMI≥40, LD was associated with higher rates of unplanned ICU admission (0.7% vs. 0.4%,p=0.044), interventions (0.7% vs. 0.4%,p=0.009), and emergency visits (9.1% vs. 8.0%,p=0.003). In RYGB group, either in patients with BMI<40 (1,891 cases) or with BMI≥40 (4,923 cases), LD was associated with higher rates of emergency visits (12.8% vs. 9.2%,p<0.001; 13.8% vs. 11.7%,p=0.002). However, there were no differences across the four analyses in mortality and cardiopulmonary.

Conclusion: BS is safe in patients with LD, demonstrating comparable mortality and cardiopulmonary complication rates to those without LD. Although patients with LD, regardless of BMI, experience higher rates of emergency visits, blood transfusions, unplanned ICU admissions, and interventions, these factors should not preclude them from undergoing BS.

V604LKV46Y

COMPARING REAL-WORLD LONG-TERM CLINICAL AND ECONOMIC OUTCOMES BETWECOMPARING REALWORLD LONG-TERM CLINICAL AND ECONOMIC OUTCOMES BETWEEN BARIATRIC SURGERY AND GLP-1 RECEPTOR AGONISTSEN BARIATRIC SURGERY AND GLP-1 RECEPTOR AGONISTS

Juliane Hafermann *Coreva Scientific;* Tyson Barrett *Highmark Health*; Keith Lejeune *Allegheny Health Network;* Shannon Richards *Highmark Health*; George Eid *Allegheny Health Network*

Introduction: Metabolic bariatric surgery (MBS) is considered the most effective treatment for obesity. Glucagon like peptide-1 receptor agonists (GLP-1 RAs) represent a medication-based treatment option. This is a first direct comparison based on real-world data of long-term clinical outcomes and healthcare costs.

Method: Data from patients treated with MBS or GLP-1 RAs between 2018 and 2023 were retrieved from the Allegheny Health Network database, USA. Costs and healthcare utilization were adjusted for baseline differences using propensity score weighting. The average costs at baseline and during 2-year follow-up were calculated in a linear-effects model. Clinical outcomes were compared for patients with a BMI ≥40 kg/m2 to ensure comparability between MBS and GLP-1 RAs.

Results: The data of 30,730 patients (n=14,101 MBS; n=16,629 GLP-1 RA) were analyzed. Baseline total costs were comparable (p=0.992). After index treatment, MBS significantly lowered costs by USD 1,295.28 and USD 1,470.37 compared to GLP1 RAs in years 1 and 2, respectively ($p<0.001$), mainly due to the higher pharmacy costs for GLP-1 RAs. Significantly fewer people reached a sustained 5% total weight loss with GLP-1 RAs (71.6%) than with MBS (98.8%, $p<0.001$). Within 2 years, surgery patients also lost significantly more total weight than patients on medication (28.3% versus 10.3%, $p<0.001$). MBS consistently alleviated hypercholesterolemia, hyperlipidemia, coronary artery disease,

and sleep apnea in a significantly higher percentage of patients than GLP-1 RAs (all $p<0.001$).
Conclusion: While GLP-1 RAs show an effect in the treatment of obesity and related co-morbidities, MBS still offers better clinical outcomes at lower running cost.

WN08QA68N9

THE EFFECT OF IMMUNOSUPPRESSIVE THERAPY ON POSTOPERATIVE OUTCOMES IN PATIENTS UNDERGOING REVISIONAL BARIATRIC SURGERY

Tamar Tsenteradze *Mayo Clinic Florida*; Agustina A Pontecorvo *Mayo Clinic Florida*; Enrique F Elli *Mayo Clinic*
Introduction: Immunosuppressive therapy prior to bariatric surgery may be a relative contraindication due to the potential for a complicated postoperative course and recovery, particularly in patients undergoing revisional bariatric surgery.
Method: This retrospective review study compares the outcomes of patients undergoing revisional conversion from sleeve gastrectomy to gastric bypass surgery, with or without associated immunosuppression. Data collected included patient demographics, BMI, underlying disease, immunosuppression regimen and early and late complications including early and late rehospitalization, reinterventions and mortality.
Result: From January 2012 to December 2024, 126 patients underwent the conversion, with the mean age of patients being 51.77 (SD +12.2), and female being 87.3%. Of these 126 patients, 24 patients (19%) were either taking immunosuppressive medications or had an immunosuppressive condition. Rheumatoid arthritis and organ transplantation were the most common underlying conditions. Of 126 patients thirty-day rehospitalization occurred in 23 patients (18.25%), with 22 cases among patients with normal immune function, and only one in the immunocompromised group ($P = 0.047$). Hospital stay differences were not statistically significant but approached significance for those with long-term immunosuppression ($P = 0.057$). No other outcomes were significant in immunosuppressed patients compared to immunocompetent patients.
Conclusion: This study shows that immunocompromised and immunocompetent patients have similar outcomes after revisional bariatric surgery, with patients with normal immunity at higher risk for short-term rehospitalization. Hospital stays duration suggested a potential association to long-term immunosuppression. Larger studies are needed to confirm these findings and better understand the impact of immunosuppressive therapy on revisional bariatric surgery outcomes.

XQ9D4VJDR6

IMPACT OF PREOPERATIVE POSITIVE AIRWAY PRESSURE TREATMENT OF OBSTRUCTIVE SLEEP APNEA ON POST-ANESTHESIA CARE UNIT MANAGEMENT IN BARIATRIC SURGERY PATIENTS

Shubhreen Kaur *Henry Ford Health*; Diana Shakaroun *Henry Ford Health*; Ankita Badhwar *Henry Ford Health*; Seif Bugazia *Henry Ford Health*; Karen Childers *Henry Ford Health, Michigan State University Health Sciences*; Tim Roehrs *Henry Ford Health*; Virginia Skiba *Henry Ford Health*; Arthur Carlin *Henry Ford Health*
Introduction: Patients undergoing bariatric surgery are commonly tested for obstructive sleep apnea (OSA) and positive airway pressure (PAP) therapy instituted for treatment. The impact of preoperative PAP adherence on outcomes and recovery metrics, such as oxygen requirements and post-anesthesia care unit (PACU) stay duration, remains unclear.
Methods: We conducted a retrospective analysis within a large metropolitan healthcare system, examining 154 patients with moderate (79) or severe (75) obstructive sleep apnea (OSA) who underwent bariatric surgery and documented objective data on preoperative PAP usage. Preoperative PAP adherence during the 7 days prior to surgery was evaluated and compared to postoperative duration of oxygen requirements and length of PACU stay.
Results: The median age (years), body mass index, and apnea hypopnea index were 47.5, 45.8, and 29.8 with most of the patients either Black or White (each 40.3%). Overall nightly PAP use in the seven days prior to surgery was 2.9 hours [0.0,5.6] (median [IQR]). Patients with $\geq$4 hours (62) of PAP use per night had significantly shorter PACU stays of 108.5 [89.5, 178.0] minutes) compared to those with $<$4 hours (146.5 [107.5, 256.3] minutes, $p = 0.004$). The time to final oxygen reduction in the PACU was somewhat shorter for the $\geq$4-hour group (52 [25.5, 87.0] minutes vs. 64 [31.8, 128.0] minutes; $p = 0.174$).
Conclusion: Preoperative PAP adherence $\geq$4 hours per night is associated with shorter PACU stays, suggesting improved recovery. These findings highlight PAP therapy as a possible modifiable factor to enhance perioperative outcomes in patients with OSA.

YQYPYZNPA0

HEART FAILURE IS THE STRONGEST INDEPENDENT PREDICTOR FOR MORTALITY AND ADVERSE OUTCOMES AFTER BARIATRIC SURGERY: ANALYSIS USING THE 2023 MBSAQIP DATABASE

Alba Zevallos *Northwest Hospital*; Oscar Tuesta *Northwest Hospital*; Adrian Riva *Northwest Hospital*; Jessica Biller *Northwest Hospital*; Kevin Hansen *Sinai Hospital*; Gina Adrales *Johns Hopkins University*; Christina Li *Lifebridge Health*; Michael Schweitzer *John Hopkins Medicine*; Raul Sebastian *John Hopkins Medicine*
INTRODUCTION: Heart failure (HF) is associated with postoperative cardiac events and mortality in bariatric surgery. However, data on this population remain scarce. We assessed the impact of HF on 30-day outcomes after sleeve gastrectomy (SG) and Rouxen-Y gastric bypass (RYGB). To assess HF as a predictor, we identified independent predictor factors for adverse outcomes after SG.
METHODS: Using the 2023 MBSAQIP database, we performed a 4:1 Propensity Score Matching analysis in patients with and without HF after SG and RYGB, and outcomes were compared. Then, seven multivariate logistic regression analyses were conducted between 24 independent factors and mortality, unplanned ICU admission, non-home discharge, prolonged stay ($>$3 days), cardiac and pulmonary complications, and readmissions after SG.
RESULTS: 130,111 SG and 52,562 RYGB patients were analyzed. In SG patients (matched n=7,100; n=1,974), HF was associated with higher rates of mortality (0.8% vs. 0.2%), cardiac

(0.6% vs. 0.2%) and pulmonary complications (0.9% vs. 0.2%), unplanned ICU admissions (2.7% vs. 0.9%), and non-home discharge (1.1% vs. 0.3%; all $p<0.001$).
Similarly, RYGB patients with HF (matched n=3,185;n=861) showed higher rates of pulmonary complications (0.7% vs. 0.2%), unplanned ICU admissions (3.1% vs. 1.4%), emergency visits (14.1% vs. 11.4%), and readmissions (11.0% vs. 6.8%; all $p<0.05$). HF is the most significant predictor of adverse outcomes, including mortality(OR 4.45), unplanned ICU admissions(OR 2.50), prolonged stay(OR 2.07), cardiac(OR 3.65) and pulmonary complications(OR 4.01), and readmissions(OR 1.62; all $p<0.001$).
CONCLUSION: HF strongly predicts worse bariatric surgery outcomes. Recognizing and optimizing HF before surgery is highly advised.

Presidential Grand Rounds V

Wednesday, June 18th, 2025

9:30 AM- 10:15AM

ZL4MZ0AMWN

ASSOCIATION OF THE RS7903146 POLYMORPHISM OF THE TCF7L2 GENE WITH INCREASED HB1AC LEVELS AFTER BARIATRIC SURGERY USING THE ROUX-EM-Y GASTRIC BYPASS TECHNIQUE

Daniel Bitar *Federal University of Pará*; Marcelo Oliveira *Federal University of Pará*; Ingryd Ramos *Federal University of Pará*; Andre Khayat *Federal University of Pará*

Introduction: Obesity is the main risk factor for the development of type 2 diabetes mellitus (T2DM), characterized by a progressive loss of pancreatic function resulting from genetic and environmental changes. Among the genetic alterations are variants in key genes responsible for glycemic homeostasis, such as the TCF7L2 gene, whose function is to regulate the expression of the insulin and proglucagon genes. The TCF7L2 variant, rs7903146, is correlated with the development of T2DM.
Objective: To evaluate the influence of the rs7903146 genetic variant of the TCF7L2 gene on the remission of T2DM in patients undergoing bariatric surgery by the Roux-en-Y gastric bypass technique. Methodology: The research was approved by the ethics and research committee under the number 6.158.558 and included 70 patients who underwent bypass surgery. Genomic DNA was extracted using the phenol-chloroform protocol. For the analysis of polymorphisms, TaqMan probes were used and the reading was performed on the ABI 7500 equipment. Significant values were considered as p-value ≤ 0.05.
Results: Regarding the rs7903146 polymorphism of the TCF7L2 gene, 49% of patients had the wildtype genotype (CC), 47% were heterozygous (CT), and 4% were homozygous mutant (TT). When analyzing the association of gene variants with laboratory data, it was observed that the TCF7L2 variant has an influence on glycated hemoglobin levels, raising them (pvalue=0.036).
Conclusion: This research demonstrated that the rs7903146 polymorphic variant of the TCF7L2 gene, influences the outcome of bariatric surgery by the Roux-en-Y gastric bypass technique, raising postoperative HbA1c levels and reducing the remission of T2DM.

ZRA87598X7

THE IMPACT OF PRE-OPERATIVE OBESITY MANAGEMENT MEDICATIONS (OMM) ON WEIGHT LOSS IN ADOLESCENTS UNDERGOING METABOLIC AND BARIATRIC SURGERY

Justine Chinn *Stanford University School of Medicine*; Michael Kochis *Massachusetts General Hospital*; Matthew Hornick *Department of Surgery, Division of Pediatric Surgery, Yale University School of Medicine*; Mark Shacker *Creighton University School of Medicine*; Kelly Brennan *Stanford University School of Medicine*; Christa Bizimana *Massachusetts General Hospitals*; Alyssa Stetson *Harvard University*; Cornelia Griggs *Mass General Brigham*; Janey S. A. Pratt *Stanford University School of Medicine*

Introduction: While new medications are transforming the management of obesity, concerns exist about their impact on outcomes in adolescents undergoing Metabolic and Bariatric Surgery (MBS).
Methods: A multi-institutional chart review was performed, including patients who underwent MBS at three children's hospitals from March 2013 to September 2024. Demographics, comorbidities, and pre- and post-operative weight and Body Mass Index (BMI) were compared between patients treated pre-operatively with topiramate or Glucagon-like Peptide-1 Receptor Agonists (GLP-1RA) and those who were not. Wilcoxon rank sum test, Pearson's Chi-squared test and Fisher's exact test were used.
Results: Of 329 patients, 24 were treated pre-operatively with topiramate and 36 with GLP-1RA. There was a higher percentage of white patients in the GLP-1RA group (44%) than the no medication group (28%) (p=0.028). Rates of comorbidities were similar, except for obstructive sleep apnea which was higher in the GLP-1RA group compared to no medications (78% vs 58%, p=0.011). Patients on GLP-1RA lost weight from first consultation to surgery (-1% BMI), while those on no medication or topiramate gained (+3% and +5% BMI, p=0.021). There was no difference in weight/BMI at surgery, but patients pretreated with medications lost less weight than those not taking medications at 6 (-17% vs - 20% BMI, p=0.009) and 12 months (-17% vs -23% BMI, p=0.004) post-operatively.
Conclusion: Patients taking topiramate or GLP-1RA pre-operatively lost significantly less weight postoperatively despite similar starting weights/BMIs. From consult to 12 months postoperatively, the GLP-1 RA cohort lost similar weight to the no medication cohort.
These findings raise important questions regarding timing of obesity management medications in relation to surgery for adolescents.

M608WDZ860

EARLY OUTCOMES OF TOTALLY ROBOTIC VERSUS LAPAROSCOPIC SURGERY FOR PATIENTS WITH BODY MASS INDEX (BMI) ≥ 50

Dennis Smith *Bariatric Surgery and Metabolic Medicine at Celebration*; Cynthia Buffington *AdventHealth*; Ciara Lopez *AdventHealth*; Sharon Krzyzanowski *AdventHealth*; Catherine Santos *AdventHealth*; Olga Tuero *AdventHealth Celebration*

Introduction: Individuals with very severe obesity and BMI≥50 are at increased risk for adverse events when undergoing metabolic

bariatric surgery (MBS). In this study, we examined the effects of totally robotic (ROB) vs. laparoscopic (LAP) MBS on early surgical outcomes of patients with a BMI≥50 and compared these to patients with a BMI≤40.
Methods: The retrospective study included 350 patients, 197 BMI≥50 and 153 BMI≤40. Among the surgeries, 48% were Roux-en-Y gastric bypass (RYGB) and 52% sleeve gastrectomy (SG), with 36% of surgeries performed LAP and 64% totally ROB. Outcome measures included patient characteristics, operative (op) times, length of stay (LOS), and early (30-day) surgical outcomes. All surgeries were performed by a single surgeon.
Results: Patient characteristics did not differ between ROB and LAP procedures. Patients with a BMI≥50 vs. BMI≤40 had more health issues, were younger, and considerably more obese (BMI=55.6 vs. 38.0). Op times for surgeries performed LAP were significantly ($p<0.0001$) higher for BMI≥50 vs. ≤40 patients (88.2 vs. 75.7 min). The ROB approach reduced OP times for both BMI groups (BMI≥50 ROB=75.0 min ($p<0.01$), LAP=88.2; BMI≤40 ROB=71.0, LAP=75.7). LOS was also significantly ($p<0.01$) less with the ROB (BMI≥50 ROB=1.17 d, LAP=1.34; BMI≤40 ROB=1.14 d, LAP=1.29). Major complication rates for the BMI≥50 patients were 0.8% ROB vs. 4.2% LAP, and for BMI≤40 group, 0% ROB vs. 1.9% LAP.
Conclusions: Surgical outcomes of patients with severe obesity and BMI≥50 are improved with the robotic system over conventional laparoscopy to rival those of less obese MBS patients.

PA0JQ4VJAG

SINGLE-CENTER METABOLIC BARIATRIC SURGERY EXPERIENCE (SCMBSE) STUDY: OUTCOMES FROM 21,205 CASES OVER 12 YEARS

Mohit Bhandari *Mohak Bariatrics and Robotic Surgery Centre, Sri Aurobindo University, Indore*; Winni Mathur *Mohak Bariatrics and Robotic Surgery Centre, Sri Aurobindo University, Indore*; Susmit Kosta *Mohak Bariatrics and Robotic Surgery Centre, Sri Aurobindo University, Indore*; Manoj Reddy *Mohak Bariatrics and Robotic Surgery Centre, Sri Aurobindo University, Indore*
Introduction: Metabolic bariatric surgery (MBS) is recognized as the most effective treatment for obesity and its associated comorbidities. Despite its widespread adoption, long-term outcome data from high-volume centers are limited in the literature, leaving a gap in understanding the durability and safety of these procedures over extended followup periods.
Methods: This retrospective analysis evaluated prospectively collected data from our highvolume bariatric center between June 2010 and December 2022. The study included demographics, procedural trends, follow-up rates, effectiveness, and safety outcomes of various MBS techniques.
Results: Over 12 years, 21,205 patients underwent MBS, including laparoscopic sleeve gastrectomy (LSG; 6136 patients), Roux-en-Y gastric bypass (RYGB; 5878), oneanastomosis gastric bypass (OAGB; 7678), endoscopic sleeve gastroplasty (ESG; 941), and swallow balloon (SB; 572). Follow-up rates ranged from 63.2% to 68.9%. At 10 years, significant differences in total weight loss (% TWL), excess weight loss (%EWL), and weight regain (%WR) were observed among procedures. OAGB showed superior outcomes (%TWL: 27.3%, %EWL: 70.3%, %WR: 20.9%) compared to LSG and RYGB. Operative times and intraoperative blood loss were highest for RYGB. Postoperative complication rates were 2.0%, 1.2%, and 1.8% for LSG, RYGB, and OAGB, respectively, with no significant differences in serious complications or mortality (0.04%).
Conclusion: This 12-year analysis highlights the effectiveness and safety of MBS in a high-volume center, reflecting the evolution of surgical techniques and their role in guiding patient selection and optimizing outcomes.

PW8YPGQY75

LONG TERM OUTCOME OF SINGLE ANASTAMOTIC SLEEVE JEJUNAL BYPASS (SASJ) – A 7 YEAR PROSPECTIVE STUDY

Raj Palaniappan *Apollo Hospitals*; Nikhilesh Krishna *Apollo Hospitals*
Introduction: Transit bi-partition procedures as a choice of metabolic/bariatric surgery are being used increasingly as they maintain Gastro-intestinal continuity and has a stronger malabsorptive effect. Single Anastomosis sleeve jejunal bypass (SASJ) is one of the novel bariatric surgeries which has sleeve gastrectomy with a loop bypass of 200 cm biliopancreatic limb. Being a newer procedure, there is paucity of long-term data. This study evaluates outcomes of SASJ as choice of bariatric surgery in Indian population.
Methods: 97 Patients who underwent Single Anastomosis Sleeve Jejunal bypass surgery between Jan and Dec 2017 were included in our study. All patients underwent SASJ in a single unit and postoperatively prescribed with Bariatric specific protein and mult% Total Weight Loss (TWL), % Excess Weight loss (EWL), Body Mass Index (BMI), Resolution of Co-morbidities and Nutritional Parameters of the patients who underwent surgery were evaluated up to 6 years.
Results: In our study, the average pre-operative BMI was 43.1 ± 10.7. The average % TWL at end of 1 year, 2 year, 3 year, 5 year and 7 years amongst our patient are 37.49 ± 7.6 %, 39.9± 6.2, 37.9± 6.5, 37.6± 6.1, and 37.4+/- 4.5. There are no significant nutritional deficiencies amongst our patients and the resolution of co-morbidities have been satisfactory
Conclusion: SASJ is a safe and effective procedure for patients with obesity or metabolic syndrome in the long term. %TWL, % EWL and resolution of comorbidities were comparable to gold standard procedures and significant reduction in complications any associated nutritional deficiencies.

Presidential Grand Rounds VI
Wednesday, June 18th, 2025
3:00 PM – 3:45 PM

49RXNYVX9Z

SLEEVE GASTRECTOMY IN PATIENTS WITH MILD-TO-MODERATE GASTROESOPHAGEAL REFLUX DISEASE: INSIGHTS FROM THE ESOPHAGEAL PH MONITORING

Ahmed Alzahrani *Cleveland Clinic*; Roham Foroumadi *Cleveland Clinic*; Xiaoxi Feng *Cleveland Clinic*; Jesse Gutnick *Cleveland*

Clinic; Rickesha Wilson *Cleveland Clinic*; Roberto Simons-Linares *Cleveland Clinic Foundation*; Andrew Strong *Cleveland Clinic*; Jerry Dang *Cleveland Clinic*; Matthew Kroh *Cleveland Clinic*; Salvador Navarrete *Cleveland Clinic*; Ricard Corcelles *Cleveland Clinic*; Scott Gabbard *Cleveland Clinic*; Ali Aminian *Cleveland Clinic*

Introduction: Sleeve gastrectomy (SG) is associated with the development or worsening of gastroesophageal reflux disease (GERD). The predictive value of preoperative pH Bravo monitoring in anticipating severe GERD following SG is unclear.

Method: This retrospective study included all patients with obesity and baseline mild-tomoderate GERD symptoms who underwent SG at an academic US center (2010-2023), completed a preoperative esophageal pH study, and were followed up for at least 6 months. Patients with preoperative endoscopic findings of severe esophagitis or DeMeester Score >50 were excluded. Postoperatively, severe GERD was defined as Los Angeles grade B-D esophagitis, persistent symptoms despite being on the maximum dose of proton pump inhibitors, or the need for revisional surgery.

Results: A total of 111 patients (87% female, mean age 50.8±13.2 years, mean BMI 41.2±8.5 kg/m2) with GERD symptoms and preoperative DeMeester Score of 1 to 50 underwent SG and were included. In the median follow-up time of 4.0 years (IQR, 2.6-6.1 years), 11 patients (9.9%) developed severe GERD. Among 57 patients with normal DeMeester Score (<14.72), 4 (7.0%) patients developed severe GERD post-SG. Among 54 patients with DeMeester Score between 14.72 and 50, 7 (13.0%) patients developed severe GERD during follow-up. There was no difference in preoperative acid exposure time (in upright position [P=0.82], supine [P=0.42], postparandial [P=0.52], and total [P=0.49]) among patients who had severe versus mild-moderate GERD after SG.

Conclusion: SG in patients with mild-to-moderate GERD and DeMeester Score <50 is associated with postoperative development of severe GERD in about 10%.

4DA59PW5DX

30 DAY OUTCOMES OF SIMULTANEOUS SLEEVE GASTRECTOMY AND KIDNEY TRANSPLANTATION: AN ANALYSIS FROM THE METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM (MBSAQIP) DATABASE

Doua Elamin *Cleveland Clinic*; Valentin Mocanu *Cleveland Clinic Foundation*; Melissa Wills *Cleveland Clinic Foundation*; Andrew Strong *Cleveland Clinic*; Salvador Navarrete *Cleveland Clinic Foundation*; Matthew Kroh *Cleveland Clinic*; Jerry Dang *Cleveland Clinic*

Introduction: While simultaneous bariatric surgery and kidney transplantation is being increasingly performed, evaluation of multi-centered prospective outcomes remain limited. This study highlights the 30-day outcomes of simultaneous kidney transplantation and sleeve gastrectomy utilizing the MBSAQIP database.

Method: A retrospective analysis of the MBSAQIP database (2020-2023) was conducted. Patients that underwent primary sleeve gastrectomy (SG) with simultaneous kidney transplantation (KT) were included and identified by CPT codes. Multivariable logistic regression analysis was performed to determine independent predictors of serious complications.

Results: Of 582,860 patients who underwent SG, 22 (0.004%) had simultaneous KT. Patients undergoing KT were older (49.5±8.4 vs 43.2±11.9 years, p=0.01), had similar BMI (43.5±6.4 vs 44.8±8 kg/m2, p=0.5), and were predominantly male (54.6% vs 18.2% p<0.001). Patients undergoing KT were more likely to be diabetic, hypertensive and on dialysis (all p<0.001).

Simultaneous KT patients were more often performed with an open approach (9.1% vs. 0.2%; p<0.0001). KT patients had higher bleeding rates, readmission rates and serious complications (all p<0.001), as well as venous thromboembolism (p=0.002), but no leaks (p=0.8), reoperations (p=0.7) or 30-day interventions (p=0.7). 30-day mortality was significantly higher (9.1% vs 0.1%, p<0.001) for simultaneous KT. Multivariable regression demonstrated that simultaneous KT was the single greatest predictor of mortality (OR 34.0; 95% CI 4.00 – 289.0; p=0.001) after adjusting for comorbidities.

Conclusion: Simultaneous kidney transplantation and sleeve gastrectomy are rare, occurring in less than 0.01% of all elective cases. When combined, there is a significantly increased risk of 30-day morbidity and mortality compared to sleeve alone.

5A7ZN9PZLR

DETERMINING THE OPTIMAL LIMB LENGTH FOR DISTALIZATION PROCEDURES AFTER INADEQUATE RESPONSES TO ROUX-EN-Y GASTRIC BYPASS SURGERY

Michael Kachmar; Florina Corpodean; Yonas Teklu; Zubaidah Nor Hanipah; Carlos Galvani; Michael Cook; Denise Danos; Vance Albaugh; Philip Schauer

Introduction: Suboptimal weight loss and weight recurrence can occur after Roux-en-Y gastric bypass (RYGB). Conversion of RYGB to distal bypass can help patients lose weight but can lead to nutritional deficiencies. The aim of this study was to determine the optimal limb length for distalization procedure.

Methods: This retrospective study examined weight loss and nutritional outcomes of patients who underwent conversion of RYGB to distal bypass at a high-volume bariatric surgery center (2015 to 2023). Follow-up concluded in January 2025.

Results: A total of 81 patients (75% female, mean preoperative BMI of 48.1 kg/m2) were included. Compared with a common channel (CC) length of <175 cm, a CC of ≥175 cm was associated with a reduced rate of moderate-to-severe malnutrition (5% vs 21%, P=0.049); However, with a reduced weight loss at both 1 year (8.3% vs 11.7%, P<0.01) and 2 years (11.6% vs 26.1%, P<0.01). Compared with a total alimentary limb length (TALL) of <350, a TALL of ≥350 cm was associated with a reduced rate of moderate-to-severe malnutrition (4% vs 21%, P=0.02); However, with a reduced weight loss at both 1 year (7.6% vs 12.2%, P<0.01) and 2 years (11.0% vs 23.3%, P<0.01) (Table 1).

Conclusion: To reduce the risk of malnutrition following distal bypass, the CC length should be at least 175 cm and the TALL should be at least 350 cm. Approximately 10% total body weight loss is expected with this configuration two years after distal bypass.

797PQ78PBG

PREOPERATIVE BMI REDUCTION REDUCES LOS AND MAY REDUCE SERIOUS COMPLICATIONS IN HIGH BMI GROUPS

Michael Kachmar *Pennington Biomedical Research Center*; Florina Corpodean *Pennington Biomedical Research Center / LSU-HSC*; Yonas Teklu *Pennington Biomedical Research Center / LSU-HSC*; Zubaidah Nor Hanipah *Pennington Biomedical Research Center*; Carlos Galvani *LSU-HSC*; Michael Cook *LSU-HSC*; Denise Danos *LSU-HSC*; Vance Albaugh *Metamor Metabolic Institute at Pennington Biomedical Research Center*; Philip Schauer *Pennington Biomedical Research Center*

INTRODUCTION: Preoperative weight loss is often recommended before bariatric surgery; however, its impact on postoperative outcomes is not fully elucidated, particularly in patients with higher baseline BMI (e.g. 50-59.9 & $\geq$60). We hypothesized that preoperative BMI reduction is associated with decreased length of stay (LOS) and lower rates of serious complications and readmissions, particularly in patients with higher baseline BMI.

METHODS: We analyzed the entirety of the 1,577,175 cases included in the 2015–2022 MBSAQIP for primary laparoscopic bariatric procedures, excluding emergency cases, revisions, conversion, incomplete data, and preoperative BMI $<$30 kg/m^2. Preoperative BMI reduction was expressed as a percentage of the highest BMI. No BMI loss, $<$10% loss, and $\geq$10% loss categories were arbitrarily analyzed. Outcomes included length of stay (LOS), serious complications, and readmissions. Multivariable logistic regression models controlled for demographics, comorbidities, and procedure type.

RESULTS: Among 1,131,141 patients, 17.2% achieved $\geq$10% BMI reduction. Greater BMI reductions, independent of starting BMI, were associated with lower LOS ($>$5 days) (Table 1).

Significant reduction in serious complications in the BMI $\geq$60 group with $<$10% BMI reduction was observed. Both serious complications and readmissions noted a marked trend to reduction with predicted probabilities recapitulating similar trends (Figure 1).

However, few patients BMI $\geq$60 achieved $\geq$10% reduction, limiting power in this group.

CONCLUSION(S): This retrospective study suggests that BMI reduction reduces LOS and improves postoperative outcomes particularly in high-BMI patients. Prospective randomized controlled trials are needed to determine whether preoperative weight loss in bariatric surgery patients reduces postoperative complications and LOS.

79YNJ4VNM8

ROBOTIC RYGB IS ASSOCIATED WITH INCREASED RISK OF EARLY 30-DAY SMALL BOWEL OBSTRUCTION: AN ANALYSIS OF 188,213 MBSAQIP CASES

Juan S. Barajas-Gamboa *Cleveland Clinic Abu Dhabi*; Valentin Mocanu *Cleveland Clinic Foundation*; Melissa Wills *Cleveland Clinic Foundation*; Gabriela Restrepo *Cleveland Clinic Abu Dhabi*; Sol Lee *CLEVELAND CLINIC*; Thomas H. Shin *University of Virginia*; Gustavo Romero-Velez *CLEVELAND CLINIC*; Matthew Allemang *Cleveland Clinic*; Andrew Strong *Cleveland Clinic*; Salvador Navarrete *Cleveland Clinic*; Ricard Corcelles Codina *Cleveland Clinic*; Daniel Guerroun *Cleveland Clinic Abu Dhabi*; John Rodriguez *Cleveland Clinic Abu Dhabi*; Matthew Kroh *Cleveland Clinic*; Jerry Dang *Cleveland Clinic*

Introduction: Early small bowel obstruction (SBO) is a rare but serious complication after Roux-en-Y gastric bypass (RYGB). The impact of robotic assistance and its omega loop technique on obstruction risk remains unclear. This study evaluates the association between robotic surgical approach and early SBO using the MBSAQIP database.

Methods: We conducted a retrospective review of the 2020-2023 MBSAQIP database, analyzing consecutive primary RYGB procedures. Patients were stratified by occurrence of 30-day SBO. The primary endpoint was postoperative SBO, with secondary analysis of robotic versus conventional laparoscopic approach. Risk-adjusted models identified technical and patient-specific predictors of SBO.

Results: Among 188,213 RYGB procedures, 29.2% utilized the robotic platform. SBO occurred in 643 robotic cases (1.2%) versus 1,061 conventional cases (0.8%), p$<$0.001.

Patients with SBO (n=1,704) were more likely female (90.1% vs 83.4%, p$<$0.001) with lower BMI (43.6 vs 45.5 kg/m2, p$<$0.001). SBO cases had longer operative times (141.7 vs 124.7 minutes, p$<$0.001) and hospital stays (3.0 vs 1.5 days, p$<$0.001). Multivariate analysis confirmed robotic assistance as an independent risk factor (OR 1.30, 95% CI 1.17-1.44, p$<$0.001), alongside female gender (OR 1.76), VTE history (OR 1.55), and operative duration (OR 1.004). SBO cases showed higher reoperation (54.7% vs 1.2%) and readmission rates (75.1% vs 4.1%), p$<$0.001.

Conclusion: While early SBO following RYGB remains uncommon, robotic delivery emerges as an independent risk factor associated with increased reoperation and readmission rates. Future studies should focus on standardizing technical aspects between conventional and robotic approaches, such as mesenteric defect closure techniques and port placement strategies.

Presidential Grand Rounds VII

Thursday, June 19th, 2025

9:30 PM – 10:15 AM

7VWJLZPJNG

IS SAME DAY SURGERY IN BARIATRIC SURGERY SAFE?

Diaa Soliman *University of Arizona, Department of Surgery, Tucson, AZ*; Mazin Abdalgadir *University of Arizona, Department of Surgery, Tucson, AZ*; Chiu-Hsieh Hsu *University of Arizona, Department of Surgery, Tucson, AZ*; Nicholas Jona *University of Arizona, Department of Surgery, Tucson, AZs*; Jeffrey Hodges *University of Arizona, Department of Surgery, Tucson, AZ*; Iman Ghaderi *University of Arizona, Department of Surgery, Tucson, AZ*

Introduction: Same day discharge has been a recently debated topic in bariatric surgery, with questions about safety of this practice for financial savings. This study examines the relationship between discharge timing and the occurrence of serious complications after bariatric surgery.

Methods: The MBSAQIP data from 2015 to 2019 was used and the patients undergoing RYGB and SG were included. Discharge

timing was categorized into three groups: same day, outpatient (1 day), and inpatient (>1 day). Patient factors were assessed, and KruskalWallis and chi-squared tests were used. Logistic regression adjusted for demographics and surgical factors evaluated associations between discharge timing, serious complications, and mortality.

Results: Patients discharged on an outpatient basis had significantly lower odds of serious complications and mortality compared to those in the same-day surgery in both the RYGB and SG groups. After adjusting for confounders, the same-day discharge group had a 2-3 fold higher of mortality compared to outpatient discharge in the RYGB and SG groups (RYGB: Adj OR: 0.25, p = 0.0005 for mortality, Adj OR: 0.4, p < 0.0001 for serious complications; SG: SG: Adj OR: 0.42, p = 0.002 for SG for mortality, Adj OR: 0.65, p < 0.0001 for serious complications). A similar pattern with inpatient discharge compared to same-day discharge was observed, except in the SG group, where there was no difference in mortality and a 60% higher odds of serious complications with inpatient discharge (Adj OR: 1.6, p < 0.0001)."

Conclusion: Same-day discharge in bariatric surgery may present unnecessary risks, while outpatient discharge appears to offer a safer alternative for appropriately selected patients.

86Z4JYK46R

IS ENDOSCOPIC SLEEVE GASTROPLASTY AS SAFE AS LAPAROSCOPIC SLEEVE GASTRECTOMY? A PROPENSITY-MATCHED ANALYSIS

Amir Ebadinejad *Center for Obesity Research, Innovation, and Education (CORIE), Hartford Hospital, Hartford, CT*; Sara Saeidishahri *Hartford Hospital*; Yin Wu *Center for Obesity Research, Innovation, and Education (CORIE), Hartford Hospital, Hartford, CT*; Dale Bond *Hartford HealthCare*; Connie Santana-Landry *Hartford HealthCare*; Edward Hannoush *Center for Obesity Research, Innovation, and Education (CORIE), Hartford Hospita*; Darren Tishler *Hartford HealthCare*; Pavlos Papasavas *Hartford HealthCare*

Introduction: Endoscopic sleeve gastroplasty (ESG) is a minimally invasive bariatric procedure offered as an alternative to laparoscopic sleeve gastrectomy (LSG). There is limited evidence comparing the safety profiles of these two procedures. This study compares 30-day postoperative outcomes between ESG and LSG using a national database.

Methods: A retrospective analysis of the MBSAQIP database (2020-2023) was conducted comparing primary ESG and LSG procedures. Propensity score matching (1:1) was performed for 16 baseline variables, including demographics, BMI, ASA class, and comorbidities. Major complications (MC) were defined as significant postoperative adverse events, including reoperation, reintervention, unplanned ICU admission, intubation, or severe organ dysfunction. Outcomes were analyzed using t-test/rank-sum and Chi-square/Fisher's exact tests. Risk factors for MC in ESG patients were identified using multivariate regression.

Results: Among 207,984 patients, 1% underwent ESG and 99% LSG. ESG patients were older (45.0 vs. 41.8 years, p<0.001), predominantly female (86% vs. 81%, p<0.001), and had lower BMI (39.9 vs. 45 kg/m^2, p<0.001). After matching (n=1,820 per group), ESG was associated with longer operative times (82.8 vs. 56.6 minutes, p<0.001), shorter hospital stays (0.2 vs. 1.16 days, p<0.001), and higher 30-day readmission rates (3.4% vs. 1.6%, p=0.001). The overall rate of adverse events was similar (8.6% vs. 7.1%, p=0.109), but MC were more frequent after ESG (2.4% vs. 0.9%, p<0.001). Age (OR: 1.19, 95% CI: 1.02-1.38, p=0.023) and cardiovascular disease (OR: 8.76, 95% CI: 3.25-23.62, p<0.001) independently predicted MC in ESG patients.

Conclusion: While both procedures showed low overall adverse event rates, ESG was associated with a higher rate of MC. Careful patient selection for ESG is warranted, particularly for older patients and those with cardiovascular disease.

96ZMVQ0M7W

LONG-TERM OUTCOMES OF REVISIONAL METABOLIC/BARIATRIC SURGERY FOLLOWING SLEEVE GASTRECTOMY: COMPARATIVE ANALYSIS OF RE-SLEEVE, ROUX-EN-Y GASTRIC BYPASS, AND DUODENAL SWITCH-TYPE PROCEDURES

Sultan Almuallem *McGill university*; Ali Safar *McGill university*; Sebastian Demyttenaere *McGill university*; Olivier Court *McGill university*; Amin Andalib *McGill university*

Introduction: Sleeve gastrectomy (SG) is the most common metabolic/bariatric surgery worldwide but requires revisions in approximately 25% of patients due to inadequate weight loss or refractory comorbidities. Revisional options may include re-sleeve, Roux-enY gastric bypass (RYGB), biliopancreatic diversion with duodenal switch (BPD/DS), and single-anastomosis duodenal switch (SADS). However, long-term comparative data on these options remain limited. This study aims to assess medium- to long-term outcomes of four revisional surgeries after SG for inadequate weight loss or persistent comorbidities.

Method: This retrospective study analyzed data from a prospectively maintained database of patients who underwent revisional metabolic/bariatric surgery between 2010 and 2021 after SG. Indications included insufficient weight loss (<50% excess weight loss), ≥20% weight recurrence, or persistent non-reflux obesity-related comorbidities, lasting ≥1 year after SG. Revisions included re-sleeve, RYGB, BPD/DS, and SADS. Patients with ≥3 years of follow-up post-revision were included. Outcomes assessed included weight loss, comorbidity resolution, and complications.

Results: Of 113 eligible patients, 89 (79%) had ≥3 years of complete follow-up. Postrevision median follow-up time was 70(35) months and comparable across revisions (p=0.19). Median pre-revision BMI was 43.0(8) kg/m2 and highest in duodenal switch-type procedures (p<0.05). BMI decreased by median of 8.0(9) kg/m2. BPD/DS achieved the greatest median total weight loss (20%[12]) and diabetes resolution, though statistical significance was not reached (p=0.15 and 0.08, respectively). Major complications were similar across revisions (p=0.49).

Conclusion: Revisional surgery after SG offers modest long-term benefits. Duodenal switch-type procedures, particularly BPD/DS, show superior trends in weight loss and metabolic improvements with comparable safety.

AVR97A69B7

HIGH BMI PATIENTS ARE RECEIVING DISPROPORTIONATELY LESS SURGICAL CARE OVER TIME DESPITE POPULATION GROWTH: ANALYSIS OF THE NSQIP (2005-2022)

Michael Kachmar *Pennington Biomedical Research Center*; Florina Corpodean *Pennington Biomedical Research Center / LSU-HSC*; Carlos Galvani *LSU-HSC*; Michael Cook *LSU-HSC*; Denise Danos *LSU-HSC*; David Hughe *Pennington Biomedical Research Center*s; Philip Schauer *Pennington Biomedical Research Center*; Vance Albaugh *Metamor Metabolic Institute at Pennington Biomedical Research Center*

INTRODUCTION: Approximately 41% of the US population has obesity and, unfortunately, recent reports demonstrate severe obesity and higher BMI populations are increasing at faster rates than their less severe counterparts. Given the predisposition of obesity to be associated with surgical disease burden, we hypothesized that higher BMI groups, those with severe obesity, should account for a growing proportion of operative volume over time. This study aimed to determine if higher those with severe obesity have been receiving proportionally more surgical care over time as captured in the National Surgical Quality Improvement Program (NSQIP).

METHODS: All available NSQIP cases from 2005-2022 were analyzed (n=11,634,075). Multinomial logistic regression was performed to analyze trends among BMI categories (<30, 30-39.9, 40-49.9, 50-59.9, 60-69.9, & ≥70 kg/m2) across time, while adjusting for the following: age, race, sex, ASA class, functional status, dialysis, smoking status, steroid use, and heart failure/chronic obstructive pulmonary disease/bleeding disorders. Analyses were conducted in R (v4.4.1).

RESULTS: Univariable and multivariable regression models revealed a decline in the odds of patients with BMI ≥50 kg/m2 receiving surgical care over consecutive years, with increasingly higher BMI groups representing greater declines in proportional case volume across time (Table 1, Figure 1). BMI 30-39.9 kg/m2 patients were the only group to have increased proportional case volume.

CONCLUSION(S): These results highlight a previously unreported disparity in access to surgical care. Despite increased growth in higher BMI populations, individuals in these categories of severe obesity undergo fewer operations year after year. These findings demonstrate a critical need to address these inequalities, which is underscored by rising obesity prevalence that could be contributing to increased morbidity/mortality of later stage surgical disease

BNY4QY64MD

PREDICTING WEIGHT LOSS AFTER BARIATRIC SURGERY IN AN ADOLESCENT AND YOUNG ADULT (AYA) POPULATION USING MACHINE LEARNING AND NATURAL LANGUAGE PROCESSING

Allison Frederick *MUSC Health University Medical Center*; John Del Gaizo *Medical University of South Carolina*; Andrew Wright *Medical University of South Carolina*; Mary Kate Bryant *Medical University of South Carolina*; Aaron Lesher *Medical University of South Carolina*

Introduction: Obesity is often stigmatized, influencing care and outcomes, especially in adolescents and young adults (AYAs). While machine learning models have been applied to adult bariatric surgery data, few studies focus on AYAs, who face unique challenges compared to older patients. This study compares the ability of physicians and artificial intelligence (AI) to predict weight loss after bariatric surgery in AYA patients.

Methods: This study included 491 patients (ages 14-30) who underwent bariatric surgery from 2014-2024 at a single institution. We modeled two weight loss trajectories over two years, validated with posterior probabilities >0.85. Preoperative bariatric clinic and psychological notes were analyzed to predict weight loss success using physician assessments for candidacy (Likert scale 0-5) and AI with in-context learning (ICL).

Results: The average age was 23.8 years, with a starting BMI of 49.5. The adequate weight loss group had a 35% mean BMI reduction (range: 27-43%), while the minimal weight loss group had a 16% mean BMI reduction (range: 8-32%). Physician opinions weakly but significantly correlated with weight loss outcomes ($\rho=0.15$, $p=0.01$), while AI correlated less ($\rho=0.04$, $p=0.43$). Physician assessments had an area under the curve (AUC) of 0.72, compared to AI with ICL at 0.64 (improved from 0.48 without ICL).

Conclusion: Preoperative physician assessment of candidacy for weight loss outperforms AI in predicting weight loss after bariatric surgery in AYAs, but AI shows promise in augmenting clinical decisions. Additionally, this study attempts to shed light on inequities in bariatric surgery care that influence postoperative outcomes and experiences.

Presidential Grand Rounds VIII

Thursday, June 19th, 2025

12:00 PM- 12:45 PM

GRY54NB5RN

PREDICTORS OF DEHYDRATION REQUIRING OUTPATIENT INTERVENTION FOLLOWING PRIMARY BARIATRIC SURGERY: ANALYSIS OF 692,525 CASES FROM MBSAQIP 2020-2023

Melissa Wills *Cleveland Clinic Foundation*; Juan Barajas-Gamboa *Cleveland Clinic Abu Dhabi*; Doua Elamin *Cleveland Clinic*; Sol Lee *Seoul Medical Center, Seoul, Republic of Korea*; Gabriela Restrepo *Cleveland Clinic Abu Dhabi*; Ricard Corcelles Codina *Cleveland Clinic*; Matthew Allemang *Cleveland Clinic*; Jerry Dang *Cleveland Clinic*; Salvador Navarrete *Cleveland Clinic*; Andrew Strong *Cleveland Clinic*; Matthew Kroh *Cleveland Clinic*; Valentin Mocanu *Cleveland Clinic Foundation*

Introduction: Dehydration is a common readmission cause following bariatric surgery growing in prevalence with the adoption of early discharge protocols. While some centers offer mobile rehydration units, many patients require emergency department visits or readmission. We analyzed the MBSAQIP database to identify predictors of post-discharge dehydration, aiming to optimize outpatient rehydration therapy (ORT) allocation.

Methods: We analyzed MBSAQIP data (2020-2023) and included patients that underwent primary laparoscopic sleeve gastrectomy (SG) or roux-en-Y gastric bypass (RYGB). Same-day discharge

(SDD) was defined as discharge within 24 hours of surgery, and ORT as use of post-discharge IV fluid therapy. Multivariable logistic regression analysis determined independent predictors of ORT use.

Results: Of 692,525 patients, 26,215 (3.8%) required ORT. These patients had similar BMI (45.3 vs 45.1 kg/m2, p=0.990), but were younger (41.5 vs 43.2+-11.8 years, p<0.001). ORT rates were higher amongst RYGB patients versus SG (4.3% vs 3.6%) (p<0.001). Dehydrated patients had longer operating times, higher rates of reoperation, reintervention, bleeding, leak, serious complications, and readmission rates (all p<0.001). SDD patients comprised 7.5% of the cohort, but 12% of those required ORT. On multivariable analysis, ORT was associated with younger age (OR 0.86; 95% CI 0.85-0.87), female sex (OR 1.94; 95% CI 1.86-2.02), SDD (OR 2.04; 95% CI 1.96-2.12), black race (OR 1.25; 95% CI 1.22-1.29), and RYGB (OR 1.19; 95% CI 1.15-1.22, all p<0.001).

Conclusion: Analysis demonstrated that 3.8% of primary bariatric surgery patients required ORT. Key risk factors include female sex, same-day surgery, and RYGB. Findings may help identify high-risk patients and optimize ORT allocation.

J6BZAMNZ6P

COMPARATIVE 30-DAY OUTCOMES OF SINGLE ANASTOMOSIS DUODENO-ILEAL BYPASS WITH SLEEVE GASTRECTOMY (SADI-S) VERSUS SLEEVE GASTRECTOMY AND ROUX-EN-Y GASTRIC BYPASS: A PROPENSITY MATCHED ANALYSIS

Sahaana Sridhar *Henry Ford Jackson Hospital*; Warda Alam *Henry Ford Jackson Hospital*; Mouhammad Halabi *Henry Ford Health*; Oliver Varban *Henry Ford Health*; Hassan Nasser *Henry Ford Health*

Introduction: In recent years, single anastomosis duodeno-ileal bypass with sleeve gastrectomy (SADIS) has gained widespread interest. However, comparative data on its safety relative to common bariatric procedures remains limited. The aim of this study was to evaluate 30- day postoperative outcomes of SADI-S compared to sleeve gastrectomy (SG) and Roux-enY gastric bypass (RYGB) using the MBSAQIP database.

Methods: The MBSAQIP database was queried for patients > 18 years of age undergoing primary SADI-S, SG, or RYGB between 2021 and 2023. Propensity score matching (1:1) was used to adjust for 19 preoperative demographic characteristics and comorbidities. Matched cohorts included SADI-S (N =4,017) vs. SG (N =4,017) and SADI-S (N =4,017) vs. RYGB (N =4,017). Thirty-day postoperative outcomes were compared between the matched cohorts.

Results: Comparative 30-days outcomes are shown in Table 1. SADI-S was associated with a higher overall complication rate (3.7% vs. 2.4%, p<0.01), pneumonia, bowel obstruction, emergency department visits, reinterventions, readmissions, and reoperations compared to SG. Length of stay was also longer in the SADI-S group compared to SG. However, overall complications were similar between SADI-S and RYGB (3.7% vs. 4.3%, p=0.14). SADI-S was associated with higher pulmonary embolism rates, whereas reinterventions and emergency department visits were higher in the RYGB group. Length of stay was comparable between SADI-S and RYGB.

Conclusion: SADI-S is associated with higher 30-day postoperative complications compared to SG whereas it demonstrates comparable outcomes to RYGB.

JB9NZ6VNQW

PREOPERATIVE BODY MASS INDEX AND HILL GRADE CLASS ARE NOT ASSOCIATED WITH DE NOVO GASTROESOPHAGEAL REFLUX DISEASE IN SLEEVE GASTRECTOMY PATIENTS: A SINGLE INSTITUTION ANALYSIS

Leo Amodu *University Hospitals*; Nicholas Catanzaro *University Hospitals*; Sakib Adnan *University Hospitals*; Mujjahid Abbas *University Hospitals*; Leena Khaitan *University Hospitals*

Introduction: Gastroesophageal reflux disease (GERD) is a known complication of sleeve gastrectomy. Risk factors for GERD development after sleeve gastrectomy are still a matter of debate. We carried out a retrospective study to determine if Hill grade class and BMI predict de Novo GERD development after sleeve gastrectomy in our institutional database

Methods: We carried out a retrospective review of medical records from 2015 to 2019. Categorical variables were compared using Pearson's Chi-squared test, with statistical significance determined as a p-value below 0.05. Data was drawn from an institutional database of patients who had sleeve gastrectomy as a primary bariatric procedure. We analyzed for factors associated with development of GERD de novo in patients who underwent sleeve gastrectomy

Results: A total of 360 patients were included in this study. Two hundred and ninety seven (82.5%) were female, and 63 (17.5%) were male. 148 (41.1%) patients had GERD preoperatively. 87 (24.2%) patients had no GERD preoperatively and developed GERD postoperatively. The average BMI for the preoperative GERD group was 48.4, while the BMI for the group with no GERD was 47.9. After analyses, we found that preoperative BMI and Hill grade class were not associated with development of GERD postoperatively. Pearson's Chi-squared test comparing Hill grade to de novo GERD incidence returned a χ 2 value of 7.221, (P-value = 0.125). The presence of a hiatal hernia preoperatively was associated with both pre- and postoperative GERD with a Pearson's χ 2 value of 6.018 (P-value = 0.0493).

Conclusion: Pre-operative BMI and Hill grade are not associated with the development of postoperative GERD in this single institution study. The presence of a preoperative hiatal hernia was associated with GERD preoperatively and postoperatively. These results underscore the importance of routinely repairing existing hiatal hernias in patients undergoing sleeve gastrectomy.

JLGR7G4RB8

ROUX-EN-Y GASTROJEJUNOSTOMY TECHNIQUE IMPACTS RATES OF POSTOPERATIVE MARGINAL ULCERATION

William Head *The Ohio State University Wexner Medical Center*; Stefanie Rohde *The Ohio State University Wexner Medical Center*; Sidhant Kalsotra *The Ohio State University Wexner Medical Center*; Emily Frucci *The Ohio State University Wexner Medical Center*; Vimal Narula *The Ohio State University Wexner Medical*

Center; Sabrena Noria *The Ohio State University Wexner Medical Center*; Stacy Brethauer *The Ohio State University Wexner Medical Center*; Bradley Needleman *The Ohio State University Wexner Medical Center*; Patrick Sweigert *Ohio State University Wexner Medical Center*

Introduction: Marginal ulceration (MU) remains a challenging complication following Roux-en-Y Gastric Bypass (RYGB). The impact of gastrojejunostomy (GJ) technique on development of MU is poorly understood.

Method: A retrospective cohort study was conducted on all patients who underwent primary RYGB for obesity at a single institution between 1/2019–1/2024. Patients were stratified by GJ anastomosis technique - laparoscopic circular stapled (CSA), laparoscopic linear stapled (LSA), and robotic handsewn anastomoses (HSA). Clinically significant symptomatic MU was identified on endoscopy or reoperation. MU-free survival, defined by documentation of longitudinal asymptomatic clinical gastrointestinal assessment, was assessed with the Kaplan-Meier method. Cox proportional hazards models evaluated the association between GJ technique and MU, adjusting for age, gender, smoking status, BMI, and diabetes.

Results: Of 1072 RYGB patients, 62.4% had a CSA GJ anastomosis, 24.2% LSA, and 13.4% HSA. At the time of operation, mean age was 44.7 years, 79.9% were female, and mean BMI was 47.1 kg/m2 (SD 7.7). No significant differences were noted in patient characteristics among the three cohorts, including smoking history within one year of operation ($p=0.576$). The MU rate was 14.8% (CSA 18.2%, LSA 10.8%, HSA 6.3%; $p<0.001$) with a median confirmation time of 6.6 months postoperatively (CSA 6.6 months, LSA 8.7, HSA 4.0; $p=0.851$). Median follow-up for ulcer-free patients was 23.4 months (CSA 27.2 months, LSA 18.5, HSA 13.7; $p<0.001$). Adjusted Cox modeling demonstrated that, when compared to CSA, both LSA (HR 0.662, CI 0.438-0.999) and HSA (HR 0.450; CI 0.228-0.888) were associated with decreased risk of MU occurrence.

Conclusion: Both laparoscopic linear stapled and robotic handsewn GJ anastomosis techniques are associated with decreased adjusted risk of marginal ulceration relative to laparoscopic circular stapled anastomosis for patients with obesity undergoing RYGB.

NR0B8A4BRA

SHORTENING THE LEARNING CURVE AND IMPROVING OUTCOMES ON THE DAVINCI ROBOTIC PLATFORM

Benjamin Clapp *El Paso Bariatric Surgery*; Sarah Samreen *University of Texas Medical Branch*; Monique Hassan *Baylor Scott & White Health*; S. Julie-Ann Lloyd *Baylor College of Medicine*; Maher El Chaar *St Luke's University Hospital and Health Network*

Introduction: Robotic assisted surgery has become the dominant mode of surgery in bariatrics, gynecology and urology. This growth is sustained by training residents on the robot during their residencies, but also by adoption of surgeons that transition from laparoscopy to robotic surgery. Surgeons that do all or a high percentage of their cases robotically may become more efficient and have better outcomes than surgeons with limited access to robotics systems. The relationship between high adoption rates to learning curves is examined.

Methods: Data from DaVinci robotic systems across the United States was collected.

Robotic naive surgeons transitioning to the robot were included. Two types of operations were evaluated: Roux-en-Y gastric bypass (RYGB) and the sleeve gastrectomy (SG).

Console times were evaluated and compared to the surgeons' baseline operative time over a 90-day period for each operation and an average percentage improvement in operating time from their first procedure was calculated, across entire surgeon set.

Results: There were 600 surgeons included over the study time period of January 2021 to June 2024. Surgeons showed continual improvement over the study period. Surgeons that perform at least 13 SG or 7 RYGB in the first 90 days show the fastest decrease in operative times. The RYGB has a trend around the 8th case where OR times tend to drift upward then decrease.

Conclusions: Surgeons that use the robot consistently in their early adoption period have a statistically significant decrease in their operative times from baseline over a 90-day period.

Presidential Grand Rounds IX

Thursday, June 19th, 2025

12:45 PM - 1:30 PM

XB8PV0YPBL

COMPARATIVE OUTCOMES OF RYGB VS SADI-S AFTER SLEEVE GASTRECTOMY

Fadlullah Ba'Th *Cleveland Clinic*; Xiaoxi Feng *Cleveland Clinic*; Rickesha Wilson *Cleveland Clinic*; Chao Tu *Cleveland Clinic*; Alex Milinovich *Cleveland Clinic*; Mary Ellen Satava *Cleveland Clinic*; Andrew Strong *Cleveland Clinic*; Matthew Kroh *Cleveland Clinic*; Jesse Gutnick *Cleveland Clinic Foundation*; Salvador Navarrete *Cleveland Clinic*; Ricard Corcelles Codina *Cleveland Clinic*; Ali Aminian *Cleveland Clinic*

Introduction: Conversion of sleeve gastrectomy (SG) to other bariatric procedures, such as Roux-en-Y gastric bypass (RYGB) or single anastomosis duodenoileostomy (SADI-S), is frequently performed for patients with weight recurrence or insufficient weight loss. Although both procedures are intended to improve long-term outcomes, their comparative effectiveness remains uncertain. This study aims to evaluate outcomes of patients with sleeve gastrectomy who underwent conversion to either RYGB or SADI-S.

Method: A retrospective analysis was conducted on patients with BMI $\geq$40 kg/m2 who underwent conversion from sleeve gastrectomy to either RYGB or SADI-S at a high-volume U.S. bariatric center (2008-2023). Follow-up ended in January 2025.

Results: Among 125 patients, 29 underwent SADI-S and 96 underwent RYGB following sleeve gastrectomy. The mean pre-operative BMI was 47.9 $\pm$ 6.5 kg/m2 at the time of conversion to RYGB and 55.9 $\pm$ 8.9 kg/m2 at the time of conversion to SADI-S. The mean difference in total weight loss between the two procedures at year 1 was 1.6% (95% CI, 0.3%-2.9%) favoring RYGB, at year 2 was 3.3% (95% CI, 2.1%-4.6%) favoring SADI, and at year 3 was 8.0% (95% CI, 6.3%-9.7%) favoring SADI. The mean difference in absolute BMI reduction between the two procedures at year 3 from baseline was 4.8 kg/m^2 (95% CI, 4.0 kg/m^2-5.7 kg/m^2) favoring SADI. Weight regain was more commonly observed after RYGB (Figure 1).

Conclusion: While in the initial 18 months, both second-stage RYGB and SADI-S provide comparable weight loss, the SADI-S outperforms RYGB in longer-term follow-up.

RW0MZ9DMQL

SOCIOECONOMIC DISPARITY HAS MINIMAL IMPACT ON LONG TERM WEIGHT LOSS AFTER BARIATRIC SURGERY

Peter Habib *Chicago Institute of Advanced Surgery*; Rami Lutfi *Advocate Medical Group Surgery*; Marc Sarran *Rush University Medical Center*; Fracisco Quinteros *Chicago Institute of Advanced Surgery*; Christen Chaconas *HCA Healthcare*

Introduction: The Area Deprivation Index (ADI) is a comprehensive measurement so socioeconomic disadvantage. Different indicators of disadvantage have been used to describe outcomes in bariatric surgery however prior reports have not exceeded 1-2 year follow up and have not yielded any significant differences in outcomes between indices of deprivation. The primary objective of this study is to delineate the difference in EWL between low vs high ADI percentiles.

Methods: We reviewed our internal database of bariatric patients from 2012-2018 and selected patients who had up to 11 years of follow up. Deprivation indices were obtained down to the street level using the University of Wisconsin ADI. percent Excess weight loss was calculated and a student T test was used to determine statistical significant between the two groups of ADI. The groups were divided into lower and higher 50 percentiles.

Results: 726 patients underwent bariatric procedures by a single surgeon at a single site from 2012-2018. Of those patients, 486 patients had follow up data for at least 1 years and up to 11 years. The average age of patients at time of surgery was 43.8. patients average ADI was 45.8 percentile. The population as divided into lower vs higher SES. 60.5% of patients lived in an area of lower SES. Average time of follow up was 7.04 years. %EWL was 43.7% and 40.7% for lower and higher SES patients. No significant difference was noted with a P of 0.357. Patients were in the lower SES. A subset of 387 patients had a 5 year weight recorded. Patients in the higher SES group an average of 36.4% EWL while those in the lower group had 38.9%. There was no significant difference in %EWL at 5 years with a p value of 0.444. There was a greater but not significant difference in continued weight loss after 5 years in patients with higher SES.

Conclusion: ADI does not impact long term outcomes in bariatric surgery but may impact the short continuation of weight loss after 5 years.

VMQAKW5AMX

TIMING OF WEIGHT LOSS NADIR AND WEIGHT REGAIN AFTER SLEEVE GASTRECTOMY OCCURS EARLIER THAN AFTER GASTRIC BYPASS

Laan Yeung *University of Pennsylvania*; Armaun Rouhi *Perelman School of Medicine, University of Pennsylvania*; Colleen Tewksbury *Perelman School of Medicine, University of Pennsylvania*; Maria Altieri *Perelman School of Medicine, University of Pennsylvania*; Noel Williams *Penn Medicine*; Kristoffel Dumon *Perelman School of Medicine, University of Pennsylvania*; Victoria Gershuni *Penn Medicine*

Introduction: Bariatric surgery is the most effective and durable solution for weight management. While long-term data on weight change after gastric bypass (RYGB) is more readily available, less is known about the weight change dynamic after sleeve gastrectomy (SG). The objective of this project was to describe the procedure-specific change in weight over time in a diverse, urban population receiving care at an academic quaternary care center.

Method: A retrospective cohort study of bariatric surgery patients from 2011 to 2019 with at least 36 months of post-operative follow-up was performed. Demographics and serial weight measurements were collected from multiple timepoints. Primary outcome was percent total weight loss (%TWL) at nadir. Weight trajectories were plotted over time and modeled to a line of best fit to determine procedure specific nadir timing and long-term %TWL. Nadir was defined as the lowest postoperative weight recorded.

Results: A total of 200 patients were included (150 SG and 50 RYGB), most were African American (54%) and female (85%) with an average age of 53 $\pm$ 13 years. Weight trajectory differed according to procedure. RYGB patients had significantly greater %TWL compared to SG (35.1 $\pm$ 11.5% vs. 28.5 $\pm$ 9.5%, $p<0.0001$). The fitted models demonstrated that SG patients achieved nadir weight at a mean of 12 months with an average weight regain of 7% from nadir to the 3-year follow-up. RYGB patients achieved nadir weight at a mean of 20 months with an average weight regain of 8%.

Conclusion: Weight loss after bariatric surgery differs by procedure. SG is associated with earlier nadir than historically seen with RYGB while RYGB patients experience significantly greater total weight loss; greater awareness of timing of nadir and expected % TWL will allow providers to develop more proactive comprehensive weight management strategies to maximize total weight loss and mitigate weight regain.

VW448AJ4WG

HIGH BMI IS ASSOCIATED WITH DECREASED ACCESS TO ONCOLOGIC SURGICAL CARE: ANALYSIS OF THE NSQIP (2005-2022)

Michael Kachmar *Pennington Biomedical Research Center*; Florina Corpodean *Pennington Biomedical Research Center / LSU-HSC*; Carlos Galvani *LSU-HSC*; Michael Cook *LSU-HSC*; Mohammad Al Efishat *Our Lady of the Lake Regional Medical Center*; John Lyons *Our Lady of the Lake Regional Medical Center*; Philip Schauer *Pennington Biomedical Research Center*; Vance Albaugh *Metamor Metabolic Institute at Pennington Biomedical Research Center*

INTRODUCTION: High body mass index (BMI) individuals are the fastest-growing demographic in the United States, facing elevated cancer risk and cancer mortality. Despite high BMI be associated with numerous cancers, we hypothesized very high BMI patients may be underrepresented in both common and oncologic-specific surgeries. The National Surgical Quality Improvement Program (NSQIP) data was used to test this hypothesis of proportional disparities in surgical access for BMI $\geq$60 or $\geq$70.

METHODS: All available NSQIP cases from 2005-2022 (n=11,634,075) were included. Oncologicrelated & common

surgical procedures were examined in BMI ≥60 and BMI ≥70, respectively, versus the general NSQIP population. Paired t-tests were used to identify differences in proportional procedural rates. Primary endpoints included frequencies of common oncologic operations. All analyses were conducted in R version 4.4.1.
RESULTS: Baseline patient characteristics are noted in Table 1. Patients with BMI ≥70 underwent proportionally fewer operations (Table 1.b, Figure 1.a). Oncologic post op diagnosis case volume totaled 2,055,241 procedures in the NSQIP (Table 1.c). BMI ≥60 patients also received fewer procedures for oncologic post op diagnoses (Table 1.d, Figure 1.b).
CONCLUSION(S): In this national dataset, high BMI patients undergo proportionally fewer commonly performed operations for oncologic intent compared to the general population. More detailed data are needed to confirm malignancy diagnoses in this group, yet national cancer registries often lack the anthropometric measures (i.e. BMI) necessary for a robust analysis. Addressing these data limitations and improving access to care are important steps toward ensuring equitable oncologic diagnosis and treatment for high-BMI patients.

WAQ97RD9A8

COMPARISON OF ONE ANASTOMOSIS GASTRIC BYPASS TO STANDARD BARIATRIC INTERVENTIONS: A PROPENSITY SCORE MATCHING ANALYSIS USING THE 2020-2023 MBSAQIP DATABASE

Alba Zevallos *Northwest Hospital*; Kevin Hansen *Sinai Hospital*; Jessica Biller *Northwest Hospital*; Oscar Tuesta *Northwest Hospital*; Adrian Riva *Northwest Hospital*; Gina Adrales *Johns Hopkins University*; Christina Li *LifeBridge Health*; Michael Schweitzer *John Hopkins Bayview Medical Center*; Raul Sebastian *Johns Hopkins University*

BACKGROUND: One-anastomosis gastric Bypass (OAGB) has been proposed as a viable alternative to standard bariatric surgical interventions such as Sleeve Gastrectomy (SG) and Roux-en-Y Gastric Bypass (RYGB). Due to one fewer anastomosis, OAGB is perceived to reduce risk and require less operative time than RYGB. We aimed to evaluate the 30-day outcomes of OAGB compared to SG and RYGB using the MBSAQIP 2020-2023 database.
METHODS: This study included patients who underwent primary SG, RYBG, and OAGB within the MBSAQIP data registry from January 1, 2020, to December 31, 2023. Using Propensity Score Matching analysis, the cohorts were matched for 23 preoperative characteristics. We then compared 30-day postoperative between OAGB and SG and OAGB and RYGB.
RESULTS: 414,693, 161,128, and 2,969 patients were included for SG, RYGB, and OAGB, respectively. Propensity-matched comparative analysis of OAGB versus SG (n=2,969) showed OAGB was associated with higher rates of interventions (0.9% vs. 0.5%, p=0.042), reoperations (1.2% vs. 0.6%, p=0.012), and emergency visits (10.6% vs. 7.4%, p<0.001). Propensity-matched outcomes comparing OAGB versus RYGB (n=2,969) showed that patients who underwent OAGB had significantly shorter operative time (93.20 ± 52.71 vs. 119.97 ± 52.54, p<0.001), postoperative length of stay (1.33 ± 0.98 vs. 1.48 ± 1.21, p<0.001), and lower rates of readmissions (2.5% vs. 4.8%, p<0.001) compared to RYGB.
CONCLUSION: While OAGB is a more complex surgery than SG and requires more emergency visits, reoperations, and interventions, it is a safe and feasible alternative to RYGB, with fewer adverse short-term outcomes than RYGB.

Posters

Tuesday, June 17th, 2025 - Thursday, June 19th, 2025

QN8W6LXWGV

THE IMPACT OF TIMING OF BARIATRIC SURGERY RELATIVE TO KIDNEY TRANSPLANTATION ON ALLOGRAFT FUNCTION AND PERIOPERATIVE OUTCOMES

Mary Kate Bryant *Medical University of South Carolina/Ralph H Johnson VA Medical Center*; Allison Frederick *Medical University of South Carolina*; Ronit Pathak *College of Charleston*; David Taber *Medical University of South Carolina*

Introduction: For patients with obesity and end-stage renal disease (ESRD), bariatric surgery (BS) is the most efficacious approach to sustained weight loss and has been shown to improve access to and allograft outcomes of kidney transplant (KT). We compared BS perioperative risk and long-term allograft function between KT-first versus a BS-first approach in patients with both ESRD and obesity.
Methods: Adult patients who underwent asynchronous BS and KT at MUSC between 2012-2023 were identified using institutional databases. Patient characteristics, graft function, and perioperative outcomes were compared between a BS-first versus KT-first approach.
Results: Twenty patients (n=11 KT-first, n=9 BS-first; 85% female; median age 45.2 y at KT) were identified. At KT, BMI was lower in patients in the BS-first cohort (31.9 kg/m2 vs 38.1, p=0.044). Weight loss at one-year post-BS was similar between groups (KT-first BMI change -8.9 kg/m2 vs BS-first -7.6, p=0.790). BS 30-day perioperative events were similar in KT-first and BS-first patients, occurring in five (25%) patients: three emergency room visits, one readmission, two wound complications, and one PD catheter infection. Last known graft function was intact in 16 (80%) patients at a median follow-up of 4.6 years after KT.
Conclusion: Timing of BS in the ESRD population does not appear to affect long-term allograft function after KT. While BMI was lower at the time of transplant if BS was performed first, equivalent weight loss was seen between cohorts. Bariatric surgery is feasible and safe in this high-risk population without adversely affecting graft function.

YZB5VY85XD

BARIATRIC SURGERY IN DIALYSIS PATIENTS: FEASIBLE BUT WITH HIGH RISKS

Jenny Zhang *Mount Sinai Health Systems*; Gabriel Oland *Mount Sinai*; Tyler Glaspy *Nuvance Healthcare*; Gustavo Fernandez-Ranvier *Mount Sinai*; Daniel Herron *Mount Sinai*; Catherine Tsai *Mount Sinai*

Introduction: Many bariatric surgeons are reluctant to operate on patients on dialysis because of perceived higher risks. This study aims to compare preoperative characteristics and perioperative

outcomes of bariatric surgery patients on dialysis versus those not on dialysis.

Method: Using the MBSAQIP 2023 database, patients were categorized based on preoperative dialysis status. Statistical analyses were conducted using Stata and either chi square or ttests was used to determine significance.

Results: Among 217,952 patients, 672 (0.3%) patients were on dialysis and 217,280 (99.7%) were not. The dialysis group had a significantly higher proportion of males and higher rates of comorbidities, including prior myocardial infarction, hypertension, insulin-dependent diabetes, hyperlipidemia, prior deep vein thrombosis, prior pulmonary embolism, chronic obstructive pulmonary disease, and sleep apnea. In contrast, the non-dialysis group had a significantly higher rate of smoking. Intraoperatively, there were no significant differences in drain placement or choice of approach (robotic versus laparoscopic); however, patients on dialysis had longer operative times. Postoperatively, patients on dialysis experienced significantly higher rates of myocardial infarction (Relative Risk RR 8.19 CI 2.02-33.24), mortality (RR 7.35 CI 1.01-53.26), blood transfusion (RR 4.66 CI 3.02-7.20), intubation (RR 3.96 CI 1.27-12.33), reinterventions (RR 3.46 CI 2.22-5.4), readmissions (RR 2.81 CI 2.22-3.56), unplanned ICU admissions (RR 2.73 CI 1.47-5.06), reoperations (RR 2.5 CI 1.58-3.94), and urinary tract infection (RR 2.3 CI 1.03-5.11). Patients not on dialysis had a significantly higher rate of outpatient IV treatment (RR 0.3 CI 0.15-0.59).

Conclusion: While bariatric surgery is feasible in dialysis patients, it is associated with increased perioperative risks. As a result, a multidisciplinary approach is essential to providing the best care in this patient population.

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EFFECTS OF BARIATRIC SURGERY ON GASTRIC VOLUME, BODY COMPOSITION, AND HEPATIC STEATOSIS: AIBASED OPPORTUNISTIC CT ANALYSIS

Jimi Huh *Ajou University Hospital*

Introduction: To evaluate the changes in gastric volume, subcutaneous fat (Sfat), visceral fat (Vfat), skeletal muscle, bone mineral density (BMD), and hepatic steatosis following bariatric surgery from fully automatic AI measurement technique on opportunistic CT gastrography images.

Method: From prospectively collected 60 obese patients undergoing bariatric surgery, changes in body composition indicators were assessed on preoperative period and at 3 months and 1-year post-surgery follow-up CT scans. Using AI techniques, we assessed gastric volume, Sfat, Vfat, BMI-adjusted skeletal muscle index (SMI), BMD, and the liver/spleen attenuation ratio (L/S ratio). Linear Mixed Models (LMM) were employed to determine the statistical significance of changes over time, with age and sex adjustments.

Results: Postoperative assessments revealed significant reductions in gastric volume, decreasing from a 954.7 ± 183.6 preoperatively to 180.6 ± 77.2 at 3-months and 245.8 ± 92.4 at 1-year post-surgery ($p<0.001$). Similarly, Sfat reduced from 476.8 ± 157.7 preoperatively to 365.8 ± 139.1 at 3-months and further to 242.7 ± 121.4 at 1-year postsurgery, while Vfat declined from 276.7 ± 85.2 preoperatively to 179.4 ± 70.5 at 3-months and 100.0 ± 71.5 at 1-year post-surgery ($p<0.001$ for both). Notably, there were no significant changes in bone mineral density (BMD) between pre- and post-surgery. The SMI has been gradually increased at 3-months and 1-year post-surgery. Additionally, the L/S ratio, a marker of hepatic steatosis, has been increased post-surgery.

Conclusion: AI measurement from opportunistic CT scans demonstrated that bariatric surgery not only significantly reduces body fat but also improves hepatic steatosis and SMI.

6VPL60PLVM

MANAGEMENT OF ESOPHAGOPLEURAL FISTULA AFTER SLEEVE GASTRECTOMY WITH ROUX-EN-Y ESOPHAGOJEJUNOSTOMY

Clara Zhu *University of Texas Health Science Center at Houston*; Christopher Carnabatu *UTHealth Houston*; Todd Wilson *UT Health Houston*

The patient was a 61-year-old female who had undergone a gastric sleeve in 2019 that was complicated by staple line leak and chronic gastric fistula. She had fatigue and underwent a CT scan that demonstrated a left subphrenic collection.

One week later she underwent outpatient EGD with the GI team where her antrum was mildly narrowed and was empirically dilated. Two weeks later the patient presented to the hospital with chest pain and was found a large left pleural effusion. She emergently underwent an EGD and esophageal stent placement over a distal esophageal defect. She then underwent left video-assisted thoracoscopic decortication and drainage of mediastinal and left lower lobe pulmonary abscesses, followed by later jejunostomy tube.

Two months from initial hospitalization, we had an extensive multidisciplinary discussion.

She required continuing chest tube drainage for an ongoing inflammatory source and was nutritionally optimized. The decision was made to undergo definitive therapy for her fistula with a robotic distal esophagectomy.

The stomach was socked in from previous perforation. A large amount of adhesions were dissected, particularly at the superior lateral portion of the sleeve. The distal segment of the esophagus was involved in disruption that appeared to include the proximal portion of the sleeve gastrectomy. We stapled off the distal esophagus and mid-stomach. We created a Roux-en-Y esophagojejunostomy. The esophagojejunostomy anastomosis was completely handsewn in two layers. On post-operative day 7, upper GI was negative for leak. She was discharged on post-operative day 11 and in follow up tolerated pureed diet.

8GLJ8ZQJG9

VERTICAL BANDED GASTROPLASTY REVERSAL: A MINIMALLY INVASIVE TECHNIQUE TO REVERSE VERTICAL BANDED GASTROPLASTY (VBG)

Jessica Wu *Emory University*; Nicole Petcka *Emory University*; S Scott Davis Jr *Emory University*; Edward Lin *Emory University*; Omobolanle Oyefule *Emory University*; Ankit D. Patel *Emory University*; Jamil Stetler *Emory University*; Eric Knauer *Emory University*; Elizabeth Hechenbleikner *Emory University*

A 61-year-old female with a past surgical history of an open vertical banded gastroplasty (VBG) in 1982 presented to bariatric clinic

for evaluation of nausea, vomiting, and epigastric pain. The patient states that she had been doing well since surgery until several months ago when she started having significant oral intolerance. Her upper gastrointestinal series, CT scan, and EGD showed concern for stomal stenosis at the level of the VBG silastic ring/band with gastric pouch dilation.

Studies have reported up to 21 to 56% of patients with VBGs undergo revisional surgery due to complications. Revision options include conversion to another bariatric procedure, most commonly Roux-en-Y gastric bypass, or VBG reversal.

The decision was made to proceed with VBG reversal given that the patient did not require further weight loss (BMI 24), did not have reflux symptoms, and did not have delayed emptying of the pouch. VBG reversal was performed laparoscopically by creating a gastrotomy and firing linear staplers between the lumen of the gastric pouch and gastric fundus to create an intraluminal, side-to-side gastro-gastrostomy. Endoscopy was liberally used during the procedure to aid in guiding the gastro-gastrostomy creation.

The patient did well after surgery and has complete resolution of symptoms with tolerating diet without issues. The decision between pursuing conversion to gastric bypass or reversal of the VBG depends on the goals of the surgery. VBG reversal is a great surgical option for patients with stomal stenosis, do not desire further weight loss, or are frail/older patients.

8LNYNR9Y74

NISSEN-COLLIS TAKEDOWN AND CONVERSION TO ROUX-EN-Y GASTRIC BYPASS WITH HIATAL HERNIA REPAIR

Qais Abuhasan *Indiana University School of Medicine*; Dimitrios Stefanidis *Indiana University*

A 77-year-old female with a history of Nissen-Collis fundoplication, which had previously required two revisions, was evaluated for recurrent symptoms of gastroesophageal reflux disease (GERD), including dry heaves, nausea, and cough, significantly impairing her quality of life. Esophagogastroduodenoscopy (EGD) at our institution revealed an intact fundoplication wrap, along with an enlarged stomach and esophagus above the wrap. An upper gastrointestinal (GI) series demonstrated severe reflux and moderate esophageal dysmotility.

The patient underwent a robotic Nissen takedown, Roux-en-Y gastric bypass, and hiatal hernia repair (HHR). The procedure was complicated by extensive adhesions and scar tissue that had fused the anatomical planes. Adhesiolysis required approximately 3 hours to separate the stomach from the liver and the hiatus. The fundoplication wrap, which had herniated into the mediastinum, was identified, divided, and dissected off the stomach and esophagus. Hiatal hernia repair required a relaxing incision and the placement of polypropylene and Bio-A mesh. After completing the gastric bypass, hemostasis was achieved, and the abdominal incisions were closed.

DR4GMJ7GN5

GASTRIC BALLOON MIGRATION CAUSING JEJUNAL ISCHEMIA AND OBSTRUCTION

Aditi Kashikar *University of Texas Houston Health Science Center*; Peter Walker *UT Houston*; Shinil Shah *UT Houston*

Introduction: According to the World Health Organization, the incidence of worldwide obesity has surpassed 1 billion people. In the quest to develop a range of effective weight loss options, intragastric balloon therapy offers a minimally invasive but temporary tool to assist with weight loss. An endoscopic procedure allows placement of saline filled balloons increasing satiety which can lead to decreased oral intake. While balloon placement is generally well tolerated, complications due to migration can occur.

Methods: We report a case of a 44-year-old female with a history of endoscopic intragastric balloon placement 1 year prior to admission. She presented with severe, persistent nausea, vomiting, and abdominal pain for three days. Computed tomography revealed a foreign body lodged in the small bowel, resulting in obstruction.

Results: The patient was urgently taken to the operating room, where diagnostic laparoscopy revealed an intraluminal foreign body located in the distal jejunum causing obstruction. A small peri-umbilical incision allowed for extracorporeal manipulation of the small intestine. A deflated SPATZ3 intragastric balloon with associated tubing was identified in the distal jejunum with concern for ischemia. A jejunal resection and anastomosis was performed. The foreign body was successfully extracted in its entirety. The patient had an uneventful postoperative recovery.

Conclusion: While endoscopic placement of intragastric balloons is considered safe, migration may lead to severe complications. Accurate diagnosis requires a thorough history, cross sectional imaging, and timely surgical intervention. Regular radiographic monitoring of balloon placement and comprehensive patient education on potential risks are essential.

Future research should focus on standardizing follow-up protocols, removal timing, and patient education.

NPX8VDA8PG

REVISION OF ROUX-EN-Y GASTRIC BYPASS (RYGB) TO SINGLE-ANASTOMOSIS DUODENO-ILEAL SWITCH (SADI-S)

Sarah Lee *Sutter Health*; Irina Karashchuk *Sutter Health*; Subhash Patil *Sutter Health*; Rama Ganga *Sutter Health*; Benjamin Shadle *Sutter Health*

Historically, weight regain or inadequate weight loss after Roux-en-Y gastric bypass (RYGB) is roughly 25-30% over a period of 15-20 years. Revision options after RYGB are limited, including distalization or conversion to traditional duodenal switch (DS) or singleanastomosis duodeno-ileal switch (SADI-S). Conversion to traditional DS or SADI-S is much more complex, often performed in 2 stages, and with high postoperative complication rates ranging from 10-20%. We present a case of a patient with weight regain after primary RYGB. We performed a single stage robotic revision of RYGB to SADI-S with hiatal and ventral hernia repair. The patient did well postoperatively with no complications and had a total body weight loss of 14% at 1 month. We conclude that performing revision of RYGB to SADI-S is a feasible, safe, and effective option for patients who gain weight after primary RYGB. Furthermore, revision to SADI-S provides the option of future revision to traditional DS if patient experiences recurrent weight gain or inadequate weight loss.

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ROBOTIC ASSISTED TAKEDOWN OF A COMPLEX GASTRO-GASTRIC FISTULA AND ESOPHAGOJEJUNOSTOMY IN A RETROCOLIC RETROGASTRIC RYGB

Maher El Chaar *St Luke's University Hospital and Health Network*; Albert Lwin *St Luke's University Hospital and Health Network*; Eric Stevens *St Luke's University Hospital and Health Network*

We describe a complex case of a Robotic Assisted GG Fistula takedown and esophagojejunostomy in a retrocolic retrogastric RYGB after a failed attempt at endoscopic closure. The case was technically challenging and involved multiple decision makings ultimately resulting in en bloc resection of the fistulous tract and esophagojejunostomy anastomosis.

RD96AQZ6XP

LAPAROSCOPIC MANAGEMENT OF BEZOAR-PROVOKED SMALL BOWEL OBSTRUCTION IN ROUX-EN-Y GASTRIC BYPASS

Hector Lopez *Newark Beth Israel Medical Center*; Alan Saber *Newark Beth Israel Medical Center*; Scott Mu *Rutgers New Jersey Medical School*

Introduction: Small bowel obstruction (SBO) remains a surgical challenge in patients with Roux-en-Y Gastric Bypass (RGB). Bezoars are rare but known sources of obstructions in patients with RGB given their inability to mechanically process a food bolus through a bypassed stomach.

Presentation: We present a case of a 28-year-old female with a history of obesity, BMI of 57, hypertension and a surgical history of a Roux-en-Y Gastric bypass at our institution six months prior to presentation. The patient presented to the emergency department with an 18-hour acute, post-prandial, colicky peri-umbilical pain. Computed Tomography was relevant for small bowel dilation and a transition point at the terminal ileum. At diagnostic laparoscopy a transition point was encountered proximal to the ileocecal valve. A longitudinal incision was performed proximal to the obstruction and a significant amount of an undigested meal was encountered. The impaction was relieved by a combination of stone forceps and suction/irrigation use. Enterotomy closure was performed transversely.

The patient was discharged home on post operative day two tolerating bariatric full liquid diet and was followed up in one month without any added complications.

Discussion: SBO in patients with RGB are always surgical emergencies. When clinical presentations are atypical, further inquiries regarding dietary habits should be pursued when evaluating patients.

Conclusion: In experienced hands, managing SBO's caused by bezoars via minimally invasive approach is considered safe, reproducible and feasible.

V0X56RM5AW

SLEEVE REVISION AND HIATAL HERNIA REPAIR IN A PATIENT WITH DYSPHAGIA

Katie Marrero *Penn State*; Ben Fung *Penn State College of Medicine*; Ann Rogers *Penn State Health*

This was a case for an 81 yo M with a hx of a prior sleeve gastrectomy in 2017. He had been doing well for some time but then presented to an OSH in 2023 for concern for dysphagia.

He underwent a workup there and there was concern for sleeve stricturing for which he underwent several sleeve dilations as well as botox to his pylorus. These were unsuccessful and he then presented to our institution for further work up.

At our hospital he underwent an upper GI study and CT which showed a hiatal hernia with the staple line of the prior sleeve noted above the diaphragm. He then underwent an endoscopy to rule out sleeve stricturing or any other abnormalities. On this the sleeve appeared widely patent with a normal pylorus and a several cm hiatal hernia was noted.

Given this, we decided to proceed with a hiatal hernia repair. This was completed robotically. The first step of our surgery was to complete hiatal dissection. We started by identifying and clearing off both the right and left cura. Once these were exposed, we proceeded to mobilize our sleeve and further dissect out the posterior cural confluence.

We started posteriorly and once we were able to, placed a penrose for further retraction.

We mobilized the sleeve completely within the mediastinum with a goal to completely reduce the sleeve into the stomach. However, even with complete mobilization, we it was difficult to completely mobilize the sleeve. Therefore we decided to proceed with sleeve revision. We first passed an endoscope and then proceeded with a sleeve revision to removed excess fundus that was herniated within the mediastinum.

Once this was completed, we proceeded with cural closure. First we used a running 2-0 vloc to close the posterior cura and then a figure of 8 as an anterior curoplasty. We then placed a mesh and pexied this in place using vicryl sutures.

The patient has since done well with complete resolution of his symptoms.

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ROBOTIC RECURRENT PARAESOPHAGEAL AND LEFT TRAUMATIC DIAPHRAGMATIC HERNIA REPAIR IN A PATIENT WITH TOTAL GASTRECTOMY AND ESOPHAGOJEJUNOSTOMY AFTER GASTRIC BYPASS

Anthony Gonzalez *Baptist Health*; Laura Camila Barbosa Novoa *Baptist Health Medical Group*

Background: A paraesophageal hernia is the herniation of the abdominal organs into the thoracic cavity. Recurrent paraesophageal hernia repair poses unique challenges in patients with previous surgical backgrounds. Separately, the prevalence of traumatic diaphragmatic hernia (TDH) is approximately 1–5% among victims of motor vehicle accidents.

Methods: A 34-year-old male with a history of gastric bypass 12 years ago was postoperatively complicated with gastric necrosis. The following day the patient returned to the operative room for a total gastrectomy and esophagojejunostomy (EJ). Earlier this year the patient had a motor vehicle accident resulting in a traumatic diaphragmatic hernia which required exploratory laparotomy. Surgeons were unable to reduce or repair the hernia at that

time. Now the patient presents to our facility with complaints of progressive nausea, vomiting, and dysphagia. Work-up shows recurrent paraesophageal hernia containing the EJ, small bowel, and transverse colon and an incarcerated left diaphragmatic hernia containing omentum. Our video demonstrates the procedure of repairing recurrent paraesophageal and incarcerated left diaphragmatic hernia with permanent suture and Onlay absorbable mesh.
Results: The patient tolerated the procedure well, with no intraoperative complications.
Early postoperative recovery was uneventful. Evaluation 8 weeks postoperatively demonstrated resolution of symptoms, including nausea and dysphagia.
Conclusion: We conclude that the concurrent presentation of recurrent paraesophageal hernia and left traumatic diaphragmatic hernia in a patient with a history of gastric bypass is rare. Successful repair of both entities is possible using minimal.

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LAPAROSCOPIC REPAIR OF AN INTERNAL HERNIA IN A PATIENT WITH A PRIOR DUODENAL SWITCH

Shahed Tish *Cleveland Clinic*; Jesse Gutnick *Cleveland Clinic*
Introduction: Laparoscopic repair of an internal hernia in a patient with a prior duodenal switch
Method: This is a case of a 45-year-old man with history of duodenal switch who has been suffering of intermittent small bowel obstructions. CT scan showed upstream dilation extending from the ileo-ileal anastomosis and accumulation of debris in the roux limb raising suspicion for anastomotic stricture.
Results: A diagnostic laparoscopy revealed an internal hernia through the pseudo-Petersen space.
In addition, the patient had a blind limb measuring approximately 4 to 5 cm off his ileoileostomy, which was resected. The patient has been doing very well since his surgery. He is able to tolerate oral intake without issues and has normal bowel function.
Conclusion: Closure of pseudo-Peterson space is advisable to prevent internal hernias in duodenal switch procedures.

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ROBOTIC HELLER MYOTOMY FOR ACHALASIA POST GASTRIC BYPASS

Theresa Krawiec *UMass Chan Medical School*; Nicole Cherng *UMass Memorial Hospital*; Kyle Cheung *UMass Memorial Hospital*
In this video abstract, we present the case of a 42-year-old female remote history of Rouxen-Y gastric bypass for weight loss who developed progressive dysphagia over the past five years. After extensive work-up, the patient was diagnosed with achalasia and underwent successful robotic-assisted Heller myotomy. This presentation highlights the work-up of dysphagia in post gastric bypass patients as well as the challenges in diagnosis of esophageal dysmotility disorders, such as achalasia, in this population. The video describes the key steps in performing a Heller myotomy for achalasia after gastric bypass which can be performed safely and effectively through a robotic-assisted approach.

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MAGNETIC COMPRESSION DUODENOILEOSTOMY FOR REVISION AFTER ENDOSCOPIC SLEEVE GASTROPLASTY

Paul Enochs *Bariatric Specialists of NC, PA*; Chris Mcgowan *True You Weight Loss*; Brian Coan *True You Weight Loss*; Jaime Lee Bull *Bariatric Specialists of the Carolinas*
Metabolic and bariatric surgery (MBS) continues as an underutilized resource for treatment of obesity despite demonstrating superior results compared to standard medical therapy for durable weight loss in patients with obesity. One of the main reasons to why patients do not consider MBS lie in their fear of surgical risks including anastomotic leaks and bleeding. Despite increased weight loss and diabetes resolution associated with anastomotic MBS procedures that utilize malabsorption, these concerns have contributed to non-anastomotic procedures such as the sleeve gastrectomy being the most common form of MBS that is performed. It has also led to the proliferation of non-stapled procedures such as the endoscopic sleeve gastroplasty. When patients have inadequate results with these procedures, reticence persists among patients to pursue a revisional
MBS procedure with malabsorption due to continued concerns. A novel magnetic compression anastomosis system approved by the FDA in October 2024 helps address these concerns. It allows for creation of a non-stapled, non-sutured enteroenterostomy through delayed anastomotic technology to help greatly limit risks of leak or bleed. The video presented demonstrates the first utilization of this technology in the US for creation of a duodenoileostomy for revision after an endoscopic sleeve gastroplasty.
The patient tolerated the procedure well and without complication and was discharged home the day of surgery.
With its potential for decreased risk, utilizing Magnetic Compression Duodenoileostomy as a revisional malabsorptive procedure may allow for a greater number of patients with obesity to now consider MBS as an option for their definitive treatment.

A9PPG0VP94

ROBOTIC TAKEDOWN OF GASTROGASTRIC FISTULA WITH REVISION OF GASTRIC BYPASS AND RECONSTRUCTION OF GASTROJEJUNOSTOMY

Hamdan Mallick *Bayhealth*; Hania Ahmer *Bayhealth Medical Center - - Dover, DE*; Anirudha Goparaju *Bayhealth General Surgery, Sussex Campus*
Introduction: We present the case of a 38-year-old female with a history of Roux-en-Y gastric bypass who presented with a gastro-gastric fistula and recurrent marginal ulcers that failed medical therapy.
Method: The patient underwent revisional surgery with resection of the gastro-jejunostomy fistula complex, reconstruction of the gastrojejunostomy, and partial resection of the remnant stomach.
Results: Revisional surgery allowed the patient to achieve relief from her chronic pain and she continued to do well at her 1-month follow-up.
Conclusion: Resection of the gastro-gastric fistula is indicated when less invasive measures fail. The robotic platform is a promising approach in revisional surgery.

GPW6WDX6BR

SADI: THE HARD THING IS ALWAYS THE RIGHT THING

Sierra Grasso *Staten Island University Hospital - North*; Olivia Haney *Northwell Health*; Chris Esposito *Northwell Health, New Hyde Park*

Introduction: This video demonstrates a 33-year-old female with a history of sleeve gastrectomy in 2017 and persistent class 3 obesity who was looking for additional assistance with weight loss. She was offered a single anastomosis duodenoileostomy.

Method: Four robotic trocars were used and a Nathanson liver retractor to perform the procedure.

The gastric dissection occurred meticulously, and the first portion of the duodenum was divided with a stapler. The right gastric artery was taken to elongate the proximal portion of the anastomosis and provide a linear trajectory for food boluses. There were no problems with ischemia. The hand sewn anastomosis was created in two layers. A leak test was performed after the completion of the anastomosis and the small bowel did not insufflate.

Results: The anastomosis was deconstructed and then resewn ensuring lumen patency both visually in between stitches and using multiple leak tests with endoscopy. The result was both a patent anastomosis at completion and a successful patient outcome. The patient is doing well at her postoperative appointments and had lost 15% excess weight at 1 month postoperatively.

Conclusion: It is important to evaluate anastomoses with leak tests as they can perform multiple roles, including assessment of lumen patency.

GQN6KYX6QN

ROBOTIC SINGLE ANASTOMOSIS DUODENAL-ILEAL BYPASS FOR WEIGHT REGAIN AFTER SLEEVE GASTRECTOMY: STEPWISE APPROACH OF THE TECHNIQUE

Omar Bellorin-Marin *Holy Name Medical Center*; Riana Tarabocchia *Rowan University School of Medicine*

Robotic single anastomosis duodenal ileal bypass is a feasible option for weight regain after sleeve gastrectomy in the absence of reflux. The presented video demonstrates key steps of the technique for teaching purposes

KBZ80KV8BM

ROUX-EN-Y GASTRIC BYPASS IN A PATIENT WITH INTESTINAL MALROTATION

Melissa Easley *Augusta University*; Renee Hilton *Augusta University*

Introduction: Malrotation is a congenital anomaly resulting from failure of normal embryologic rotation of the bowel. Malrotation commonly presents during infancy as midgut volvulus; rarely, it may be asymptomatic and diagnosed incidentally in adulthood. Adult presentation accounts for only 0.2 to 0.5% of all cases. Here we present a 57-year-old female with obesity who completed a bariatric surgery program at an outside hospital with plans to undergo Roux-en-Y gastric bypass. Intraoperatively, she was noted to have malrotation, and the procedure was aborted. The findings were discussed with the patient, and due to her reflux, the patient wished to pursue gastric bypass. She was referred to our institution.

Methods: We proceeded with normal entry and trocar placement. A pediatric surgeon was consulted intraoperatively to confirm her anatomy. The small bowel was in the right hemi-abdomen, and the colon was in the left hemi-abdomen with the cecum in the left lower quadrant.

These findings were consistent with nonrotation of the bowel. We proceeded with usual technique for gastric bypass with a few key differences related to orientation of the roux and the location of the jejunojejunostomy within the abdomen. A true Peterson's defect did not exist, but the mesentery of the roux limb was secured to adjacent omentum.

Finally, we performed a prophylactic appendectomy.

Results: Postoperatively she experienced self-limited bleeding around the gastrojejunostomy for which she received a transfusion of red blood cells. She was seen in follow up in clinic.

Conclusion: Gastric bypass can be safely performed in a patient with malrotation with vigilance towards anatomy.

RDL8JNX8DB

GASTRIC BAND SLIP MISDIAGNOSED AS HYPEREMESIS GRAVIDARUM

Carlos Delgado *AdventHealth Orlando*; Pearl Ma *Community Health Partners*; Kelvin Higa *Fresno Heart and Surgical Hospital*; Keith Boone *UCSF Fresno*; Amarita Klar *Community Medical Centers*; Nicole Takeda *Advanced Laparoscopic Surgical Associates*; Suraj Panjwani *Advanced Laparoscopic Surgery Associates*; Jose Covarrubias *Advanced Laparoscopic Surgical Associates*

Introduction: This is a case of a 25-year-old G1P0 female with history of laparoscopic gastric band placement in 2010 that was misdiagnosed with having hyperemesis gravidarum. Since the beginning of her pregnancy, she had severe nausea which was attributed to symptomatic cholelithiasis and hyperemesis gravidarum. She underwent laparoscopic cholecystectomy without symptom improvement. As she failed conservative treatment, she was then placed on total parenteral nutrition. She eventually delivered at 32 weeks gestation without complications and underwent imaging following delivery. This showed a slipped gastric band with a dilated stomach. She underwent operative intervention and has done well from an operative perspective. She later underwent sleeve gastrectomy and represented for further intervention due to weight gain.

Method: This is a video presentation.

Discussion: An estimated greater than 20,000 gastric bands were placed between 2016-2022. Most bariatric patients are women, and up to 83% are of reproductive age. Gastric band complications are well documented with nausea and emesis occurring due to slippage.

Nausea and emesis is also frequently reported in pregnancy, with up to 10% being diagnosed with hyperemesis gravidarum. Misdiagnosis can be deadly with up to one case report noting a fetal mortality from a slipped gastric band during pregnancy.

Conclusion: Misdiagnosis of slipped gastric band with hyperemesis gravidarum can have potentially devastating consequences and require a high index of suspicion in the pregnant bariatric patient.

WBNGK8VGDN

MOLINA GASTRIC BAND AFTER 45 YEARS IN THE ABDOMEN

Stephano Bonitto *Ochsner Health*; Salim Hosein *Ochsner Health*; Darby Winter *Ochsner Health*

Introduction: 74 y/o F w/ PMHx of depression and anxiety with a PSHx of open-banded non-adjustable gastric band that was performed in the 1980s. Interestingly, she was unaware of what specifically this surgery entailed. In 1/2024 she presented to the bariatric clinic complaining of nausea, vomiting, dysphagia, and LUQ abdominal pain. She was not tolerating solid foods and only some liquid foods (ensure, water, popsicles, applesauce).

Did not tolerate Jell-O. Preoperative imaging didn't reveal any staple lines to suggest a VBG so we proceeded with the assumption that this was a non-adjustable gastric band.

Unfortunately, her EGD was done at an OSH, however, the report stated a 3 cm gastric pouch with a traversable stoma, demonstrated no band erosion, no gastric-gastric fistula, and no esophagitis. Her symptoms, pre-operative EGD findings, and imaging findings served as her indication for surgery. We were unable to acquire her prior operative note.

Method: Video

Results: Successful removal and resolution of symptoms.

Conclusion: 74 y/o F with gastric outlet obstruction due to Molina gastric band placed in the 1980s, scarred in, and removed robotically.

WYZAGMQAJR

ROBOTIC ASSISTED TRANSGASTRIC REMOVAL OF ERODED ADJUSTABLE GASTRIC BAND

Robert Ross *University of South Alabama General Surgery*; Kiah Gledhill *University of South Alabama General Surgery*; Danuel Laan *University of South Alabama*

Introduction: A 67-year-old woman with adjustable gastric band placed in 2007 presented to the emergency department with hematemesis, melena, and anemia. Esophagogastroduodenoscopy was performed demonstrating erosion of approximately 75% of the circumference of the gastric band into the stomach without visualization of the buckle, limiting the viability of endoscopic removal.

Method: The patient underwent robotic assisted laparoscopic gastrotomy with removal of the eroded gastric band, stapled wedge gastrectomy, and pedicled omental patch followed by removal of the subcutaneous port. A 19 Fr Jackson-Pratt drain was left adjacent to the gastrotomy closure.

Results: The patient tolerated the procedure well, was extubated, and was transferred to the intensive care unit for close monitoring. She underwent water-soluble contrast esophagram the following day without evidence of leak and was discharged home on postoperative day 2. Her postoperative course was complicated by a surgical site infection which was adequately treated with oral antibiotics and umbilical incision packing.

Conclusion: We present a safe, effective alternative to endoscopic removal of an eroded adjustable gastric band. Robotic assisted laparoscopy allowed for careful dissection of the gastroesophageal junction despite significant adhesive disease.

4D5KLWZKDA

MANAGEMENT OF REFLUX AFTER MULTIPLE NISSEN FUNDOPLICATION REVISIONS BY CONVERSION TO ROUX-EN-Y GASTRIC BYPASS

Clara Zhu *University of Texas Health Science Center at Houston*; Christopher Carnabatu *UTHealth Houston*; Todd Wilson *UT Health Houston*

The patient was a 55-year-old female with BMI of 38. Her history included longstanding reflux since age 25. In 1999 she underwent a Nissen fundoplication. This was revised in 2010 and then converted from a Nissen to a Dor fundoplication 2014. A conversion from to Roux-en-Y gastric bypass was attempted in 2014. but was aborted due to dense adhesions. She was also found to have gastroparesis and underwent surgical pyloroplasty in 2014. She then presented to our office with a primary symptom of significant nausea. EGD demonstrated LA grade B esophagitis and on 96 hour Bravo she had DeMeester score 16. We discussed at length the risks and benefits of conversion to a Roux-en-Y gastric bypass, anticipating a significant hiatal dissection given her previous operations. Our goal was to restore normal gastric anatomy prior to conversion to a bypass. There were extremely dense foregut adhesions. There were multiple prior sutures from the patient's Dor fundoplication, which were dissected out and excised. The esophagus was circumferentially dissected and we obtained 4 cm of intra-abdominal esophageal length. The fundus appeared discolored from the dissection, and we anticipated that it would be devascularized from previous short gastric mobilization and now pouch creation. We therefore performed a fundectomy as we created the gastric pouch. We then performed the Roux-en-Y gastric bypass in our standard fashion. The patient was discharged on postoperative day 2. She was then seen in the office at her 2-week follow-up with resolution of her nausea and tolerance of full liquids.

560LG8RL6V

ACUTE PRESENTATION OF INTERNAL HERNIA AFTER ONE ANASTOMOSIS GASTRIC BYPASS

Max Magallanes *Medical College of Wisconsin*; Tammy Kindel *The Medical College of Wisconsin*; Ranna Higgins *The Medical College of Wisconsin*

Introduction: The case being presented in this video abstract is that of an internal hernia in a patient with a history of a one anastomosis gastric bypass (OAGB). He underwent the procedure 3 years prior to presenting to our hospital. His symptoms included acute abdominal pain, inability to tolerate food, and ongoing emesis. He presented to a different hospital with these symptoms where a CT abdomen/pelvis was obtained. There was concern for vascular occlusion of unclear etiology. The differential included a thromboembolic event or a small bowel volvulus. He was started on a heparin infusion and transferred to our hospital. He arrived in

stable condition, but without any imaging results. Therefore, a new CT scan was performed which did not demonstrate any vascular occlusion or swirl sign. However, since the patient had ongoing abdominal pain, we elected to take him to the operating room for laparoscopic exploration.
Methods: Diagnostic laparoscopy was performed. Results: We discovered an internal hernia through Peterson's defect. The bowel was reduced and noted to be viable. The defect was closed with 2-0 silk suture to reduce risk of repeat herniation.
Conclusions: We argue that a high index of suspicion for internal hernia must be maintained when dealing with patients with acute abdominal pain in the setting or a prior one anastomosis gastric bypass. Despite the lack of any obvious swirl sign on repeat CT imaging, our clinical suspicion for an internal hernia remained high enough to warrant laparoscopic exploration.

BQYAYDJAQL

UNRAVELING THE COMPLEXITY: REVISION SURGERY FOR SEVERE GERD WITH THE IDENTIFICATION OF A DOUBLE STOMACH AFTER BARIATRIC PROCEDURE

Andres Fontaine Nicola *University of California San Diego*; Pablo Omelanczuk *Hospital Italiano de Mendoza*; Gabriel Carrizo
This case highlights the importance of proper technique during gastric sleeve procedures, as inadequate hiatal dissection can lead to remnant gastric fundus, often seen in revision surgeries. In this case, the fundus herniated into the hiatal defect, complicating the presentation and surgical approach. Intraoperative endoscopy was crucial for identifying the double stomach anatomy and guiding the repair.

GA8QGP8QXZ

ESOPHAGOJEJUNOSTOMY FOR RECURRENT RECURRENT ULCER AFTER CONVERSION FROM SLEEVE TO BYPASS

Sara Bocchinfuso *Mayo Clinic Rochester*; Nour El Ghazal *Mayo Clinic*; Tala Abedalqader *Mayo Clinic, Rochester*; Noura Jawhar *Mayo Clinic, Rochester*; Jacob Baxter *Mayo Clinic*; Simon J. Laplante *Mayo Clinic*; Omar Ghanem *Mayo Clinic*
Introduction: This video demonstrates the management of a recurrent refractory marginal ulcer through esophagojejunostomy, performed in a patient with a history of sleeve gastrectomy conversion to Roux-en-Y gastric bypass.
Methods: The patient is a 43-year-old female with a surgical history that includes a sleeve gastrectomy, followed by conversion to Roux-en-Y gastric bypass. Her postoperative course was complicated by early stenosis and ulceration, necessitating gastrojejunostomy revision. Intraoperative findings included ulceration eroding into the liver, with the gastrojejunostomy located near the left gastric pedicle. Despite revision, the ulcer recurred. After referral to our institution, she underwent 6 months of medical and endoscopic therapy, including oversewing and stenting, which proved ineffective. The patient was extensively counseled and consented for another revision, with possible esophagojejunostomy.
Results: Due to the severity of the pathology, the gastric pouch could not be salvaged. An esophagojejunostomy was successfully performed without complications. The patient remained NPO until postoperative day 3, at which point an upper gastrointestinal study confirmed the absence of leak. Her diet was then advanced to clear liquids. The surgical drain was removed between postoperative days 7 and 10. To date the patient is doing well without complication.
Conclusions: Recurrent gastrojejunostomy ulceration of benign etiology can be effectively treated with a hand-sewn esophagojejunostomy. Success requires meticulous surgical technique and attentive postoperative management.

GMG6RZ76JP

LAPAROSCOPIC PARTIAL GASTRECTOMY AND GASTROGASTROSTOMY IN A CASE OF GASTRIC STENOSIS FOLLOWING LAPAROSCOPIC BAND REMOVAL

Shahed Tish *Cleveland Clinic Foundation*; Jesse Gutnick *Cleveland Clinic*
Introduction: We are presenting a case of laparoscopic partial gastrectomy and gastro-gastrostomy for a patient with gastric stenosis following laparoscopic band removal and partial gastrectomy.
Method: This is a case report of a 61 yo Female with history of laparoscopic band procedure complicated with progressive dysphagia, failure to thrive, and regurgitation. The patient underwent laparoscopic band removal and partial gastrectomy.
This was complicated with a mid-body gastric stenosis causing symptoms of food intolerance, heartburn, and failure to thrive.
The patient was taken to the operating room where she underwent a laparoscopic hiatal hernia repair, partial gastrectomy and gastro-gastrostomy.
Results: The patient evolved an anastomotic stricture requiring serial hydrostatic balloon dilations.
She has been doing well since then, and has been tolerating solid food in small sized bites.
Conclusion: Partial gastrectomy with gastro-gastrostomy is an option for patients with mid gastric body stenosis to restore a functional anatomical configuration. This is however, subjective to anastomotic stricture, which was in our case managed with endoscopic dilations.
Link to full resolution video: https://drive.google.com/file/d/1HKSrxf8HREXcP6ynjPgTvuT8S4P3hNKh/view?usp=sharing

K56M97JM87

ROBOTIC RE-DO HIATAL HERNIA REPAIR AND J-J REVISION ON A PATIENT WITH HISTORY OF GASTRIC BYPASS AND CHRONIC ABDOMINAL PAIN DUE TO ALIMENTARY LIMB PARTIAL OBSTRUCTION

Omar Bellorin-Marin *Holy Name Medical Center*; Riana Tarabocchia *Holy Name Medical Center*
We present A case of robotic revision on a patient who had history of sleeve gastrectomy converted to gastric bypass and hiatal hernia repair for reflux in the past who now presents with recurrent hiatal hernia and Chronic postprandial pain. On preoperative workup there is evidence of a hiatal hernia and a partial obstruction of the alimentary limb as it enters the jejunojejunostomy. The video depicts the robotic approach for recurrent hiatal hernia repair and revision of the jejunojejunostomy

KV9BKD4B7M

RAISING THE BARS: FIRST U.S. EXPERIENCE OF A NOVEL SYSTEM FOR TRANSORAL OUTLET REDUCTION

Arjun Chatterjee *Cleveland Clinic Foundation*; Leandro Sierra *Cleveland Clinic Foundation*; Michael Cymbal *Cleveland Clinic Foundation*; Renan Prado *Cleveland Clinic Foundation*; Stephen Firkins *Cleveland Clinic Foundation*; Roma Patel *Cleveland Clinic Foundation*; Akash Khurana *Cleveland Clinic Foundation*; Rehan Haidry *Cleveland Clinic London*; Roberto Simons-Linares *Cleveland Clinic Foundation*

Background and Aims: Weight regain (WR) after Roux-en-Y gastric bypass (RYGB) remains a significant clinical challenge, often linked to gastrojejunal anastomosis (GJA) dilation. The transoral outlet reduction (TORe) procedure is a key endoscopic approach for GJA revision but faces technical challenges and limited accessibility. The Bariatric Anastomotic Reduction System (BARS®, Ovesco Endoscopy, NC, USA) offers a novel, minimally invasive alternative for performing TORe. This study presents the first successful U.S. experience with the BARS® system for GJA revision in WR patients post-RYGB.

Methods: A case series of three consecutive patients who underwent TORe using the BARS® system was conducted at a single institution. [Video] Pre- and post-procedure assessments included anthropometric measurements, endoscopic evaluations, and clinical follow-ups.

Primary outcomes were technical success, procedure time, GJA diameter reduction, and complications. Secondary outcomes included total body weight loss (TBWL), BMI reduction, and learning curve progression. One-month follow-up evaluations were conducted.

Results: Three patients (mean age 48 $\pm$ 7.81 years) with a mean pre-procedure BMI of 46.57 $\pm$ 8.37 kg/m^2 and 61.73 $\pm$ 17.81% WR underwent successful GJA revision. GJA diameters reduced from 31.67 $\pm$ 16.07 mm to 5.00 $\pm$ 4.36 mm, an 86 $\pm$ 5.29% reduction. Procedure times averaged 36 $\pm$ 15.13 minutes, with significant improvement across cases, indicating a rapid learning curve. All patients were discharged within 1–2 days without major complications. At one month, mean TBWL reached 10.5% (range 6.0–13.5%), with BMI reductions of 2.0 to 4.5 kg/m^2 (mean 3.5 kg/m^2). TBWL was strongly correlated with GJA reduction (R = 0.87).

Discussion: The BARS® system shows feasibility, safety, and efficiency for GJA revision in WR patients post-RYGB. Its user-friendly design and rapid learning curve make it a promising alternative for TORe.

ADGMJ6ZMD5

VIRTUAL WEIGHT LOSS OUTCOMES AT 12 MONTHS: COMPARING MEDICAL MANAGEMENT AND POSTMETABOLIC SURGERY SALVAGE THERAPY

Michael Albert *Accomplish Health*; Laure Demattia Do, Dabfm, Dabom *Accomplish Health*; Robin Mcdermott *Accomplish Health*; Stephanie Garcia *Accomplish Health*; Mary Zotos *Accomplish Health*

Introduction: Virtual care is revolutionizing obesity management by improving access to scalable medical and post-bariatric treatments. This retrospective study analyzed 12-month weight loss outcomes in two virtual care cohorts: patients receiving primary medical management and post-metabolic surgery patients undergoing medical salvage therapy for suboptimal outcomes or weight recurrence.

Method: A retrospective chart review of Accomplish Health's electronic medical records included patients enrolled from September 2021 to July 2024 who completed 12 months of virtual care with verified weight measurements via cellular-connected scales. The medical cohort received FDA-approved anti-obesity medications (AOMs) and behavioral interventions, including dietitian support. The surgical cohort received medical salvage therapy comprising AOMs, behavioral support, and dietitian-guided nutritional care. Primary outcomes were total body weight loss percentage (TBWL%) and achievement of weight loss thresholds ($\geq$5%, $\geq$10%, $\geq$15%, and $\geq$20%).

Results: The medical (N=71) and surgical (N=12) cohorts had similar median age (47 vs. 50 years), sex (87.5% vs. 100% female), ethnicity (94.4% vs. 91.7% non-Hispanic), and baseline BMI (40.8 [26.6–67.3] vs. 36.7 [30.9–50.7], respectively; all $p>0.05$). The medical cohort achieved a median TBWL of 19.1%, with 100%, 90.1%, 71.8%, and 49.3% meeting $\geq$5%, $\geq$10%, $\geq$15%, and $\geq$20% thresholds, respectively. The surgical cohort achieved a median TBWL of 22.9%, with 100%, 75%, 75%, and 58% meeting these thresholds. Between-group differences were not statistically significant ($p>0.05$).

Conclusion: Virtual medical management and post-surgical medical salvage therapy resulted in clinically significant weight loss at 12 months. These findings underscore the efficacy of virtual care in managing obesity, including addressing suboptimal surgical outcomes.

Future research should investigate long-term outcomes and refine patient selection for combination therapies.

N5NPQ78P50

ROBOTIC CONVERSION OF SLEEVE GASTRECTOMY TO ROUX-EN-Y GASTRIC BYPASS AFTER SIMULTANEOUS PANCREAS-KIDNEY TRANSPLANT

Nicholas Jonas *Banner University Medical Center*; Shaher Yousef *University of Arizona*; Nikolas Brzezinski *University of Arizona*; Michelle Chang *Carondelet Medical Group*; Robert King *The University of Arizona College of Medicine Phoenix*; Iman Ghaderi *The University of Arizona College of Medicine Phoenix*

Video submitted via Google Drive link

VN0PKW7PN4

LAPAROSCOPIC HIATAL HERNIA REPAIR WITH LIGAMENTUM TERES CARDIOPEXY AFTER GASTRIC BYPASS

Tracy Zhang *UMass Chan Medical School*; John Kelly *UMass Memorial Health, UMass Chan Medical School*; Nicole Cherng *UMass Memorial Medical Center*

We present a case of a laparoscopic hiatal hernia repair with a ligamentum teres cardiopexy for a patient with medication refractory de-novo gastroesophageal reflux 11 years after a gastric bypass. Preoperative swallow study showed herniation of the remnant

gastric pouch and severe reflux. Dissection of the lateral gastric pouch from the underlying gastric remnant was necessary for circumferential dissection of the crura. The ligamentum teres was mobilized, wrapped around the esophagus posteriorly in a 270 degree fashion, and secured to both sides of the esophagus and the anterior stomach. The patient's reflux symptoms had resolved at follow-up. In conclusion, ligamentum teres cardiopexy is a viable adjunct for anti-reflux surgery after roux-en-y gastric bypass. If the gastric pouch is large, pouch revision should be considered.

J8Z4A0648W

IMPACT OF PLASTIC SURGERY ON BODY IMAGE AND QUALITY OF LIFE AFTER BARIATRIC SURGERY: A STATEWIDE ANALYSIS

Emily Parker *Henry Ford Hospital*; Sarah Petersen *Center for Healthcare Outcomes and Policy, University of Michigan, Ann Arbor, MI*; Amanda Stricklen *Center for Healthcare Outcomes and Policy, University of Michigan, Ann Arbor, MI*; Rachel Ross *Center for Healthcare Outcomes and Policy, University of Michigan, Ann Arbor, MI*; Lisa Matero *Henry Ford Health*; Jonathan Finks *University of Michigan*; Arthur Carlin *Henry Ford Health*; Oliver Varban *Henry Ford Health*

Introduction: Weight loss after bariatric surgery has the potential to improve quality of life (QoL) but may not improve body image (BI). Plastic surgery after bariatric surgery can improve body image, but the extent to which it improves psychological wellbeing is unclear.

Methods: Using a state-wide bariatric specific data registry, all patients who reported undergoing plastic surgery after bariatric surgery between 2006 and 2023 were identified (n=1,953).

Preoperative patient characteristics, 1-year total body weight loss (TBWL) and mean overall rate of positive responses to BI and QoL questionnaires were compared between patients who did and did not (n=67,491) undergo post-bariatric plastic surgery.

Results: Patients who underwent plastic surgery after bariatric surgery were more likely to be female (91.6% vs 80.8%, $p<0.0001$) and had greater TBWL (34.5% vs 30.0%, $p<0.0001$) one year after bariatric surgery compared to patients who did not. They were also more likely to have lower rates of positive BI responses (21.4% vs 23.9%, $p=0.0163$) prior to bariatric surgery. At 1 year after bariatric surgery, both groups experienced an increase in positive BI responses (66.6% vs 67.2%, $p=0.5301$), however at 1 year after plastic surgery, patients were more likely to report higher rates of positive BI responses (77.8% vs 59.2%, $p=0.002$) despite similar rates for positive QoL responses (91.2% vs 84.9%, $p=0.2559$).

Conclusions: Although bariatric surgery drastically improves BI and QoL, patients undergoing plastic surgery after bariatric surgery report significantly higher positive responses for body image, emphasizing its role in improving the psychological well-being of post-bariatric patients.

XQKZWKRZLJ

LAPAROSCOPIC JEJUNAL BIPARTITION WITH TWO SWALLOWED LINEAR MAGNETS

Michel Gagner *Westmount Square Surgical Center*; Martin Fried *OB Klinika*; Karin Dolezalova *OB Klinika*; David Michalsky *OB Klinika*

Introduction: The single-center open-label study's objective was to evaluate the feasibility/performance, safety, and initial efficacy of a linear biofragmentable magnet to create side-to-side compression anastomosis to achieve jejunoileal diversion (Jejunal Bipartition). The biofragmentable magnets used for anastomotic creations are composed of a neodymium-iron-boron magnet and titanium components, with a PGLA (poly glycolic-co-lactic acid, compounded with 12% barium sulphate) outer flange. Each system consists of a pair (two) linear magnets (each magnet is 50mm long x 10.2mm wide x 4.4mm thick) intended to produce compression of the tissue sandwiched between the magnets, resulting in slow tissue necrosis, and peripheral healing.

Methods: This video demonstrates a side-to-side jejunoileal magnetic anastomosis, a bipartition, constructed as a metabolic procedure for type-2 diabetes. A 50 mm linear magnet is swallowed first, a confirmatory X-ray showing it in the upper jejunum, followed by a second swallowed magnet of similar shape, avoiding flexible endoscopic intervention.

After self-docking in the intestines, a laparoscopic-assisted procedure is commenced to measure a point at 100 cm on the jejunum and 150cm in the ileum proximal to the ileocecal valve, to relocate the pair of magnets using laparoscopic magnetic positioning devices. The mesenteric defect is closed with a non-absorbable suture.

Results: Short-term results reveal 100% passage by defecation, confirming lateral-lateral small intestinal anastomosis, with T2DM improvement, similar to that achieved with the same type of staple or hand-sewn anastomosis performed routinely for several years.

Conclusion: Despite the fact, that the study is limited by the small number size of the studied cohort of patients and short-term results reported, it may be concluded that the incision-less and suture-less magnetic small intestine anastomosis was minimally invasive, safe and feasible to perform.

4X4LMGDLXR

LAPAROSCOPIC GASTRIC BYPASS REVERSAL FOR REFRACTORY HYPOGLYCEMIA

Alyssa Ritchie *Cleveland Clinic, Bariatric and Metabolic Institute*; Paul Seo *Cleveland Clinic*; Ricard Corcelles Codina *Cleveland Clinic*

Introduction: The patient is a 41 y/o female with body mass index (BMI) of 25 who presented with severe episodes of hypoglycemia requiring enteral feeds. Her past surgical history included laparoscopic Roux-en-Y gastric bypass in 2021 and laparoscopic gastrojejunostomy revision, hiatal hernia repair, and partial remnant gastrectomy in 2022.

Method: The decision was made to proceed with laparoscopic gastric bypass reversal.
Results: Patient was discharged without complications, her hypoglycemia episodes have resolved, and she is no longer requiring supplemental enteral feeds.
Conclusion: Laparoscopic gastric bypass reversal is a suitable option for refractory hypoglycemia.

NQ77DVL7Q7

ELECTRONIC HEALTH RECORD (EHR)-DRIVEN ENHANCEMENTS FOR BARIATRIC SURGERY TARGETING OPIOID PRESCRIPTIONS AT DISCHARGE (BSTOP-D)

Dylan Flood *Carilion Clinic - Virginia Tech Carilion School of Medicine*; Tananchai A Lucktong *Carilion Clinic*; Arnold D Salzberg *Carilion Clinic*; Ashley Gerrish *Carilion Clinic*; Kristin Mccoy *Carilion Clinic*; Heather L Geist *Carilion Clinic*; Steven Thomas *Carilion Clinic - Virginia Tech Carilion School of Medicine*

Our center has implemented EHR enhancements to support the BSTOP-D initiative, aiming to improve opioid stewardship and align with MBSAQIP quality measures. Central to this initiative is the use of smart texts in discharge (DC) summaries and for Surgical Clinical Reviewers (SCRs), which effectively capture and report key metrics.
Smart texts in DC summaries and patient instructions auto-populate day-of-discharge morphine milliequivalent (MME) values and PACU MME usage. This data is paired with MME-specific recommendations and dynamic "Disappearing Text" fields to support evidence-based prescribing and simplify documentation. SCR-specific smart texts compile metrics such as total hospital stay MMEs and anesthesia-related opioid usage, streamlining chart review and BSTOP-D data acquisition.
Additional EHR modifications include updated preoperative smart sets and hospital encounter ordersets, ensuring ongoing compliance with BSTOP-D recommendations.
Preliminary data suggest an increase in compliance with discharge opioid recommendations from 14% pre-intervention to 93% post-intervention and with multimodal pain management recommendations from 8.7% to 20%. Multimodal pain management use remained high (100% pre-intervention, 98% post-intervention). Smart text-reported MMEs matched manual calculations, and SCR-specific smart texts are reducing time for chart abstraction.
These enhancements improve adherence to evidence-based practices for clinical teams and enhance SCR efficiency.

5YKLDBZLRJ

BOWEL OBSTRUCTION AFTER DISTALIZATION OF ROUX-EN-Y GASTRIC BYPASS

Maryam Khalil *University of Oklahoma Health Sciences Center*; Stacey Kubovec *University of Oklahoma Health Sciences Center*; Geoffrey Chow *Univesity of Oklahoma, Tulsa*; Zhamak Khorgami *The University of Oklahoma College of Medicine - Tulsa, Department of Surgery*

Introduction: Patients with Roux-en-Y gastric bypass may develop weight recurrence.
These patients may need surgical intervention after multidisciplinary evaluation and treatment. Distalization of gastric bypass is one of the surgical procedures to be considered. We present a case of distalization with bowel obstruction at the level of entero-enterostomy caused by mesenteric closure.
Case: A 55-year-old female was referred for revisional bariatric surgery after one year of lifestyle change and anti-obesity medications. The patient had a history of remote open gastric bypass and regained all her weight loss. In surgical exploration, there was a 70 cm retrocolic Roux limb, 10 cm biliopancreatic limb, and 800 cm common channel. We transected the Roux limb from jejunojejunostomy and a new entero-enterostomy was created at 300 cm proximal to the ileocecal valve. We used a barbed suture to close the mesenteric defect by suturing the mesentery of both limbs to the mesentery of the rest of the bowel, posterior to the anastomosis. The patient needed reoperation for bowel obstruction two days after surgery. We noticed that the mesenteric closure has caused the anastomosis to be kinked. The barbed suture at mesenteric closure was removed, fresh adhesions were taken down, anastomosis was straightened, and an anti-obstruction suture was placed. A gastroscope was advanced to the common channel and biliopancreatic limb with no luminal obstruction. We left the mesenteric defect open. Up to 6 months follow-up, she did not have any GI symptoms and had appropriate weight loss.
Conclusion: Patients with open gastric bypass can have limb lengths different from the current recommendations. This may cause challenges with the usual closure of mesenteric defect during distalization. Attention needs to be paid to prevent distorting of the anastomosis while closing the mesenteric defect.

67ZXDPLX7X

USE OF A FLUORESCENCE-GUIDED GASTRIC CALIBRATION DEVICE AND A SINGLE FIRE SURGICAL STAPLER FOR LAPAROSCOPIC SLEEVE GASTRECTOMY: PITFALLS AND POINTERS

Nathan Foje *University of Nebraska Medical Center*; Dillon Gasper *University of Nebraska Medical Center*; Corrigan Mcbride *University of Nebraska Medical Center*

Sleeve gastrectomy is the most widely performed bariatric procedure in the United States. Advances in technology including intra-operative fluorescence imaging and single fire surgical staplers aim to improve outcomes and efficiency. With new technology also come new challenges. As new technology enters widespread use, surgeons and the field of bariatric surgery as a whole must work to optimize patient safety and outcomes. Here we compare and contrast two videos demonstrating the intra-operative use of a fluorescence-guided gastric calibration device in conjunction with a single fire surgical stapler. We note the pitfalls and pointers to the successful use of these emerging technologies in sleeve gastrectomy. Both patients underwent sleeve gastrectomy due to obesity with comorbidities and were similar in age, comorbidities, and BMI. In the first video we demonstrate how these devices – when used incorrectly – can contribute to the development of residual excess fundic tissue at the gastroesophageal junction. In the

second video, we demonstrate how the appropriate use of these devices can help avoid this common pitfall and improve efficiency and safety when performing laparoscopic sleeve gastrectomy. The aim of these videos is to demonstrate and disseminate information regarding the safe and efficient use of these devices in performing laparoscopic sleeve gastrectomy.

LXA8LG08V7

ABORTED GASTRIC BYPASS: PREDUODENAL VEIN AND POLYSPLENIA SYNDROME

James Ryan *Wellspan Health*; Kevin Markose *Wellspan Health*

Introduction: Described first by Knight in 1921, the preduodenal portal vein (PDPV) is a rare congenital vascular disorder in which the portal vein lies anterior to the second part of the duodenum, common bile duct, and hepatic artery. This anomaly, albeit rare, is thought to be seen in 0.7 – 4% of all congenital duodenal obstructions, resulting due to direct compression on the lumen of the duodenum. In the adult population however, this finding is often asymptomatic and incidentally found. Gattu et al reports the incidence of PDPV to be 1 in 10000.8 Furthermore, PDPV is often associated with congenital malformations including heterotaxy syndrome, polysplenia syndrome, situs inversus, bowel malrotation, and duodenal/biliary atresia. This in addition to the anterior location of the portal vein, pose a technical challenge in surgical intervention, especially those involving the biliary tract and duodenum, as there is increased risk of injury to the portal vein.

Method/Results: This is video report of an adult patient that a preoperative workup did not fully reveal the extent of the congenital abnormalities. This resulted in an aborted attempt at a gastric bypass.

Conclusion: Preduodenal portal vein was a frightening intraoperative finding, which combined with other abnormalities can prevent an elective procedure. It is one component of abnormalities that can be found in polysplenia syndrome.

PMQWQD6WMB

ROBOTIC TAKEDOWN OF ESOPHAGOGASTRIC FISTULA FOLLOWING NISSEN FUNDUPLICATION

Luis Arias-Espinosa *NYU Langone Health*; Niti Shahi *NYU Langone Health*; Virginia Devi-Chou *NYU Langone Health*; Jordan Taylor *NYU Langone Health*; Tanuja Damani *NYU Langone Health*

Introduction: We present the case of a Robotic Takedown of an Esophagogastric fistula following nissen fundoplication. Our patient is a 55 year old male whose primary symptoms were persistent heartburn, regurgitation, and epigastric pain refractory to medical treatment. His PSH was relevant for a laparoscopic nissen fundoplication performed 20 years ago. He presented long term symptoms that have worsened in the last year.

Results: Two weeks after the procedure the patient presented a perigastric abscess that required endoscopic drainage with stents on two occasions.

Conclusion: Robotic takedown of esophagogastric fistulas can offer a minimally invasive approach to revisional fundoplications.

XLAVP6MVKZ

SALVAGE REOPERATIONS FOLLOWING SLEEVE GASTRECTOMY-RELATED STAPLE LINE LEAKS AND FISTULAS: OUTCOMES OF CONVERSION TO ROUX-EN-Y ESOPHAGOJEJUNOSTOMY WITH PROXIMAL GASTRECTOMY AND RYGB WITH DISTAL GASTRECTOMY

Raul Rosenthal *Cleveland Clinic Foundation*; Joel S Frieder *Cleveland Clinic Florida*; Cesar Valdivieso Duarte *Cleveland Clinic Florida*; Brett P Weiss *Cleveland Clinic Florida*; Nir Horesh *Cleveland Clinic Florida*; Mauricio Sarmiento Cobos *Cleveland Clinic Florida*; Emanuele Lo Menzo *Cleveland Clinic*; Samuel Szomstein *Cleveland Clinic*

Introduction: Staple line leaks and fistulas are serious complications following sleeve gastrectomy (SG), requiring complex reoperative strategies. This study analyzes the outcomes of patients undergoing reoperations, such as Roux-en-Y gastric bypass (RYGB) with subtotal/distal gastrectomy and Roux-en-Y esophagojejunostomy (PGRYEJ) with proximal gastrectomy, to address these complications. We present the largest singlecenter series on this topic.

Methods: Retrospective review of patients who developed staple line leaks or fistulas after SG and subsequently underwent reoperations between 2004-2022. Data included demographics, indications for revision, and postoperative outcomes.

Results: A total of 30 patients were reviewed. The mean age of our population was 45.37±15.68 years, with female (63.33%) and Caucasian (66.67%) majority. All reoperations were done for chronic leaks, with an average time from SG-to-conversion of 15.93±25.29 months. Most reoperations (90%) were Roux-en-Y esophagojejunostomy with proximal gastrectomy (PGRYEJ). Mean LOS was 11.4 days. Overall complication rate after reoperation was 30% (n=9) with anastomotic leaks (13.33%; n=4) being the most common complication overall. Major complications (26.67%, n=8) included anastomotic leaks (10%; n=3), organ space SSI (6.67%, n=2), incisional hernia (3.33%, n=1), SBO secondary to incisional hernia (3.33%, n=1) and anastomotic stricture (3.33%, n=1). Minor complications (3.33%, n=1) included anastomotic leak which was managed nonoperatively.

Conclusion: PGRYEJ remains a feasible option for management of SG-related leaks and complex fistulas. The complication rates for these salvage reoperations are acceptable, given morbidity and complexity of these cases.

YX7DB8VDRV

EXAMINING THE UTILITY OF GASTRIC SPECIMEN PATHOLOGIC REVIEW FOLLOWING SLEEVE GASTRECTOMY: A RETROSPECTIVE ANALYSIS

Vin Hudson *Robert Wood Johnson Medical School*; Gurdeep Matharoo *Hackensack Meridian Health*; Pierre Ibraheem *Rutgers*

New Jersey Medical School; Shannon Yoo *Rutgers New Jersey Medical School*

Introduction: Currently no defined guidelines exist for gastric specimen pathologic review following sleeve gastrectomy (SG). Literature review demonstrates mixed recommendations both for and against routine pathologic review. Cost on a per-case basis ranges from $500-$1500 depending on institution. This study examines the cost-effectiveness of a full pathologic review of gastric specimens following SG.

Methods: We completed a retrospective analysis of 455 patients who underwent sleeve gastrectomy for morbid obesity from 2014-2024 at a single-center, Monmouth Medical Center, evaluating preoperative endoscopic pathologic data and postoperative specimen pathologic data. The primary aim was to evaluate the pathologic findings of gastric specimens undergoing review. Secondary objectives included evaluating associations with preoperative endoscopic data and postoperative pathologic findings and evaluating the cost effectiveness of routine pathologic review.

Results: Preoperative EGD was performed on 455 patients. 53/455 (11.7%) of patients were found to have H. pylori infection, 3/455 (0.66%) were found to have Barrett's metaplasia, and 1/455 (0.22%) were found to have intestinal metaplasia. Upon review of postoperative pathology reports, 2/455 (0.44%) were found to have GIST, and 2/455 (0.44%) were found to have intestinal metaplasia. Both cases of GIST did not have preoperative endoscopic pathologic findings, and only one case of intestinal metaplasia was consistent with the preoperative endoscopic pathology results. At a cost of $500-$1500 per specimen review, between $225,500 and $676,000 was spent on negative findings.

Conclusion: Routine pathologic review of gastric specimens following sleeve gastrectomy is low yield for malignant pathologic findings, and foregoing such analysis may make sleeve gastrectomy more cost-effective.

5JVD8RGDJA

THE LONGITUDINAL INEFFICIENCY OF ROBOTIC BARIATRIC SURGERY: CAN WE FINALLY AGREE WE ARE OVER THE LEARNING CURVE AND ROBOTIC BARIATRIC SURGERY JUST TAKES LONGER?

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Introduction: A preponderance of studies demonstrate that longer operative times lead to poorer outcomes across surgical specialties and operative approaches. The objective of this study was to examine operative time trends and associated perioperative outcomes in robotic bariatric metabolic surgery (RA-MBS).

Method: Robotic (RA) and laparoscopic (L) sleeve gastrectomy (SG) and gastric bypass (RYGB) were compared using the 2015–2023 MBSAQIP data. A total of 467,954 patients were propensity matched 1:1 (age, BMI, sex, comorbidities).

Results: Median operative times were significantly longer for both RA-SG (80 vs. 58 minutes; $p < 0.0001$) and RA-RYGB (130 vs. 107 minutes; $p < 0.0001$) compared with laparoscopic. Over study period, the difference in operative times between RA and L-RYGB and SG have decreased ($p < 0.001$) but not continuously. RA-RYGB was significantly associated with higher rates of reoperation, reintervention, readmission and ED visits within 30 days. RASG was significantly more likely to have readmissions and ED visits within 30 days. There were no significant differences in mortality.

Conclusion: Despite a10 fold increase in annual robotic case volume over 9 years, RA-MBS operative times remain significantly longer in every year of MBSAQIP data (RA-SG + 28%; RA-RYGB+18%). Longer operative times in nearly ¼ million matched RA-MBS cases are associated with worse perioperative outcomes (higher reoperation rates, readmissions, reinterventions and ED visits). This data implies the surgical community is complicit in both the rising cost of healthcare and the exposure of patient harm despite no identifiable clinical benefit.

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CURRENT TRENDS IN RE-OPERATIVE BARIATRIC SURGERY USING THE MBSAQIP 2020-2023

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Introduction: Indications for re-operative bariatric surgery continue to evolve as overall case numbers increase. The aim of this study is to assess trends and outcomes of elective re-operative (conversion and revision) bariatric surgeries between 2020-2023.

Methods: The ACS Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program database from 2020-2023 was evaluated. Elective reoperations were included in the analysis while emergent and rare procedures were excluded. Comprehensive descriptive statistics were reported for pooled and stratified data. Preoperative variables and post-operative outcomes were compared between the most common surgeries.

Results: Of 828,481 total surgeries, there were 90,410 elective reoperations (10.9%) between 2020-2023. Sleeve gastrectomy (SG) reoperations were the most common. Of these, 39,265 (80.9%) were converted to Roux-en-Y Gastric Bypass (RYGB), and 5,331 (11%) to Duodenal Switch (DS)/Single Anastomosis Duodenal-Ileal bypass (SADI). The most common indications for reoperation were inadequate weight loss (53.7%) and

gastroesophageal reflux (32.2%). Adjustable gastric band (AGB) to RYGB had significantly higher complications than AGB to SG (5.9% vs 3.4%, p <0.001). SG to RYGB had a higher complication rate compared with conversion to SADI or DS (5.9% vs 4.6% and 3.6% p<0.001).

Conclusions: Re-operative bariatric surgery continues to increase and now sleeve gastrectomy is the most common procedure requiring conversion. Thorough preoperative evaluation, patient selection and counseling are vital for primary procedure selection. Given higher overall complication rate for conversion of SG to RYGB, objective assessment for indication and patient factors is necessary to determine whether conversion to SADI or DS would be a preferred alternative.

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RACIAL DISPARITIES IN COMPLICATION RATES AFTER METABOLIC AND BARIATRIC SURGERY: AN ANALYSIS OF THE 2016 TO 2023 MBSAQIP

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Introduction: Metabolic and bariatric surgery (MBS) is an effective treatment modality for obesity; however, it remains unclear how the incidence of complications between Black vs. White patients have changed over time.

Methods: We queried the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program database for patients who underwent primary laparoscopic sleeve gastrectomy (LSG) or Roux-en-Y gastric bypass (RYGB) from 2016 to 2023. Yearly complication rates were compared for Black vs. White patients by Clavien-Dindo category (CD), readmission, unplanned interventions, and ED visit rates.

Results: We identified 1,106,419 patients, 75.0% of whom were White and 25.0% of whom were Black. Black patients demonstrated significantly higher rates of CD1 each year (2016: Black 10.2% vs. White 7.6%, p<0.001 to 2023: Black 15.0% vs. White 12.1%, p<0.001).

There were no consistent differences by race in CD2, CD3, CD4, and CD5 complications. 5.2% of Black patients vs. 3.5% of White patients (p<0.001) were readmitted in 2016, vs. 3.7% and 2.8% respectively in 2023 (p<0.001). Similarly, unplanned intervention rates decreased over time (2016: Black 1.9% vs. White 1.2%, p<0.001 to 2023: Black 0.8% vs. White 0.6%, p<0.001), with significant differences across all years. ED visit rates increased (2016: Black 7.8% vs. White 5.6%, p<0.001 to 2023: Black 11.0% vs. White 8.3%, p<0.001) for both groups, with significant differences across all years.

Conclusion: Even in contemporary practice, racial disparities exist in MBS complication rates. While readmission rates have decreased overtime, ED visits have increased, with Black patients being disproportionately affected.

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DOES ETIOLOGY OF GERD AFTER SLEEVE GASTRECTOMY MATTER IN THE RESOLUTION OF REFLUX AFTER CONVERSION TO ROUX-EN-Y GASTRIC BYPASS?

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Objectives: Gastroesophageal reflux disease (GERD) after Sleeve gastrectomy (SG) can be challenging and resistant to medical treatment, requiring revision to Roux-en-Y Gastric Bypass (RYGB). The aim of this study is to determine if the cause of reflux following SG, anatomical or functional reflux, affects the outcomes of conversion to RYGB, including reflux resolution and weight loss.

Methods: A retrospective analysis of patients who underwent SG conversion to RYGB between 2016 and 2024 was conducted. Demographics, perioperative outcomes, reflux before and after surgery, and weight loss were compared between the two groups.

Results: A total of 120 patients were included, of whom 103 had anatomical defects (81 with hiatal hernia, 13 with stenotic sleeve, and 9 with angulation of the sleeve) that explained the reflux after SG. The remaining 17 patients had functional reflux, with no identifiable anatomical abnormality in the preoperative work-up. There were no significant differences between the two groups in terms of operative time, length of stay, early complications, or reinterventions (p>0.05). Regarding the resolution of reflux symptoms, 10 patients of the functional reflux group (58.8%) and 80 of the patients with anatomical reflux (77.6%) experienced GERD resolution after revision, with no statistically significant difference between groups (p=0.09). Weight loss follow-up at 12 and 24-months demonstrated similar %TWL for patients with functional reflux and anatomical reflux.

Conclusions: Refractory GERD following SG requires both functional and anatomical evaluation. This study demonstrated that regardless of the cause of reflux, conversion to Roux-en-Y gastric bypass significantly improved the resolution of GERD.

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HEART FAILURE IS A KEY PREDICTOR OF POSTOPERATIVE THROMBOEMBOLIC RISK IN BARIATRIC SURGERY PATIENTS

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Introduction: Identifying key preoperative comorbidities that predict the development of postoperative thromboembolic events (e.g. deep vein thrombosis, DVT; pulmonary embolism, PE), may help target higher-risk patients for preventive measures. Beginning in 2023, MBSAQIP began tracking preoperative heart failure as a variable. This study aimed to analyze the 2023 database to identify

preoperative factors, including heart failure, that are most strongly associated with postoperative DVT/PE risk.
Methods: The MBSAQIP database was queried, including 217,952 patients. A multivariable logistic regression model was used to assess factors predictive of postoperative DVT and PE, adjusting for various covariates (e.g. age, sex, BMI) and other preoperative comorbidities.
Results: As expected, a history of prior DVT/PE was the most significant risk factor for postoperative thromboembolic events ($p<0.05$), followed by history of heart failure which was the second strongest predictor of postoperative DVT/PE ($p<0.05$). Other significant risk factors included older age, higher BMI, male sex, liver disease, and gastroesophageal reflux disease (GERD). Non-revisional (i.e. primary) surgery and therapeutic anticoagulation were identified as protective factors.
Discussion: After prior DVT/PE, heart failure was the most significant risk factor for postoperative thromboembolic events. These findings highlight the need for tailored perioperative management in patients with these comorbidities, particularly heart failure, to decrease the risk of DVT and PE.

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REFLUX, THE NEVER ENDING STORY! SURGICAL MANAGEMENT OF A SHORT ROUX LIMB AFTER GASTRIC BYPASS

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Introduction: The patient is a 34 year old female who presented to our facility with chronic epigastric abdominal pain, nausea, and poor oral intake with malnutrition on parenteral nutrition.
Surgical history was significant for laparoscopic sleeve gastrectomy with hiatal hernia repair and subsequent conversion of sleeve to Roux-en-Y gastric bypass. Gastric bypass was complicated by marginal ulcers with multiple perforations requiring two exploratory laparotomies and eventual gastrojejunostomy revision.
Method: Due to ongoing marginal ulcers, she was taken for robotic esophagojejunostomy and recovered well, but represented with bile reflux.
Results: Diagnostic laparoscopy revealed a Roux limb length of just 20cm requiring laparoscopic biliopancreatic limb distalization with a final Roux limb length of 150cm.
Conclusion: This case highlights the importance of keeping limb length discrepancies on the differential in post gastric bypass patients presenting with reflux.

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ELECTIVE REVISIONAL GASTROJEJUNOSTOMY FOR RECALCITRANT MARGINAL ULCERS AND RISK OF ULCER RECURRENCE

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Introduction: Marginal ulceration (MU) following Roux-en-Y gastric bypass (RYGB) represents a challenging clinical entity. Little is known about the efficacy of revisional gastrojejunostomy (GJ) for medically refractory MU.
Methods: Consecutive adult patients who underwent elective GJ revision for recalcitrant MU after RYGB at a single institution between 2012-2023 were evaluated retrospectively.
Time-to-event analyses were performed to evaluate risk of recurrent MU, adjusting for operative and patient factors, including length of time from RYGB to initial MU diagnosis.
Results: Of 65 patients included, median age was 50 years (IQR 41-56), 60 (92%) were female, 21 (32%) had diabetes, 33 (51%) were never smokers, and 15 (23%) had quit smoking within the past year. A total of 30 (46%) underwent truncal vagotomy in addition to GJ revision. During an overall median time under observation of 14.3 months (IQR 5.5-41), 22 (34%) developed recurrent MU with median time to recurrence of 5.7 months (IQR 3.3-14.2). Unadjusted time-to-event analyses were first performed (Figure). Cox proportional hazards analysis adjusting for patient age, smoking status, vagotomy status, and early diagnosis of initial MU ($\leq$12 months from RYGB) was performed. Presence of early initial MU diagnosis was positively associated with risk of recurrent MU (HR 4.85, 95% CI 1.67-14.08, Wald $p=0.004$), while vagotomy was negatively associated with risk of recurrent MU (HR 0.175, 95% CI 0.058-0.532, Wald $p=0.002$).
Conclusion: Among patients who underwent elective GJ revision for recalcitrant MU after RYGB, a third developed MU recurrence. Early initial MU diagnosis was associated with high risk of recurrent MU following GJ revision. Vagotomy should be considered as a risk reduction maneuver.

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INTRAGASTRIC EROSION OF A LAPAROSCOPIC ADJUSTABLE GASTRIC BAND

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Introduction: The laparoscopic adjustable gastric band (LAGB), first introduced in the 1990s, was a popular modality for treating obesity. However, contemporary studies showed less efficacious weight loss with increased complications, including gastric erosion, which has led it to fall out of favor.
Method/Results: Herein, we present a case of a 43-year-old female (BMI 31) who underwent a LAGB placement 13 years ago. The patient presented to the emergency department with abdominal pain around the port site and nausea. Despite this, they remained hemodynamically stable, without fevers, leukocytosis, or oral intolerance. The physical exam revealed an eroded LAGB access port with purulent drainage from the wound. An abdominal

CT demonstrated an intraluminal LAGB within the stomach, with no free air.
Surgical intervention was planned for LAGB removal. First, the access port and 4 cm of tubing were excised. The abdomen was then entered laparoscopically, revealing dense adhesions surrounding the LAGB tubing, requiring lysis for adequate mobilization. An EGD confirmed an intra-gastric free-floating LAGB. The band was corroded, requiring piecemeal removal of both the LAGB and remaining tubing through the stomach using forceps and snare. Following removal, a leak test was negative, and the wound was left to heal by secondary intention. A post-operative upper GI was negative for a leak, and the patient was discharged on oral antibiotics and a full liquid diet. On clinic follow-up, the patient has been recovering well on a regular diet.
Conclusion: This case underscores the importance of considering LAGB erosion in patients presenting with port site infection despite clinical stability.

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SURGEON-SPECIFIC VARIATION DRIVES BARIATRIC SURGERY COSTS: A MULTI-EFFECTS ANALYSIS

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Background: Understanding the sources of increased operative costs and associating them with patient outcomes might offer insights into improved healthcare efficiencies.
Methods: We analyzed 5728 primary bariatric cases performed by 18 surgeons from April 2017 to June 2024. Mixed-effects regression models assessed the association between disposable operating costs and robotic use, procedure type, patient factors (age, BMI, comorbidities), and surgeon-specific effects. We also modeled whether increased costs translated to improved operative time (OT), prolonged length of stay (pLOS), readmissions, or re-operations.
Results: 4067 (34% robotic) gastric sleeve (VSG), 1375 (33%) gastric bypass (GB), 447 (68%) duodenal switch (DS), and 84 (89%) SADIs were examined. At baseline, the disposable costs for the VSG, GB, DS, and SADI were \$3239±\$168, \$5134±\$87, \$3616±\$220, and \$3012±\$118. respectively. The robotic platform's adjusted cost contribution increased baseline costs for all procedures, $p<0.001$: VSG +\$1439±\$40 (44±3%), GB by +\$539±\$51 (10±1%), DS +\$2702±\$50 (74±4.8%) and SADI by +\$2079±\$78 (69±3.7%). 13%±4.6% of all disposable costs were attributable to the robotic platform.
Individual surgeons showed significant cost and OT differences. The robotic platform did not reduce the readmission or reoperation rate but was associated with nearly half the chance of a pLOS (OR 0.52±0.10, $p<0.001$). Increasing surgeon experience was not associated with a change in cost. Controlling for all factors, if all surgeons operated as the least costly, there would be 40±0.1% savings. Higher cost was associated with longer OT ($p<0.001$) but not readmissions, re-operations, or pLOS.
Conclusions: While the robot contributes to cost, it is associated with a decreased LOS. No measurable patient outcome benefit is associated with the substantial excess costs due to surgeon variability.

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EXOSOMAL MICRORNA MIR-7-5P INHIBITS HEPATOCYTE LIPID ACCUMULATION IN POST-BARIATRIC SURGERY PATIENTS

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Aim: This study aims to investigate the metabolic improvement effects of bariatric surgery on patients with obesity with non-alcoholic fatty liver disease (NAFLD) and to elucidate the underlying molecular mechanisms, particularly focusing on the role of exosomal miRNAs in the remodeling of hepatic fat metabolism.
Methods: This study included eight patients with obesity undergoing Roux-en-Y gastric bypass surgery, with blood samples collected before surgery and three months postsurgery. High-throughput sequencing (HTS) technology was used to analyze the expression profiles of exosomal miRNAs, and bioinformatics tools were employed for target gene prediction and pathway analysis. Key miRNAs were selected for qRT-PCR validation, and their functions and mechanisms were further investigated in ob/ob mouse models and HepG2 cell lines.
Results: Bariatric surgery significantly altered the expression levels of miR-7-5p in patients' circulating exosomes. The post-surgery upregulation of miR-7-5p was associated with reduced hepatic fat accumulation and enhanced insulin sensitivity. Target gene prediction and experimental validation showed that miR-7-5p regulates the JAK-STAT signaling pathway by targeting Helz2, inhibiting fat accumulation in the liver cells of obese mice, and improving glucose and lipid metabolism disorders. Further cellular experiments confirmed that miR-7-5p exerts its effects in HepG2 cells via the Helz2-mediated JAK-STAT pathway.
Conclusion: The results suggest that miR-7-5p plays a crucial role in regulating lipid metabolism, inflammation, and insulin signaling, and it holds potential as a non-invasive biomarker for monitoring the effects of bariatric surgery and patient progress. The complex relationship between Helz2, the JAK-STAT pathway, and NAFLD provides new avenues for therapeutic intervention and biomarker development. Further research will advance the clinical application of these findings.

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GOING THE DISTANCE: IMPACT OF TRAVEL DISTANCE OF POSTOPERATIVE OUTCOMES FOLLOWING METABOLIC AND BARIATRIC SURGERY

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Introduction: Healthcare access is influenced by geographic, socioeconomic, and systemic factors. For patients undergoing metabolic and bariatric surgery (MBS), travel distance may reflect disparities in service availability, insurance limitations, and referral patterns to specialized centers. This study aims to explore the relationship between travel distance and 30-day postoperative outcomes, focusing on potential geographic biases to determine if patients who travel further face greater postoperative complications.

Methods: Data from 1,461 patients treated at two MBSAQIP-accredited centers (2020-2023) were analyzed retrospectively. Travel distance from operative hospital was calculated using geocoding API's and Spearman's rank correlation assessed its relationship with outcomes including length of stay (LOS), infectious and serious complications, major adverse cardiac events (MACE), mortality, emergency department (ED) visits, and 30-day readmissions and reoperations.
Results: No significant correlations were identified between travel distance and length of stay (LOS) >5 days ($p=0.578$), infectious complications ($p=0.703$), serious complications ($p=0.189$), MACE events ($p=0.159$), or morality ($p=0.0727$). Similarly, there was no significant association with the number of 30-day readmissions ($p=0.635$) or reoperations ($p=0.0943$). However, a significant negative correlation between travel distance and emergency department visits ($p<0.0001$) was observed.
Conclusion: While travel distance does not significant impact postoperative complications or mortality, it may create logistical barriers that complicate follow-up care. Further research is needed to understand how travel-related challenges influence the management of postoperative complications.

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IMPACT OF PREOPERATIVE LIVER DISEASE ON POSTOPERATIVE OUTCOMES IN BARIATRIC SURGERY: LESSONS FROM THE 2023 MBSAQIP DATABASE

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Introduction: Obesity increases the risk of metabolic-associated steatotic liver disease (MASLD), and bariatric surgery has been shown to mitigate progression to severe liver conditions. This study aimed to test the hypothesis that preoperative liver disease is associated with significantly worse 30-day post-operative outcomes following metabolic and bariatric surgery (MBS).
Methods: Using the 2023 MBSAQIP database, 217,952 patients (24,240 with LD; 193,712 without) were analyzed to compare operative length, length of stay (LOS), infectious complications, serious complications, major adverse cardiac events (MACE), and mortality. Chi-square and Wilcoxon rank-sum tests were used, and propensity matching was performed based on age, sex, BMI, and preoperative comorbidities.
Results: Prior to adjustment, patients with LD were significantly older (44.2 vs. 43.7 years; $p<0.0001$) and had longer operative times (86 minutes vs. 77 minutes; $p<0.0001$). They also had higher rates of LOS >5 days ($p=0.0008$), infectious complications (1.86% vs. 1.30%; $p<0.0001$), and serious complications (1.6% vs. 1.1%; $p<0.0001$). Even after adjustment, LD presence had persistently longer LOS >5 days ($p=0.04$) and were more likely to experience serious ($p<0.0001$) or infectious complications ($p<0.0001$). There was no difference in 30-day mortality ($p=0.7674$) or MACE events between groups ($p=0.5417$).
Conclusion: Preoperative LD is associated with higher rates of infectious and serious complications, longer operative times, and extended LOS. These findings may be biased by severity of documented LD, but the findings highlight the importance of preoperative LD screening in bariatric surgery patients.

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THE IMPACT OF BARIATRIC SURGERY ON PELVIC FLOOR DYSFUNCTION SYMPTOM IMPROVEMENT: A SYSTEMATIC REVIEW

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Objective: This systematic review assessed the effects of bariatric surgery (BS) on pelvic floor dysfunction (PFD), specifically urinary incontinence (UI), pelvic organ prolapse (POP), and fecal incontinence (FI) in obese women.
Methods: A comprehensive search of PubMed, Scopus, and etc, was conducted through September 2024. RCTs and cohort studies evaluating PFD prevalence before and after BS in women with morbid obesity were included. Of 1,532 identified studies, 20 met the inclusion criteria, totaling 3,684 patients. Data on UI, POP, FI, body mass index (BMI), and quality of life (QoL) were extracted. Standardized questionnaires included the International Consultation on Incontinence-Short Form (ICIQ-SF), Pelvic Floor Impact Questionnaire-7 (PFIQ-7), and Pelvic Floor Distress Inventory-20 (PFDI-20). Meta-analyses used a random effects model to estimate pooled odds ratios (OR) with 95% confidence intervals (CI); heterogeneity was assessed via the I^2 statistic.
Results: Within the studies evaluated, Roux-en-Y gastric bypass was the most common BS performed. Mean follow-up was 15.2 months. BS yielded a mean BMI reduction of 12.03 kg/m^2. Among 19 studies, there was a 50.8% relative reduction in UI prevalence (OR=2.03, 95% CI 1.74–2.38, $p<0.01$), including stress UI (OR=2.15, 95% CI 1.75–2.65, $p<0.01$) and urge UI (OR=1.99, 95% CI 1.51–2.61, $p<0.01$). POP prevalence reduced by 38.3% (OR=1.62, 95% CI 1.16–2.25, $p<0.01$). FI reduction was 10% (OR=1.11, 95% CI 0.66–1.87, $p=0.69$). QoL improved, with lower PFDI-20 and ICIQ-SF scores.
Conclusions: Bariatric surgery significantly reduces UI and modestly decreases POP, likely due to reduced intra-abdominal pressure. Its impact on FI is limited. Further large, longterm studies are needed to clarify these findings.

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SURGEON OPINIONS AND PERCEPTIONS OF SAME DAY BARIATRIC SURGERY IN MICHIGAN

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Introduction: Although the prevalence of same day bariatric surgery has more than doubled in recent years, this practice remains controversial. We conducted a statewide survey of bariatric surgeons to better understand surgeon opinions and perceptions of same day bariatric surgery.

Methods: We distributed a 7-question survey to 76 practicing bariatric surgeons across our state. Questions asked surgeons about whether they performed same day bariatric surgery, the advantages and disadvantages of this practice, and barriers to implementation.

Results: The survey response rate was 100%, with 20% of surgeons stating that they performed same day bariatric surgery. Far more surgeons identified disadvantages of same day bariatric surgery than advantages (Figure). The most common reasons surgeons were hesitant to perform same day surgery were overall risks (52%) and fear of complications (35%). Similarly, safety concerns were the most frequently cited barrier to implementation (56%). Finally, 62% of surgeons did not believe they had the necessary resources to perform same day bariatric surgery at their facility.

Conclusions: To our knowledge, this is the largest survey study to date of surgeon opinions about same day bariatric surgery. Although some surgeons in this cohort are performing same day bariatric surgery, most surgeons feel that the potential risks outweigh any benefits. Careful evaluation of patient outcomes after same day bariatric surgery could help validate or refute these beliefs.

A49GVKAG45

ENDOSCOPIC SLEEVE GASTROPLASTY: A MINIMALLY INVASIVE REVOLUTION IN LOW-BMI OBESITY

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Introduction: Obesity and associated comorbidities, particularly diabetes, pose significant global health challenges. Endoscopic sleeve gastroplasty (ESG) has become a recognized, minimally invasive alternative to surgical interventions for weight loss and metabolic control. This study evaluates the six-year outcomes of ESG, focusing on sustained weight loss and diabetes remission among obese patients, with data collected from a highvolume center.

Methods: A retrospective cohort study was conducted on patients who underwent ESG at Mohak Bariatric and Robotic Surgery Center, India, from January 2010 to June 2024. Outcomes, including total weight loss percentage (%TWL), excess weight loss percentage (%EWL), and diabetes remission rates, were recorded and analyzed over a six-year period.

Results: Among 1,003 patients, mean %TWL and %EWL at 6, 12, 24, 36, and 72 months (six years) were 12.28%, 15.03%, 15.27%, 14.91%, and 13.5%, respectively, demonstrating sustained weight loss. Six-year follow-up data indicated %EWL stabilization, with 76% of patients maintaining significant weight loss. Diabetes remission rates remained favorable, with a notable portion of patients achieving normoglycemia without pharmacological support by six years. ESG's safety profile was underscored by a no adverse event rate reported intraprocedural complications.

Conclusion: ESG shows consistent and durable benefits for weight loss and diabetes management over six years, positioning it as a viable long-term, non-surgical solution for obesity treatment. These findings reinforce ESG's role in bariatric protocols, especially for patients prioritizing minimally invasive interventions with sustained outcomes.

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IMMEDIATE POSTOPERATIVE OUTCOMES FOLLOWING SINGLE ANASTOMOSIS DUODENO-ILEAL BYPASS WITH SLEEVE GASTRECTOMY (SADI-S) AND ONE-ANASTOMOSIS GASTRIC BYPASS (OAGB) IN OLDER ADULTS

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Introduction: Immediate (30-day) postoperative outcomes data on Single Anastomosis Duodeno-ileal Bypass with Sleeve Gastrectomy (SADI-S) and One-anastomosis gastric bypass (OAGB) is limited at this time, particularly with respect to older adult patients. Previous studies comparing outcomes of laparoscopic sleeve gastrectomy (LSG) and laparoscopic Rouxen-Y gastric bypass (LRYGB) have demonstrated safety and efficacy of these procedures within the older adult patient cohort. We sought to do the same with SADI-S and OAGB.

Method: We queried MBSAQIP-PUF data for 2015-2023 to evaluate age-related outcomes for OAGB and SADI-S. We compared immediate postoperative outcomes in patients aged greater than or equal to 65 years compared with patients less than 65 years of age. We performed propensity score matching based on a 1:1 "greedy" matching algorithm in these two patient cohorts with respect to patient characteristics, comorbidities, operation length, same-day discharge, and surgery year. McNemar's test was performed to test for significant differences in postoperative outcomes between the matched patient cohorts.

Results: Older adult patients undergoing OAGB demonstrate similar risk with respect to all immediate postoperative outcomes compared to matched younger patients, with the only exception being unplanned ICU admission (1.58% younger vs. 2.65% older, p-value 0.0327). There were no significant differences in immediate postoperative outcomes among the matched cohorts in patients undergoing SADI-S.

Conclusion: OAGB and SADI-S show similar risk profiles when comparing immediate postoperative outcomes in older adult patients to a matched younger cohort. Comorbid disease burden and frailty should be considered more than chronological age

when evaluating older adult patients who meet indications for OAGB and SADI-S.

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IMPROVED TRENDS IN THE ADOPTION AND OUTCOMES OF SINGLE ANASTOMOSIS DUODENO-ILEAL BYPASS WITH SLEEVE GASTRECTOMY (SADI-S): A 2020-2022 MBSAQIP DATABASE ANALYSIS

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Introduction: Single Anastomosis Duodeno-Ileal Bypass with Sleeve Gastrectomy (SADI-S) was recently approved by ASMBS and has gained increased interest and adoption due to its single anastomosis technique. The improvement in surgical outcomes over time has not yet been evaluated.

Objectives: This study aimed to analyze nationwide trends in procedure utilization and the improvement of surgical outcomes over a three-year period.

Methods: An analysis of the MBSAQIP database was conducted in patients who underwent SADI-S as a primary or revisional procedure between 2020 and 2022. Trends in perioperative bariatric outcomes, complication rates, and mortality were analyzed and compared over time.

Results: A total of 4,382 patients underwent SADI-S, of which 60.9% were primary cases.

The mean preoperative body mass index (BMI) was 47.87 ± 8.8. SADI-S increased annually from 2020 (n=879), 2021 (n=1384), and 2022 (n=2120). There was a progressive decrease in the length of the procedure (153.32 vs. 136.43 vs. 131.93 minutes, $p<0.001$) and hospital stay (1.95 vs. 1.64 vs. 1.45 days, $p<0.001$). Similarly, reductions were observed in conversion rates (0.79% vs. 0.65% vs. 0.09%, $p=0.006$) and intraoperative/postoperative complications within the first 30 days (6.25% vs. 4.26% vs. 3.34%, $p<0.001$), including anastomotic leaks (1.7% vs. 0.86% vs. 0.66%, $p=0.024$) and transfusions (1.7% vs. 0.79% vs. 0.47%, $p=0.003$). Only two deaths were reported throughout the study period.

Conclusions: There is a noticeable upward trend in the adoption of SADI-S. The trend over the past three years has shown a consistent improvement in surgical outcomes, demonstrating the procedure's evolving safety and feasibility.

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THE ROLE OF EXPERT GUIDANCE IN SIMULATION-BASED LAPAROSCOPIC TRAINING FOR CHINESE JUNIOR BARIATRIC SURGEONS

Yang Chengcan *Shanghai Ninth People's Hospital*

Introduction: A single-center, prospective randomized controlled trial was designed to evaluate the impact of the guidance of bariatric experts on the effect of SLT for junior bariatric surgeons in our training center.

Methods: Subjects without SLT experience were included in this study and randomly divided into a SLT group and a SLT with expert guidance (SLT-EG) group at a 1:1 ratio. After passing the laparoscopic basic skills tests and learning the operation of the laparoscopic gastric bypass (LRYGB) simulator, subjects from both groups were asked to perform a simulated LRYGB as the initial assessment and received 1 week of SLT in LRYGB with the same training frequency. After the training, all participants completed an LRYGB on the porcine surgical model as the final assessment.

Results: Twenty subjects were recruited. There was no significant difference in the evaluation of the initial assessment according to the record and evaluation of the simulator system. After the 1-week SLT was completed, subjects from the SLT-EG group significantly outperformed those from the SLT group in the final assessment, as measured by the BOSATS ($p<0.05$).

Participants in the SLT-EG achieved higher BOSATS scores for creation of a gastric pouch (24.2±2.3 vs 21.1±3.2, $p<0.05$), measurement and incision of the jejunum (27.2±3.3 vs 24.9±3, $p<0.05$), gastrojejunostomy (29.2±3.2 vs 25.1±4.3, $p<0.05$) and jejunojejunostomy (27.1±3.3 vs 23.5±2.6, $p<0.05$).

Conclusions: In LRYGB simulator training, expert guidance can improve the level of surgical operations on porcine surgical models and improve the training effect. This may indicate that although SLT is a reliable method for LRYGB training, the automatic evaluation and feedback system of the simulator is not yet able to replace the role of expert guidance.

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CONCURRENT LAPAROSCOPIC SLEEVE GASTRECTOMY WITH UVULOPALATOPHARYNGOPLASTY IN THE TREATMENT OF MORBID OBESITY COMORBID WITH SEVERE OBSTRUCTIVE SLEEP APNEA: A RETROSPECTIVE COHORT STUDY

Yang Chengcan *Shanghai Ninth People's Hospital*

Introduction: This study aimed to evaluate the safety and short-term effect of contemporaneous surgeries (Bariatric surgery plus uvulopalatopharyngoplasty (UPPP)) in the treatment of morbid obesity comorbid with severe obstructive sleep apnea(OSA).

Methods: A retrospective cohort study was performed to identify patients with obesity and severe OSA who underwent laparoscopic sleeve gastrectomy (LSG) with or without UPPP surgeries between December 2019 and December 2021 in our center. Patients were divided into two groups according to different surgical methods (contemporaneous group [LSG with UPPP] vs LSG only group). Data about surgical safety, OSA remission, and effectiveness of weight loss were collected and analyzed between the two groups before and 12 months after surgery.

Results: A total of 101 patients were included in this study (contemporaneous group [LSG with UPPP], n=42 vs LSG only group, n=59). There was no significant difference in surgical safety between the two groups, while both OSA and obesity were significantly improved after 12.5±2.1 months postoperative follow-up. The apnea-hypopnea index(AHI) decreased from 68.7±30.4/h to 10.2±7.0/h in the contemporaneous group (P <0.001) and from 64.7±26.2/h to 18.9±9.8/h in the LSG group (P <0.001). Moreover, the AHI decreased to below 5/h in 50% of patients (21/42) in the contemporaneous group while only in 13.5% in LSG group (P <0.001). In the LSG group 20 (34%) patients achieved a reduction in AHI <15 and resolution of daytime sleepiness.
Conclusions: Contemporaneous surgery (concurrent bariatric and UPPP surgeries) is feasible and an effective option for patients with obesity and severe OSA. However, our finding suggests that approximately a third of patients undergoing LSG with UPPP may not derive significant benefit from the UPPP portion of the contemporaneous surgical approach.

AYZW6RMWJM

ENDOSCOPIC REMOVAL OF NON ADJUSTABLE GASTRIC BAND

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Introduction: [This case involves a 59-year-old woman with a history of hypertension, hypothyroidism, class 3 obesity, and a non adjustable gastric band placed in 1991. She presented with worsening epigastric pain, and nausea. Endoscopy in June 2024 revealed gastric band erosion, which was unresponsive to proton pump inhibitors. After thorough discussion, the decision was made to remove the gastric band endoscopically.]
Method: [Endoscopic removal of the gastric band was performed after thorough discussion with the patient. The procedure began with the passage of a 0.035 wire towards the antrum, followed by wire exchange for easier removal. The endoscope was withdrawn and reinserted through the esophagus. The wire was advanced through the band, grasped with a snare, looped around it, and pulled out. A lithotripter was used to fracture were then used under endoscopic visualization to navigate the band. The cable tip was directed to the constricted band, and the lithotripter crank was turned to sever the band. Finally, the band was removed using a grasper.]
Results: [The procedure was successfully completed without complications. The gastric band was fully removed, and the patient's symptoms improved post-procedure. She reported significant pain relief and was able to tolerate oral intake more effectively, which marked a successful resolution of her symptoms.]
Conclusion: [Endoscopic removal of an eroded non-adjustable gastric band is an effective, minimally invasive alternative to surgery. This case underscores the importance of compassionate, individualized care for patients with obesity and highlights the potential of endoscopic techniques in managing complications from long-term gastric band placement, improving patient outcomes, and reducing stigma surrounding obesity.]

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RISK ASSESSMENT OF PRIMARY BARIATRIC SURGERY IN LEFT VENTRICULAR ASSIST DEVICES (LVADS) PATIENTS: AN MBSAQIP ANALYSIS OF 180,544 CASES

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Introduction: The growing population of Left Ventricular Assist Device (LVAD) patients faces increasing obesity-related comorbidities, which can adversely impact heart transplant candidacy. As these patients live longer, bariatric surgery may become necessary. This study evaluates safety and outcomes of primary bariatric procedures in LVAD patients using the MBSAQIP database.
Methods: Using the 2023 MBSAQIP database, we analyzed primary laparoscopic sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB) procedures. Patients were stratified by LVAD status. Primary outcomes were 30-day serious complications; secondary outcomes included length of stay, operative time, and postoperative complications.
Results: Of 180,544 patients undergoing bariatric procedures, 133 (0.07%) had LVADs. LVAD patients were older (49.5 vs 43.0 years, p<0.001), more male (39.8% vs 17.8%, p<0.001), and had higher rates of hypertension (79.7% vs 43.6%, p<0.001), diabetes (51.8% vs 23.6%, p<0.001), and therapeutic anticoagulation (45.9% vs 3.0%, p<0.001). Most underwent SG (73.7%). LVAD patients had longer operative times (105.3 vs 84.6 minutes, p=0.000), higher serious complications (11.3% vs 2.5%, p<0.001), bleeding (5.3% vs 0.8%, p<0.001), readmission (13.5% vs 2.9%, p<0.001), and length of stay (4.9 vs 1.2 days, p<0.001). After adjustment, LVAD and RYGB remained independently associated with serious complications (OR 2.83, 95% CI 1.62-4.97, p<0.000 and OR 1.71; 95% CI 1.60-1.83; p<0.000).
Conclusion: Although LVAD patients face increased complications with bariatric surgery, this intervention remains essential for meeting transplant BMI criteria. Careful patient selection and perioperative optimization are crucial, and further research is needed to improve outcomes in this high-risk population.

5JNQ645QGL

LONG-TERM OUTCOMES FOR BARIATRIC SURGERY PATIENTS WITH BMI > 70KG/M2

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Goodpaster *Cleveland Clinic*; Leslie Heinberg *Cleveland Clinic*; Ninoska Peterson *Cleveland Clinic*

Introduction: The subset of bariatric surgery patients with BMI >70kg/m2 have limited treatment options and pose a unique clinical challenge. More information is needed to guide the future of bariatric surgical management in these patients.

Methods: Weight loss and safety outcomes of bariatric surgery in patients with BMI >70kg/m2 who underwent surgery at a US academic center between 2008 and 2023 were examined.
Follow-up concluded in January 2025.

Results: A cohort of 436 patients who underwent Roux-en-Y gastric bypass (RYGB, n=119), sleeve gastrectomy (SG, n=310), and duodenal switch (n=7) were included. From a mean BMI of 75.8 kg/m2 at the time of enrollment in the bariatric program, the absolute reduction in BMI at 2-years, 5-years, and 10-years following surgery was 27. 3 kg/m2 (95% CI, 26.9-27.7), 23. 5 kg/m2 (95% CI, 23.1-24.0), and 26.3 kg/m2 (95% CI, 25.7-26.9), respectively. Total weight reduction at 2-years, 5-years, and 10-years was 38.4% (95% CI, 37.9%-38.9%), 33.6% (95% CI, 33.0%-34.1%), and 36.5% (95% CI, 35.8%-37.2%), respectively. Compared with SG, RYGB was associated with a greater percentage of weight reduction, 9.2% greater at 2- years post-surgery [95% CI, 8.3%-10.0%], 7.6% greater at 5-years [95% CI, 6.8%-8.5%], and 6.0% greater at 10-years [95% CI, 5.0%-7.1%] (Figure 1). Fifteen patients (3.4%) developed serious adverse events within 30 days of surgery. Two patients (0.46%) died within 6 months of surgery.

Conclusions: Findings of this large series with long-term follow-up indicate that bariatric surgery in patients with BMI >70kg/m2 offers substantial and sustainable weight loss. In this cohort, RYGB is associated with greater weight loss than SG.

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CHARACTERIZATION OF PATIENTS WITH GASTROPARESIS UNDERGOING METABOLIC AND BARIATRIC SURGERY: AN ANALYSIS OF THE 2016 TO 2021 NATIONAL INPATIENT SAMPLE

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Introduction: A subset of patients pursuing metabolic and bariatric surgery for treatment of obesity present with comorbid gastroparesis. The demographic and clinical profiles of patients with gastroparesis and the differences between procedure types in this population are unclear.

Methods: Data from the 2016-2021 National Inpatient Sample were examined. Patients with a primary diagnosis of obesity undergoing sleeve gastrectomy (SG) or Roux-en-Y gastric bypass (RYGB) were included; comorbid gastroparesis was identified. Patient demographics and comorbidities were compared between patients with and without gastroparesis and among patients with gastroparesis by procedure type.

Results: Of 1,036,434 patients meeting inclusion criteria, 4,900 had gastroparesis. Patients with gastroparesis were more likely to undergo RYGB (63.5% vs. 27.5%, p<0.001) and have hypertension, diabetes, COPD, GERD, and depression. Proportionally more patients with gastroparesis were Medicaid-insured (28.8% vs. 12.6%, p<0.001) and 9.5% of patients had a length of stay >72hrs (vs. 3.3%, p<0.001). Patients with gastroparesis were more likely discharged to home health care (HCC) (4.1% vs. 2.0%, p<0.001). Among patients with gastroparesis, those undergoing RYGB were less likely to develop fluid and electrolyte disorders (5.6% vs. 9.2%, p=0.034), and had a higher proportion of patients staying > 72 hours (10.9% vs. 7.0%, p=0.038).

Conclusion: Patients with gastroparesis had higher rates of comorbidities, were more likely to be on Medicaid, and twice as likely to be discharged to HHC than patients without gastroparesis. Among patients with gastroparesis, RYGB was the most common procedure; however, procedure type was not associated with differences in patient characteristics.

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DOES AGE MATTER IN REVISIONAL BARIATRIC SURGERY? A MBSAQIP ANALYSIS OF 167,407 PATIENTS

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Introduction: As the number of bariatric procedures has increased, so has the number of revisional bariatric procedures (RBS). It is unclear if age influences outcomes following RBS. The aim of this study was to compare outcomes between younger (age< 65) and older (age 65+) patients undergoing RBS.

Methods: The MBSAQIP database was used to identify patients undergoing revisional bariatric surgery between 2018-2021. Patients with missing data and undergoing emergent procedures were excluded. Multivariate logistic regression was used to control for differences between the two groups (Body Mass Index (BMI), ASA, previous cardiac surgery, sleep apnea, and pre-operative anticoagulation) and to calculate odds ratios per outcome between older versus younger patients.

Results: There were 167,407 patients in the age under 65 group and 17979 in the age 65 + group. On average, age 65+ patients had a BMI 2.3kg/m2 less than age <65 patients (SMD = -0.265), and in general age 65 + patients had higher rates of comorbidities. Based on our multivariate models, there were no significant differences in the odds of cumulative (any) adverse event. However, death and other individual complications were significantly higher in the group 65 +. The odds of death were 3.01 (95% CI 2.28-3.97) times higher for older surgery patients compared to younger surgery patients (p < 0.001). Other complications are described in Table 1.

Conclusion: Based on our results, older patients (age 65+) undergoing RBS have higher risk of death and certain complications. Patients should be counseled appropriately.

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CONCURRENT MINIMALLY INVASIVE SLEEVE GASTRECTOMY CONVERSION TO ROUX-EN-Y GASTRIC BYPASS AND HIATAL HERNIA REPAIR: ANALYSIS OF THE 2015-2022 MBSAQIP DATABASE

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Introduction: Obesity is a known risk factor for the development of hiatal hernia. This study aims to demonstrate whether hiatal hernia repair (HHR) with Sleeve gastrectomy (SG) to Roux-en-Y Gastric Bypass (RYGB) can be safely performed.

Methods: Using the 2015–2022 MBSAQIP database, patients who underwent minimally invasive SG conversion to RYGB with or without concomitant HHR were identified. 30-day postoperative outcomes were compared between patients with and without HHR, analyzing robotic and laparoscopic approaches separately. Additionally, outcomes between the two approaches were also compared specifically for those who had HHR performed concurrently with the bariatric procedure.

Results: Among 7930 who underwent SG conversion to RYGB, 1921 (515 Robotic, 1406 Laparoscopic) underwent a concomitant HHR, while 6009 patients (1211 Robotic, 4798 Laparoscopic) did not have HHR. Robotic cases with concurrent HHR have increased significantly (Figure 1) having a higher rate of readmissions (10.3% vs 7.3%, P:0.042), reinterventions (4.7% vs 2.3%, p=0.009) and anastomotic leak (1.4% vs 0.5%, p=0.05) than those without HHR. In the laparoscopic approach, patients with HHR had longer operative times than those without HHR (150.5 + 66.4 vs 134.3 + 71.4 minutes (p=0.001). Robotic and laparoscopic SG to RYGB with HHR were compared, showing that robotic cases had longer operative times, 177.6 + 71.1 vs 150.5 + 66.4 minutes (p=0.001) and greater risk of anastomotic leak, 1.4% vs 0.4%, p=0.027, than laparoscopic cases.

Conclusion: Concomitant HHR with bariatric surgery can be safely performed. Trends of Robotic SG conversion to RYGB and HHR have increased significantly. Both laparoscopic and robotic approaches showed safe perioperative outcomes, though robotics are associated with longer operative times and higher risk of anastomotic leak.

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EFFICACY OF SEMAGLUTIDE OR TIRZEPATIDE IN PATIENTS WITH HISTORY OF BARIATRIC SURGERY: A RETROSPECTIVE OBSERVATIONAL STUDY

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Introduction: GLP1s are now commonly used to treat obesity, however efficacy data within the bariatric surgery population remains limited.

Method: This is a retrospective observational study. Patients included those enrolled in a medical weight loss program with history of sleeve gastrectomy or gastric bypass who started therapy between January 1, 2023 to August 31,2024. To be included patients needed to have at least 90 days follow up and no prior history of GLP1 therapy.

Results: A total of 60 patients were included in the study. Average age was 47.6 years (SD 10.6). 90% were Female. Average initial BMI was 39.5 (SD 6.0). 34 patients were treated with semaglutide (56.7%), 21 were treated with tirzepatide (35%), while 5 were transitioned from semaglutide to tirzepatide (8.3%). Average follow-up was 40 weeks (SD 23.4) ranging from 15 to 100 weeks. 58.3% (35/60) had history of sleeve gastrectomy while 41.7% (25/60) had history of gastric bypass. Average total body weight loss was 15.2% (SD %6.8).

Patients with prior sleeve gastrectomy average initial BMI was 38.4 (SD 4.9) and average total body weight loss was 15.0% (SD 5.7%) with average follow up of 35.9 weeks. In patients with prior gastric bypass average initial BMI was 41.1 (SD 7.0) and average total body weight loss was 15.5% (SD 8.1%) with average follow up of 45.6 weeks.

Conclusion: Overall total body weight loss despite variable length of follow up was 15.2%. The weight loss was similar among patients with either prior sleeve gastrectomy or gastric bypass.

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THE UTILITY OF PRE- AND POST-OPERATIVE PATHOLOGICAL TESTING IN PATIENTS UNDERGOING LAPAROSCOPIC SLEEVE GASTRECTOMY

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Introduction: The utility of routine preoperative esophagogastroduodenoscopy (p-EGD) and postoperative histopathological examination of resected gastric specimens in laparoscopic sleeve gastrectomy (LSG) remains controversial.

Method: This study aims to evaluate the utility of p-EGD and pathological results. A retrospective chart review of 1,248 LSG patients (2010-2022) at a university hospital was conducted: data included demographics, preoperative BMI, p-EGD biopsy results, and histopathologic findings of resected specimens.

Results: Of the 1,240 patients included, 78.5% were female, with a mean age of 44.8 ± 11.0 years and a mean preoperative BMI of 44.3 ± 6.6 kg/m2. Preoperative biopsy showed normal gastric histology in 42.0%, gastritis in 42.7%, and gastric polyps (7.8%). Among resected specimens, 68.6% had normal histology, 14.0% had gastritis, and 10.0% had gastric polyps. Males had a higher proportion of normal histology (75.7% vs. 66.7%, p=0.005), and females had a higher prevalence of gastric polyps (11.3% vs. 5.2%, p=0.003). Older age was associated with increased prevalence of gastric polyps (OR 1.04, p<0.001) and duodenitis (OR 1.08, p<0.001), as well as a lower prevalence of normal histology (OR 0.98, p=0.004). No significant associations were found between preoperative BMI and histopathologic findings.

Conclusion: Routine preoperative EGD with gastric biopsy in LSG patients is valuable for preoperative assessment. While most abnormalities are benign and do not alter perioperative management, further research is needed to evaluate the utility of routine histopathologic assessment of resected gastric specimens.

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BARIATRIC SURGERY COMPLICATIONS BY BMI, A CONTINUED REVIEW AND ANALYSIS OF 2020-2023 NATIONAL MBSAQIP DATABASE

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Introduction: Obesity is a well-known risk factor for surgical complications, especially in bariatric surgery as this is the indication for the procedure. To date, there is a paucity of data analyzing the complications of bariatric surgery by BMI status. The purpose of this study is to perform an analysis of the Metabolic and Bariatric Surgery Accreditation and
Quality Improvement Program (MBSAQIP) Participant Use Data File (PUF) to compare the complication and readmission rates of bariatric surgical procedures between BMI classes.

Methods: Retrospective review of 2020-2023 MBSAQIP PUFs. Inclusion criteria was sleeve gastrectomy (CPT 43775) and Roux-en-Y gastric bypass (CPT 43644), preoperative BMI>30, and presence of 30 day follow up data. Cochrane Armitage test was used to analyze linear trend between complication rate and BMI category.

Results: A total of 665,047 cases from the 2020-2023 MBSAQIP PUFs were included.
Complication risk increases with each BMI category and the category for which complications increase significantly is BMI $\geq$ 50. Patients with BMI>50 were found to have significantly higher mortality rates as well as any serious or other intra/perioperative occurrence. ED visits and readmission rates were also significantly higher in the BMI>50 cohort however interventions were similar and did not reach statistical significance.

Conclusions: This study reports data of specific complications rates by BMI and, to our knowledge, is the first to present ongoing data that overall complications and readmissions in bariatric surgery increase with BMI, specifically with BMI>50.

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CONCURRENT SURGICAL MANAGEMENT OF ACHALASIA AND OBESITY: AN MBSAQIP ANALYSIS

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Introduction: The safety of concurrent Heller myotomy (HM) and metabolic bariatric surgery (MBS) is underexplored, with existing literature limited to case reports. This study evaluated 30-day postoperative outcomes of concurrent HM-MBS compared to MBS alone.

Methods: A retrospective analysis of the 2020-2023 MBSAQIP database was conducted. HM-MBS cases were identified using concurrent CPT code 43279. Propensity score matching (1:3) was performed using 25 preoperative characteristics to minimize confounding. Thirty-day postoperative outcomes and complications categorized by the Clavien-Dindo classification (CDC) were compared between the HM-MBS and MBS groups using independent-sample t-test/rank-sum and Chi-square/Fisher's exact tests. Subgroup analyses were performed for primary and conversion procedures.

Results: After matching, 336 patients (HM-MBS: n=84; MBS: n=252; mean age: 52.3 $\pm$ 10.9 years; 85.4% female) were analyzed, including 236 primary and 100 conversion procedures. The HM-MBS group demonstrated significantly prolonged operative times (210.9 $\pm$ 72.3 vs 123.6 $\pm$ 59.8 minutes, $p<0.001$) and hospital stays (3.6 $\pm$ 6.9 vs 1.56 $\pm$ 1.2 days, $p=0.007$).
Overall complications were higher in HM-MBS (27.4% vs 10.7%, $p<0.001$), including increased gastrointestinal bleeding (3.6% vs. 0%, $p=0.015$), surgical site infections (6% vs. 1.2%, $p=0.026$), ventilator support (3.6% vs. 0%, $p=0.015$), and sepsis (6% vs. 0.4%, $p=0.004$). Rates of severe complications (CDC grade $\geq$IIIa) were higher for HM-MBS (overall: 16.7% vs 2.8%, $p<0.001$; reoperation: 8.3% vs. 1.6%, $p=0.007$, and reintervention: 8.3% vs. 1.2%, $p=0.003$). The mortality rate was 1.2% for HM-MBS and 0.4% for MBS ($p=0.432$). Subgroup analyses revealed similar patterns across primary and conversion procedures.

Conclusion: Concurrent HM-MBS is associated with significantly higher postoperative morbidity, suggesting the need for careful consideration of surgical timing in patients requiring both procedures.

AV84YXP4V4

IMPACT OF PRIOR LONG-TERM SEMAGLUTIDE THERAPY ON 1-YEAR WEIGHT LOSS AFTER PRIMARY SLEEVE GASTRECTOMY

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Introduction: Glucagon-like peptide-1 receptor agonists ("GLP-1") are increasingly utilized in metabolic and bariatric surgery. We examined the prevalence and impact of prior semaglutide use on weight loss after primary sleeve gastrectomy (SG).

Methods: Data were collected retrospectively from 184 consecutive patients at an academic institution from 1/1/2023–12/31/2023. GLP-1 use, demographics, and weight outcomes were

analyzed, focusing on patients with long-term GLP1 use (initiated > 6 months preoperatively).

Results: 95 (52%) patients were on GLP-1 preoperatively, and 65 (35%) started medication more than 6 months preoperatively (average 59.4 months). There were no significant differences in age, gender, or ethnicity. Patients on GLP-1 had higher rates of diabetes (Control:13%, GLP-1:27%, p=0.02) and higher preoperative body mass index (Control:41.9±0.5kg/m2, GLP-1:44.9 ±0.67g/m2, p<0.001). They had significantly higher percent total weight loss (TWL) preoperatively (Control:6.4±0.5%, GLP-1:9.1±0.5%, p<0.001), but less TWL 1-year postoperatively (Control:20.7±1.2%, GLP-1:17.6±0.9%, p=0.03). There was no difference in their combined percent weight loss from GLP-1 initiation to 1-year postoperatively ("cTWL"; Control:25.8±1.1%, GLP-1:25.2±0.9%, p=0.7).

Preoperative TWL was correlated with cTWL (Y=0.5X+20.6; p=0.003). Patients with <10% TWL did not have significantly lower cTWL compared to those with >10% preoperative TWL (<10%:24.1±%1.5%, ≥10%:26.5%±1.7%, p=0.3).

Conclusions: 35% of patients were on long-term semaglutide therapy. Preoperative TWL was correlated with postoperative TWL while on semaglutide therapy. However, patients with <10% preoperative TWL on GLP-1 did not have significantly worse weight loss. These findings suggest that prior response to semaglutide therapy can predict sleeve gastrectomy weight loss and SG can provide salvage therapy to those patients who have limited response to semaglutide.

BXPWB98WGL

OUTCOMES OF BARIATRIC SURGERY FOLLOWED BY COMPLEX ABDOMINAL WALL RECONSTRUCTION IN PEOPLE WITH CLASS III OBESITY

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Introduction: Obesity is a risk factor for increased post operative complications and recurrence after hernia repair, and class III obesity is sometimes considered prohibitive for elective hernia operations. This becomes uniquely challenging for the subset of patients with complex abdominal wall hernias (CAWH) and management practices vary widely. This study describes the outcomes of a large cohort of high-risk patients with CAWH who underwent bariatric surgery prior to hernia repair.

Methods: Retrospective review of a large tertiary healthcare system database for patients with CAWH and BMI ≥40 who underwent bariatric surgery (2010-2021) in preparation for their open complex abdominal wall reconstruction (CAWR). All hernia repairs consisted of an open posterior component separation with bilateral transversus abdominus release and mesh.

Results: Fifty patients (65% female, mean age 59.6±24.9, mean BMI 48.8±20.2 kg/m2) met the study criteria. The average BMI at time of hernia repair was 35.8 kg/m2, representing a 26.6±24.1% reduction since bariatric surgery. The average time to CAWR from bariatric surgery was 21.7 months. There were seven (14%) unplanned hernia repairs due to bowel obstruction since bariatric consultation. Post hernia repair, there were seven (14%) infectious complications requiring intervention. There was one mortality post hernia repair within 30 days from cardiac arrest. There were two (4%) hernia recurrences found on one year follow up, both requiring a second repair.

Conclusion: To our knowledge this is the largest patient series describing outcomes of patients with BMI ≥40 who have undergone bariatric surgery in preparation for open CAWR.

Our study provides new insights on outcomes and complications between the time frame of these two operations in this high-risk population.

DLA04VY0G5

ROBOTIC-ASSISTED VS. LAPAROSCOPIC BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH: A COMPARATIVE STUDY OF INTRAOPERATIVE AND POSTOPERATIVE OUTCOMES

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Introduction: [Biliopancreatic diversion with duodenal switch (BPD/DS), is a standard treatment for severe obesity, often performed using laparoscopic techniques. Roboticassisted approach has emerged as an alternative, offering improved precision, but its impact on outcomes compared to traditional laparoscopic technique remains unclear.]

Methods: [We analyzed MBSAQIP data (2020-2023) for BPD/DS cases (CPT 43845) performed via laparoscopic (LDS) or robotic-assisted (RADS) approaches, excluding single anastomosis duodeno-ileal bypass (SADI) cases. We compared BMI, intraoperative factors, and postoperative outcomes using Chi-square tests, Fisher's exact test, and ttests.]

Results: [From 2020 to 2023, 10,101 BPD/DS cases (CPT 43845, excluding SADI) were analyzed, with 3,758 RADS (37.2%) and 6,343 LDS (62.8%) cases. The RADS cohort had a higher BMI (51.2 vs. 48.7, $p < 0.01$) and longer operative time (176 vs. 130 minutes), but RADS operative time decreased by approximately 15 minutes per year. Surgeons were more likely to perform anastomosis leak tests (51.2% LDS vs. 31.5% RADS, $p < 0.01$) and place drains (14.1% LDS vs. 9.4% RADS, $p < 0.01$) in LDS cases. Conversion rates were similar. LDS patients had higher rates of emergency department visits (5.1% vs. 3.6%, $p = 0.01$) and readmissions (3.9% vs. 2.3%, $p < 0.01$). Reoperation and complication rates were comparable between the two groups.]

Conclusion: [These findings suggest that the robotic-assisted approach in BPD/DS may offer a viable and effective alternative to traditional laparoscopy, particularly as surgeon experience and efficiency improve over time. Also, RADS patients were less likely to visit the emergency department or be readmitted to the hospital within 30 days postoperatively, suggesting a potential difference in short-term recovery between the two approaches.]

DLZ4VBP4L4

12-YEAR OUTCOMES OF BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH

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Introduction: Biliopancreatic diversion with duodenal switch (BPD-DS) is a durable and effective treatment for obesity; however, literature remains scarce regarding its long-term outcomes.

Methods: A retrospective single-center study identified patients who underwent BPD-DS between January 2008 and December 2014. Data collected and analyzed were weight loss outcomes, obesity-related medical condition resolution and recurrence rates and complication rates. A paired-sample t test, Kaplan-Meier curve and multivariate logistic regression were conducted for statistical analysis.

Results: 8 patients were included with a mean preoperative age of 47.48 years and BMI of 57.33 kg/m2 (Table 1). Average follow-up time was 11.6 years with a 50% follow-up rate. Mean percentage total weight loss (%TWL) was 36.50% ($p < 0.001$) at 12 years and was consistently >20% and significant throughout follow-up (Figure 1). Regression analysis showed that preoperative diabetes and a maximum %TWL at 2 years were significant ($p < 0.05$) predictors of successful weight loss. There was a 64% and 50% rate of >10% and >20% weight recurrence from nadir weight postoperatively, respectively. Obesity-related medical condition resolution rates were 86.5%, 60.7% and 60.0% while recurrence rates were 3.1%, 38.2% and 28.6% for diabetes, hypertension and hyperlipidemia, respectively (Figure 1). The 30-day and late complication rates were 33.7% and 75.5%, respectively. The most common late complications were malnutrition / micronutrient deficiencies and ventral hernia.

Conclusion: BPD-DS offers durable long-term weight loss results and promising obesity-related medical condition resolution rates; however, its safety profile warrants regular follow-up with close monitoring for nutritional parameters.

QDR7B947Z0

INTRAOPERATIVE IDENTIFICATION TECHNIQUES FOR TYPE 1 HIATAL HERNIAS DURING SLEEVE GASTRECTOMY

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Regardless of the decision to repair a type 1 hiatal hernia at the time of sleeve gastrectomy, intraoperative identification of hiatal hernias can be difficult. Even when identified on preoperative workup such as endoscopy or upper GI swallow study, hiatal hernias during surgery can easily be missed. In spite of the controversy surrounding the action to repair a type 1 hiatal hernia concurrently with a sleeve gastrectomy, this video demonstrates three different investigative techniques for intra-operative identification of sliding hiatal hernias.

These include 1. Assessment for herniation of the dog-ear of the staple line/angle of his into the mediastinum after completion of the stapling of the greater curve of the stomach; 2. Proactive investigation of a posterior fat pad along the stomach that can obscure a hiatal defect; and 3. Active placement the fundus of the stomach into the mediastinum after division of the greater curve vasculature, noting the laxity and size of the mediastinal space/propensity for the stomach to remain within the space and not fall back into its normal anatomic position after placement. More research is needed to determine if concurrent repair significantly reduces post-operative GERD symptoms in comparison to those who do not receive a repair at the time of sleeve gastrectomy and whether the benefits of repair are durable and outweighs the potential risks.

DN6L6DYLN0

REDEFINING CLAVIEN-DINDO CLASSIFICATION IN MBSAQIP: A COMPARATIVE ANALYSIS OF LAPAROSCOPIC AND ROBOTIC SLEEVE GASTRECTOMY

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Introduction: The Clavien-Dindo classification (CDC) categorizes complications based on required therapeutic interventions. Previous studies using MBSAQIP data arbitrarily assigned complications to CDC grades, limiting standardization. The comparative safety of robotic sleeve gastrectomy (RSG) and laparoscopic sleeve gastrectomy (LSG) yielded inconsistent results. This study aimed to assign MBSAQIP complications to CDC grades based on treatment details and compare 30-day outcomes of RSG and LSG.

Methods: A retrospective analysis of the MBSAQIP database (2020-2023) comparing primary LSG and RSG. CDC grades were assigned based on complication description and treatments documented in reoperation and reintervention files. The comprehensive complication index (CCI, range: 0-100), which quantifies cumulative postoperative complications, was calculated, with CCI $\geq$26.2 defined as high. Outcomes were compared using t-test/ranksum and Chi-square/Fisher's exact tests. Multivariate regression assessed the relation between surgical approach and CDC grades.

Results: Among 480,280 patients, 73% underwent LSG and 27% RSG. RSG cohort had higher BMI (45.3 vs. 44.8 kg/m2, $p<0.001$), greater proportion of Black patients (24.2% vs. 21%, $p<0.001$), and more comorbidities (1.7 vs 1.6, $p<0.001$). Complication rates were higher in RSG compared to LSG: any CDC grade (7.3% vs. 6.9%, $p=0.002$), CDC I/II (5.9% vs. 5.6%, $p<0.001$), CDC IVa (0.6% vs. 0.5%, $p=0.008$), high CCI (1.6% vs. 1.4%, $p<0.001$). However, after adjusting for demographics and comorbidities, there was no evidence of significant differences between the two groups in any CDC grade (OR 1.017, 95% CI: 0.990–1.044, $p=0.226$) or high CCI (OR 1.057, 95% CI: 0.999–1.119, $p=0.054$).

Conclusion: This is the first study assigning MBSAQIP complications to CDC grades based on treatment details. There were no

significant differences in CDC grades or high CCI between RSG and LSG, suggesting that both procedures have comparable safety profiles.

GBPRXN8RBV

RACIAL DISPARITIES IN MINIMALLY INVASIVE REVISIONAL BARIATRIC SURGERY: AN MBSAQIP 2020–2023 ANALYSIS

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Introduction: Disparities in outcomes following metabolic and bariatric surgery (MBS) are well-documented, but their impact on revisional procedures remains unclear. This study evaluates outcomes among different racial groups following revisional MBS.

Methods: A retrospective analysis of the MBSAQIP database (2020–2023) was conducted. Adult patients undergoing minimally invasive (laparoscopic or robotic-assisted) revisional MBS were stratified into non-Hispanic White (NHW), non-Hispanic Black (NHB), and Hispanic groups. Demographics, perioperative variables, and 30-day outcomes were analyzed. Multivariate logistic regression was used to calculate odds ratios (ORs) for primary outcomes with NHW patients as the reference group.

Results: Among 15,719 patients, 58% were NHW, 25% were NHB, and 17% were Hispanic. Mortality rates were higher in NHB patients (0.3%) compared to NHW (0.14%) and Hispanic patients (0.08%), but not statistical significance (OR 2.17, 95% CI: 0.92–5.13, p = 0.077). Morbidity (NHB OR 0.92, 95% CI: 0.77–1.09, p = 0.331; Hispanic OR 0.87, 95% CI: 0.70–1.08, p = 0.210) and serious events (NHB OR 0.96, 95% CI: 0.81–1.13, p = 0.620; Hispanic OR 0.85, 95% CI: 0.70–1.68, p = 0.135) were comparable across the groups.

Conclusion: While a higher proportion of minimally invasive revisional bariatric surgery patients are NHW, postoperative outcomes, including mortality, morbidity, and serious events, are similar across racial groups. Addressing access barriers for underrepresented groups is essential and further research should explore factors influencing these disparities.

RVDQRWPQ64

CONVERSION FROM ONE-ANASTOMOSIS GASTRIC BYPASS (OAGB) TO ROUX-N-Y GASTRIC BYPASS (RYGB) DUE TO WEIGHT RECURRENCE

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We present a 29 year old patient with past Medical history of a Sleeve gastrectomy in 2015 and a one anastomosis gastric bypass in 2019. Patient presented with a recurrent weight gain. At the evaluation time patient weighted 145 kg and a 47.5 kg/m2 BMI. We performed a conversion surgery from a One anastomosis gastric bypass to a Roux en Y gastric Bypass.

During the surgery the intraoperative findings were a 5cm gastric pouch, 150cm biliary limb and a 700cm common channel. After the conversion we tailored a Roux en Y gastric bypass with a 200cm alimentary limb, a 150cm biliary limb, a 500cm common channel and a total alimentary limb of 700cm.

After the procedure the patient presented a satisfactory evolution and was discharged home.

Link https://drive.google.com/file/d/1P6zQ2rnNFo3P60dEB9o98CQNvgcj1PkZ/view?usp=drivesdk

GK5504Z5KL

OUTCOMES OF PRIMARY BARIATRIC SURGERY IN PATIENTS WITH HEART FAILURE: ANALYSIS OF 180,544 MBSAQIP CASES

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Introduction: As obesity-related heart failure becomes increasingly prevalent, understanding optimal procedure selection and outcomes of bariatric surgery in this population is essential. This study analyzes procedure-specific outcomes and cardiac complications in heart failure patients undergoing primary bariatric surgery.

Methods: Using the 2023 MBSAQIP database, we analyzed primary laparoscopic bariatric procedures in patients with and without heart failure. We compared procedure distribution, cardiopulmonary outcomes, and predictors of 30-day serious complications between groups.

Results: Among 180,544 patients, 2,842 (1.6%) had heart failure. Heart failure patients were older (53.3 vs 42.8 years, $p<0.001$) with higher BMI (48.6 vs 45.0 kg/m^2, $p<0.001$).

Procedure distribution differed significantly between heart failure and non-heart failure patients (RYGB: 29.3% vs 27.9%, SG: 70.7% vs 72.1%, $p=0.091$). Heart failure patients experienced higher rates of cardiac events (1.3% vs 0.1%, $p<0.001$), acute kidney injury (0.4% vs 0.04%, $p<0.001$), and myocardial infarction (0.3% vs 0.1%, $p<0.001$). Length of stay was longer in heart failure patients (1.9 vs 1.2 days, $p<0.001$). On multivariable analysis, heart failure was the single greatest independent predictor of serious complications (OR 1.81; 95%CI 1.55 – 2.13; $p<0.001$) after adjusting for covariates.

Conclusion: Heart failure, occurring in nearly 2% of all elective bariatric cases, is one of the strongest independent predictors of serious complications within 30-days of surgery.

Careful attention to cardiac-specific complications and consideration of procedure selection based on patient risk factors may optimize outcomes in this population.

WXKJ4D5JGZ

REPAIR OF GIANT PARAESOPHAGEAL HERNIA CONTAINING GASTROJEJUNOSTOMY (GJ) AND REVISION OF GJ

Michael Rouse *MedStar Franklin Square Hospital*; Bestoun Ahmed *University of Pittsburgh Medical Center*

Introduction: 42 year old female with a history of open RYGB complicated by a strictured gastrojejunostomy ulcer, gastro-gastric fistula, and paraesophageal hernia containing the pouch and Roux limb who presented electively for hernia repair and gastrojejunostomy revision.

Methods: We dissected peri-gastric fat out of the paraesophageal hernia and off the left diaphragmatic crus. We separated the liver from the gastric remnant. A cruroplasty was performed after successful reduction of the herniated contents into the intra-abdominal cavity.

Revision of the GJ was then performed via partial gastrectomy. The middle of the gastric body was chosen as the distal margin. The retrocolic retrogastric Roux limb was transected. The distal gastric pouch was used as the proximal transection margin.

The end of the Roux limb was approximated to the new gastric pouch using a running layer of outer posterior suture. An enterotomy and a gastrostomy was made. A 60mm blue load stapler was used to create an 2cm long GJ. The common enterotomy was closed. A final outer anterior running suture layer was performed. An esophagopexy was done to decrease risk of a recurrent paraesophageal hernia.

Results: Postoperatively, she tolerated liquids and was discharged home on POD#1. She was readmitted on POD#15 with abdominal pain. A CT scan showed a small left pleural effusion. She was discharged home on POD#16.

Conclusion: 42 year old female with a history of previous open RYGB complicated by a symptomatic GJ ulcer, gastro-gastric fistula, and PEH who underwent robotic repair of PEH and GJ revision.

X87JGQ9JAN

STRAIGHT BUT NOT NARROW - LEARNING POINTS FROM A CASE OF OBSTRUCTION AT THE JEJUNO-JEJUNAL ANASTOMOSIS AFTER ROUX-EN-Y GASTRIC BYPASS

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Introduction: A 58-year-old female with a BMI of 39.59 and comorbidities including gastroesophageal reflux disease, Type 2 Diabetes, hypertension, asthma, obstructive sleep apnea, and hiatal hernia underwent an elective Roux-en-Y gastric bypass with hiatal hernia repair.

Postoperatively, she required revisional surgery due to obstruction at the jejuno-jejunal anastomosis, emphasizing the need for technical precision during key steps of this procedure.

Method: The index surgery utilized the Optiview technique for subcostal abdominal access in the left midclavicular line. One 12mm and three additional 5mm ports were placed. A side-toside stapled jejuno-jejunal anastomosis was created with stapled closure of the common enterotomy. The mesenteric defect was closed with 2-0 Surgidac. The patient was discharged on postoperative day 1 but returned on day 4 with symptoms of obstruction.

Revisional surgery confirmed a narrowed and kinked anastomosis with dilated Roux limb.

A new hand-sewn anastomosis was created proximal to the original site, along with a second stapled anastomosis between the biliopancreatic limb and the common channel to ensure adequate enteric flow.

Results: The new anastomoses restored enteric flow through both limbs into the common channel.

The patient tolerated stage 1 bariatric liquids by postoperative day 2 and progressed to stage 3 bariatric diet by her 2-week follow-up.

Conclusion: This case underscores the importance of meticulous attention to technique during the creation of the jejuno-jejunal anastomosis and closure of the mesenteric defect.

Preserving anastomotic diameter and careful alignment of mesenteric defect closure could mitigate the risk of postoperative complications and the need for revisional surgery.

GLB6GMN6LD

UNPACKING THE GENDER GAP: EMERGING TRENDS IN MALE METABOLIC & BARIATRIC SURGERY

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Introduction: Metabolic & Bariatric Surgery (MBS) remains the most effective and durable treatment for obesity and its comorbid conditions. Despite similar prevalence of obesity in males and females, nearly 80% of MBS patients are female resulting in significant sex disparity. Males present at an older age, with higher BMIs, and more comorbid conditions. We aim to evaluate trends in MBS patient populations specifically as it pertains to biologic sex.

Methods: A retrospective analysis was performed using MBSAQIP PUF database from 2015-2023 to evaluate sex-specific trends in age, BMI, race, and comorbid conditions over time.

Results: Over the study period, the number of females who had MBS increased by approximately 30,000 per year, while the increase in number of males per year was only about 3,000.

Percentage of females increased from 78.6% (2015) to 82.2% (2023). When compared to females, males were consistently older, had higher BMIs, were more likely to be white, and had higher rates of diabetes, hypertension, hyperlipidemia, and sleep apnea. Trends in patient characteristics at time of surgery were similar in both males and females including: 1.5 year decrease in mean age, 3% increase in Black and 8% Hispanic patients, and 3% and 4% lower rates of patients with diabetes and hypertension, respectively.

Conclusion: This study identifies a widening disparity in the number male and female MBS patients. Our study highlights the need for effective strategies to capture more male patients who are

candidates for MBS. Future studies are needed to further elucidate potential bias and barriers to this specific patient population.

4AQJBDZJYX

ADHESIOLYSIS AND GASTROPEXY: MANAGEMENT OF UNIQUE EARLY COMPLICATION POST LAPAROSCOPIC SLEEVE GASTRECTOMY

Rachael Barnes *Westchester Medical Center*; Dosuk Yoon *Westchester Medical Center*; Kiran Moorthi *NYMC*

Introduction: Laparoscopic sleeve gastrectomy is the most common bariatric surgery performed in the United States due to ease of surgical technique, patient satisfaction, and minimal complication rates. Early postoperative complications following sleeve gastrectomy most commonly involve hemorrhage, and leak. We present the unique case of post-sleeve partial obstruction due to early gastro-hepatic adhesion formation.

Methods: A 29 year old female with initial BMI 43.6 underwent laparoscopic sleeve gastrectomy and paraesophageal hiatal hernia repair. Post-operative non-barium swallow study demonstrated free passage of contrast from esophagus to duodenum with mild gastroesophageal reflux noted to the mid esophagus. Patient recovered well and was discharged home two days post-operation. Three weeks after the index gastrectomy, the patient presented with nausea vomiting and oral intolerance. Initial concern for early stricture was raised, and the patient received extensive workup and nonoperative management including two endoscopic dilations. However, her oral intolerance persisted despite these measures.

Results: Diagnostic laparoscopy revealed a gastro-hepatic adhesion along the distal staple line of the sleeve causing torsion of the stomach. Lysis and gastropexy offered immediate symptomatic relief.

Conclusion: Staple line adhesions can be an early postoperative complication and may cause partial obstruction. Early diagnostic laparoscopy is a useful tool for managing post-operative complications following failure of non-operative procedures.

509VGQ7VLJ

HIATAL HERNIA REPAIR IN A SG PATIENT WITH PRIOR GASTRIC BAND WITH LIGAMENTUM TERES AUGMENTATION

Benjamin Clapp *El Paso Bariatric Surgery*; Daniela Wong *University of Texas Health Science Center at San Antonio*; Jonathon Gevorkian *Texas Tech HSC Paul Foster School of Med*

Video description: Gastroesophageal reflux (GERD) can occur after sleeve gastrectomy (SG) and cause significant problems. Usually GERD after SG will resolve with medical therapy but may require surgery. The surgical treatment is variable, depending on patient characteristics including weight loss, presence of esophagitis, and presence of hiatal hernia. This video describes a robotic hiatal hernia repair in a patient with sleeve migration and hiatal hernia who had previously had an adjustable gastric banding. The patient was a 50-year-old female with a body mass index of 27 kg/m2. The video includes hiatal hernia repair and a ligamentum teres augmentation of the hiatus.

5L56GNY69W

ROBOTIC JEJUNOSTOMY TUBE PLACEMENT AFTER SLEEVE GASTRECTOMY CONVERSION TO ROUX-EN-Y GASTRIC BYPASS FOR FAILURE TO THRIVE—LESSONS LEARNED

Jonathan Huynh *First Surgical Consultants*; Ajay Upadhyay *Bass Medical Group*; Michael Sung *Bass Medical Group*; Adeel Ashfaq *Bass Medical Group*

This is a video case report of a 46-year-old female with a history of a Sleeve gastrectomy subsequently revised to a Roux-en-Y gastric bypass for severe GERD, hiatal hernia, and weight regain (two years after her original Sleeve gastrectomy). Six years after her revision surgery she presented with nausea, intermittent vomiting, poor oral intake, and epigastric pain leading to failure to thrive (BMI dropped from 31 to 16) requiring long-term supplemental parenteral nutrition. Extensive work up including UGI and small bowel follow through, multiple upper endoscopies including dilations, diagnostic laparoscopy, lysis of adhesion, and resection of Candy Cane over 10 months did not resolve her poor oral intake requiring continuation of supplemental TPN subsequently resulting in transaminitis leading to a decision to place a robotic jejunostomy tube in the biliopancreatic limb. At 72 hours from jejunostomy tube insertion, she required jejunostomy tube replacement due to ruptured balloon. She was started on tube feeds after reinsertion. Lessons learned are that the remnant stomach is not an option for feeding access in most cases of gastric sleeve conversion to Roux-en-Y gastric bypass, robotic approach is ergonomic, and jejunostomy tube balloon should be deflated prior to suturing to prevent iatrogenic balloon rupture.

JZ4QPM0QXR

THE IMPACT OF LAPAROSCOPIC SLEEVE GASTRECTOMY ON DIABETES MELLITUS REMISSION AND WEIGHT REDUCTION: A SINGLE ACADEMIC CENTER RETROSPECTIVE COHORT STUDY

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Introduction: Laparoscopic sleeve gastrectomy (LSG) is the most common bariatric procedure. The aim of this study is to assess what pre-operative factors affect BMI reduction and DM remission after LSG.

Methods: This was a retrospective cohort study. 1242 charts were reviewed for demographics, preoperative and one-year post-operative BMI, hemoglobin A1c, and diabetes medication usage. SAS was utilized to assess BMI and hemoglobin A1c changes from

pre- to postoperative setting via paired t-test. DM status/type was assessed via analysis of variance.

Results: Mean age and pre-operative BMI were 45 years and 44.5 44.5 kg/m2, respectively. Preoperatively, 44% of the population did not have diabetes, 25% had pre-diabetes, and 31% had T2DM. For diabetics, 17% were diet-controlled, 29% were insulin-dependent, and 54% utilized oral antihyperglycemic (OA). Patients with pre-op DM had significantly lower BMI reduction (9.39 ± 4.34) compared to patients with pre-op pre-diabetes (11.42 ± 4.36) and patients without diabetes (11.88 ± 4.20) ($p<0.001$). BMI reduction did not significantly differ between pre-diabetic and the non-diabetic groups ($p=0.40$). There was a significant difference in A1c reduction when comparing pre-op diabetes management ($p<0.007$); IDDM 0.4 ± 1.0, OA 0.8 ± 1.1, diet 1.0 ± 0.6.

Conclusions: There was significantly less BMI reduction among diabetic patients compared to nondiabetic patients after LSG. Among individuals with diabetes, those with insulin-dependent disease showed the least reduction in hemoglobin A1c and were less likely to achieve medical remission after LSG.

7DKNWR5N04

PERFORATION WITH A MALIGNANT TWIST: UNEXPECTED DIAGNOSIS OF GASTRIC ADENOCARCINOMA

Christopher Carnabatu *UT Health Houston*; Clara Zhu *UTHealth Houston*; John Primomo *UTHealth Houston*

Introduction: The case presented herein involves a 43-year-old female with a history of laparoscopic Roux-en-Y gastric bypass with revision of her gastrojejunostomy shortly after the index procedure due to refractory marginal ulcers. She presented 13 years later with a 2-month history of postprandial pain, nausea, vomiting, hematemesis, and weight gain.

Method: The patient underwent diagnostic laparoscopy with laparoscopic-assisted endoscopy.

Extensive adhesiolysis was necessary to define the anatomy of the Roux limb, gastric pouch, and remnant stomach. Intraoperative findings revealed significant inflammation and dense, indurated tissue planes surrounding the duodenal bulb. As a result, biopsy of the pylorus and duodenum were obtained rather than proceeding with the originally planned resection of subtotal gastrectomy with duodenectomy.

Results: Frozen section confirmed poorly differentiated adenocarcinoma of upper gastrointestinal origin. Given these findings, a gastrostomy tube was placed to manage the patient's significant gastric distention and obstruction. The patient tolerated the procedure well and was discharged with a plan for further oncologic management.

Conclusion: This unusual case highlights the diagnostic challenges of gastric malignancy and remnant stomach/biliopancreatic surveillance in patients with bariatric anatomy. Although initial findings suggested benign pathology, intraoperative biopsy unexpectedly confirmed malignancy, necessitating a change in the surgical approach. Ultimately, after involvement of surgical oncology, her staging workup was complete, and she underwent a robotassisted Whipple procedure. She has done well thus far with plans for port placement and adjuvant chemotherapy.

L0D486A40K

REPAIR OF DE-NOVO HIATAL HERNIA POST ROUX-EN-Y GASTRIC BYPASS (RYGB) IS ASSOCIATED WITH SUBJECTIVE IMPROVEMENT OF REFLUX SYMPTOMS

Lisa Brubaker *Baylor College of Medicine*; Thomas Grist *AdventHealth*; Mark Ward *AdventHealth*; John Paul Gonzalvo *AdventHealth*; John Dietrick; Michel Murr *AdventHealth*

Introduction: Gastric pouch migration and entrapment in a hiatal hernia can occur years after RYGB and is associated with symptoms that are often refractory to medical therapy.

We report herein the outcomes of hiatal hernia repair (HHR) in patients with prior RYGB.

Methods: We reviewed data from consecutive patients (2014-24) who underwent HHR after the index RYGB. HH was diagnosed in all patients by upper gastrointestinal contrast study, computed tomography scan, and/or esophagogastroduodenoscopy. Incidence of patient-reported symptoms (nausea, vomiting, dysphagia, abdominal pain, regurgitation, and heartburn) were compared with the McNemar and Wilcoxon rank tests. Data are reported as median and quartiles [25th, 75th percentile].

Results: In total, 50 patients (F=47; M=3), 61 [54, 66] years old, underwent HHR 12 [7, 18] years after the index RYGB. Up-to-date follow-up was complete in 48 of 50 patients (96%).

At a median of 8 [2, 19] months post-operatively, there was a statistically significant reduction in nausea, vomiting, dysphagia, abdominal pain, regurgitation, and heartburn (all $p<0.001$ vs preop; Fig1). The frequency of symptoms decreased from a median 5 [3,7] symptoms pre-operatively to 1 [0,2] symptom post-operatively ($P < 0.001$); 23 patients (46%) reported resolution of all symptoms, and 2 patients (4%) reported no resolution of symptoms. Although heartburn and abdominal pain decreased significantly after HHR (80% vs 20%, and 68% vs 24%; all $p<0.001$), they remained the most frequently reported symptoms after HHR.

Conclusion: Repair of post-RYGB, de-novo hiatal hernia is an effective treatment and significantly improves symptoms of nausea, vomiting, dysphagia, abdominal pain, regurgitation, and heartburn.

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TWO-YEAR OUTCOMES COMPARISON OF MEDICAL VERSUS SURGICAL OBESITY TREATMENT AMONG ADOLESCENT PATIENTS WHO ATTENDED METABOLIC AND BARIATRIC SURGERY TEACHING SESSIONS

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Introduction: Adolescents referred for Metabolic and Bariatric Surgery (MBS) at Stanford Children's Health attend a teaching

session to learn about options for obesity treatment. Patients and their parents then choose a treatment path. This study aimed to evaluate the effects of treatment on patient anthropometrics two years post-teaching session.

Methods: Patients who attended teaching sessions from January 2016 to July 2022 were evaluated.

Short-term outcomes in this cohort were previously presented at ASMBS 2023. This study reports two-year outcomes of patients who chose MBS, medical management with antiobesity medications (AOM), or neither MBS nor medications. Kruskal-Wallis rank sum test and Fisher's exact test were used.

Results: Of 214 eligible patients, 125 underwent MBS, 29 took AOM, and 60 opted for neither MBS nor AOM. Average ages of patients by treatment type were 15.3, 14.8, and 14.8 years, respectively. Neither gender nor ethnicity were different among the groups. MBS patients lived significantly further from the hospital (mean distance 125 miles, $p=0.020$). The initial BMI among the groups was similar (46.8 kg/m2 - 47.9 kg/m2). The average BMI reduction was highest in MBS patients (-11.6 kg/m2) compared to 0 reduction in AOM patients and BMI gain of +2 kg/m2 in those who chose neither ($p<0.001$). MBS patients reduced BMI percentile by an average of -45%, compared to -8% in AOM patients, and 0% in those who chose neither ($p<0.001$).

Conclusion: Two years post-teaching session, patients who underwent MBS had significantly greater BMI reduction than those managed with AOM and those who opted for neither MBS nor AOM. These findings may inform adolescents determining treatment options for obesity.

LMJ9BLZ94N

OUTCOMES OF INFLAMMATORY BOWEL DISEASE AFTER BARIATRIC SURGERY

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Introduction: The rising prevalence of obesity has created an increasing population of patients seeking bariatric surgery with concurrent inflammatory bowel disease (IBD). The impact of bariatric surgery on IBD progression and treatment regimens remains poorly characterized. This study investigates the course of IBD and treatment following bariatric surgery.

Methods: A retrospective review of patients who underwent bariatric surgery with known diagnosis of IBD at an academic center in the US between January 2000 and June 2023 was conducted.

IBD diagnosis was confirmed through clinical and endoscopic findings. Demographics, symptoms, and medication regimens were analyzed preoperatively and at 12-month follow-up.

Results: 51 patients were identified (N=39 female). 26 had ulcerative colitis, 23 had Crohn's disease and 2 had indeterminate colitis. Thirty-seven underwent sleeve gastrectomy, 12 underwent Roux-en-Y gastric bypass, and 2 underwent adjustable gastric band. Mean BMI reduction 12 months postoperatively was 12.8 kg/m2 (SD 5.6). 30-day complications occurred in 12 patients (23.5%), though no patient required reoperation or reintervention. 70.6% (36/51) of patients were on IBD medications pre-surgery, and 54.5% (24/44) at 12- month follow-up. Of 44 patients with active disease who were eligible for assessment of disease improvement, 28(63.6%) experienced improvement in one or more IBD symptoms by 12 months. Greater weight loss was not associated with improvement of symptoms (OR 0.98, P=0.774) (Table I).

Conclusion: In addition to substantial weight loss, bariatric surgery can help mitigate IBD severity in some patients. Further studies are needed to determine whether weight loss independently influences IBD activity and to establish the preferred bariatric intervention in this patient population.

NJQQD6RQJV

ENDOSCOPIC GASTRIC STENTING FOR POST-SLEEVE GASTRECTOMY LEAKS: A REVIEW OF 57 CASES

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Introduction: Sleeve gastrectomy (SG) is the most performed bariatric procedure worldwide. Up to 3% of patients experience post-SG leaks. Due to potential complications, endoscopic gastric stents are debated for leak management.

Objective: To share our experience managing post-SG leaks with endoscopic stents.

Methods: All SG leak patients treated with stents from 2012 to 2017 were retrospectively reviewed, and the following variables were studied: demographics, leak timing, the site of fistulous openings, healing rates, stent duration, interventions, and complications.

Results: Fifty-seven patients (mean age 35.8 ± 10.2 years, mean BMI 42 ± 8.6 kg/m2) treated with fully covered stents were analyzed. The leaks included 15 acute (26.3%), 34 early (57.9%), and nine late-onset (15.8%), primarily located at the gastroesophageal junction. Sixty-eight stents were placed, averaging 1.2± 0.5 stents per patient for about 9.1 weeks. Healing was achieved in 98.1% without surgical intervention. No mortality occurred during the study period. However, complications were reported: stent migration occurred in 28.1% of patients, obstruction in 15.8%, and bleeding in 3.5%. Two life-threatening complications were recorded: one patient developed stent erosion into the right pleura, resulting in massive pleural effusion, while another experienced stent erosion into the aorta, causing a life-threatening aorto-gastric fistula. Both cases were successfully managed.

Conclusion: Endoscopic gastric stenting is an effective method for managing leaks after sleeve gastrectomy; however, a complication rate of 54.4% was observed. There is a risk of lifethreatening complications such as aortic-gastric and esophageal-pleural fistulas associated with gastric stenting.

PNDM9V5MLB

USE OF GLUCAGON-LIKE PEPTIDE 1 AGONISTS (GLP-1'S) AMONG INDIVIDUALS UNDERGOING BARIATRIC SURGERY IN THE UNITED STATES: A RETROSPECTIVE COHORT STUDY

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Introduction: Although randomized and well-controlled studies demonstrate the efficacy of GLP1s for weight management after bariatric surgery, little is known regarding the frequency and predictors of such use.

Method: We used TriNetX, a large and diverse electronic health records repository, to characterize the care of adults undergoing bariatric surgery in the United States from 2015 to 2021. We used descriptive statistics and Kaplan Meier analysis to quantify GLP-1 use after surgery, and Cox proportional hazards model to identify factors associated with GLP1 initiation. We also used linear mixed models to examine the association of post-surgery BMI with GLP-1 initiation.

Results: Among 37,643 individuals undergoing bariatric surgery without GLP-1 use during the 12-months prior to surgery, 6,335 (16.8%) initiated GLP-1's after surgery. Of initiators, approximately 23% began within two years of surgery, with the remainder initiating GLP1s during years 3-4 (36%), years 5-6 (27%) or after 6 years (14%). The overall median BMI before GLP-1 initiation was 37.1 kg/m2 (interquartile range [IQR] 32.8 – 41.9), and did not differ among ultimate GLP-1 initiators and their counterparts. In regression models, older individuals (adjusted hazard ratio [aHR] 1.09, 95% confidence intervals [CI] 1.01 to 1.17), females (aHR 1.71, CI 1.59 to 1.84) and those undergoing sleeve gastrectomy (aHR 1.57, CI 1.48 to 1.66) were more likely to initiate GLP-1 than their counterparts. Each 1 kg/m2 increase in pre-surgical BMI was associated with a 3% increase in GLP-1 initiation risk (aHR 1.03, CI 1.02 to 1.04).

Conclusion: Among this cohort, approximately one in eight individuals undergoing bariatric surgery initiated a GLP-1. GLP-1 initiation varied by type of surgery, sociodemographic factors, and baseline clinical characteristics.

QXRL8ANLXD

REVERSE MEDICAL TOURISM: EARLY US EXPERIENCE

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Background: Bariatric medical tourism, as a cheaper alternative to US care, continues to expand while remains problematic when complications occur.

Aim: To understand Mexico market, and to evaluate the feasibility of building high quality, low cost sleeve gastrectomy program in US hospital.

Methods: Data was collected via "secret shopping" of 21 centers (16 Mexico, 5 US). Metrics included cost, surgeon experience, perioperative care, and hospital stay.

Additionally, we surveyed our first 30 patients about their decision-making, and satisfaction.

Results: Mexican clinics cost averaged $4,666 ($3,800-$6,195) for sleeve, versus $14,498 ($8,995-$20,000) in US. Both included 1-2 nights stay and most included perioperative care.

Mexican surgeons' experience was measured by number of gastric sleeves performed and averaged 15,800 lifetime cases (6,000-30,000).

Our patients were 85% female, average age 39 (25-55) years, average BMI 41, 45% white, 39% hispanic, 9% black, and 6% asian. 76% considered surgery in Mexico. Top reasons for choosing our center included cost 90%, US location 35%, and positive surgeon reviews 30%. Only 1 patient chose us for safety concerns abroad.

All patients except 1 (3% stayed for nausea) were discharged next day. Average length of stay 27 hours, time in OR and surgery 76 ± 14 and 50 ± 12 minutes, respectively.

There were no complications, readmissions, need for hydration, re-operations, or reinterventions. No patient needed post-op labs or UGI.

Conclusion: With collaboration between hospital and providers, and flexibility with margins and profits, high quality bariatric surgery can become affordable and medical tourism can be reversed.

WXPRQAWRXK

EMERGENT MANAGEMENT OF AN END STAGE BARIATRIC SURGERY COMPLICATION

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Introduction: This case presents a 35-year-old female with a history of multiple bariatric procedures across the country and persistent complications, culminating in an incarcerated jejunojejunostomy (JJ) anastomosis within a hiatal hernia.

Methods: The patient presented with abdominal pain, nausea, and vomiting, alongside tachycardia, leukocytosis, and lactic acidosis. Imaging showed dilated small bowel and an incarcerated JJ anastomosis in the chest.

Results: Laparoscopy revealed viable bowel herniated into the chest. The bowel was carefully reduced, the crural defect repaired, and a mesenteric defect closed with sutures. A jejunostomy was created via the short limb of the JJ anastomosis. The patient recovered well, with return of bowel function on postoperative day 2 and advancement to a clear liquid diet with supplementation.

Conclusion: This case highlights the challenges of managing end-stage bariatric complications in patients with significant

medical and social complexities in the setting of significant care fragmentation. It underscores the need for careful patient selection and comprehensive follow-up to prevent such outcomes. Emergent surgical intervention and meticulous technique are essential in achieving successful outcomes in these challenging scenarios.

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BARIATRIC SURGERY PHENOM MODEL RESULTS: USING AI TO IDENTIFY PATIENTS WHO WOULD LIKELY SHOW IMPROVED CLINICAL OUTCOMES

Samuel Klinker *Gundersen Health System*; Joshua Pfeiffer *Gundersen Health System*; Brandon Grover *Gundersen Health System*

INTRODUCTION: Nearly 50% of the US population is predicted to have obesity by 2030. Despite improvement in bariatric surgical techniques and outcomes, there is still variation in patient-specific outcomes and access to care. An artificial intelligence (AI) tool could help elucidate risks, benefits, and predict success for individual patients. We propose an AI model can identify ideal bariatric surgical patients based on preoperative data and be applied to individual patient populations.

METHOD: A proof-of-concept pilot study was conducted using the OM1 PhenOM AI module. The AI module was calibrated to measure BMI reduction and comorbid condition resolution after surgery from a national database in patients undergoing sleeve gastrectomy (SG) or Rouxen-Y gastric bypass (RYGB). The PhenOM module was then applied to our institution's patient population and patients were broken down into five strata with higher strata more likely to experience improvement.

RESULTS: The PhenOM AI module was applied to 4,327 patients for SG and RYGB. The ROC curve was 0.80 and 0.72 for SG and RYGB, respectively. The highest strata for likelihood of BMI reduction showed 973 patients for SG and 879 for RYGB. Patients in the highest strata showed 100% likelihood of DM remission. All strata showed significantly decreased CV risk and reduction in blood pressure medications.

CONCLUSION: This AI module successfully identifies which patients have a higher likelihood of BMI reduction and comorbid improvement post bariatric surgery. This new tool can be applied to different patient populations to guide clinical decision making, individualize patient care, and improve access.

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RADIOGRAPHIC ANALYSIS OF ABDOMINAL MUSCLE MASS LOSS FOLLOWING BARIATRIC SURGERY

Andrea Vrionis *University of South Florida*; Sebastian Maletz *University of South Florida*; Salvitore Docimo *University of South Florida*

Introduction: This study investigates the effects of bariatric surgery on the volume of abdominal wall musculature. While such surgeries lead to significant weight loss, they also result in muscle mass decline, which can negatively impact metabolism, bone health, and quality of life.

Method: We conducted a retrospective analysis of preoperative and postoperative CT scans from 29 patients at least 6 months post-surgery. Using 3D Slicer, we measured the volumes of the internal obliques, external obliques, transversalis, psoas major, and rectus abdominis muscles at the L4 level, along with Hounsfield units for density assessment. Statistical significance was determined using a 2-tailed independent t-test ($p=0.05$).

Results: Twenty-nine patients who underwent sleeve gastrectomy or gastric bypass surgery were studied. Significant reductions were observed in the combined areas of the internal obliques, external obliques, and transversalis muscles ($p = 0.008$ right, $p = 0.006$ left), as well as the psoas major muscle ($p = 0.022$ right, $p = 0.035$ left). The left rectus abdominis muscle volume decreased significantly ($p = 0.003$), while the right did not ($p = 0.134$). Postoperatively, the mean Hounsfield unit significantly increased in the right rectus abdominis at L4, but no significant changes were noted in other muscles.

Conclusion: In conclusion, all muscle volumes significantly decreased postoperatively, except for the right rectus abdominis. Aside from this muscle, Hounsfield units showed no significant differences pre- and post-operation, indicating that muscle density remained largely unchanged. These findings underscore the need for effective strategies to mitigate muscle mass loss after surgery.

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METABOLIC DUODENAL SWITCH: A NEW METABOLIC APPROACH

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Introduction: The biliopancreatic diversion with duodenal switch (BPD/DS) is the most effective bariatric surgery for sustained weight loss and comorbidity remission in super-obese patients (BMI $>$ 50 kg/m^2). However, its significant malabsorptive component raises concerns about malnutrition, especially in lower BMI patients.

We hypothesize that the Metabolic Duodenal Switch (MDS), a tailored modification of the classic BPD/DS developed by our team, could deliver comparable results with fewer complications in lower BMI patients. Instead of fixed parameters, MDS customizes the intestinal bypass according to each patient's intestinal length, designating 40% of the total jejunoileal length as the biliopancreatic limb (corresponding to the entire jejunum) and 40% of the ileum as the common channel.

Method: This retrospective study included 50 patients (BMI 30–45 kg/m^2, aged 18–60 years) who underwent the MDS procedure at our institution between 2010 and 2024. Patients with prior bariatric surgery or clinical contraindications were excluded. Postoperative care followed a standardized nutritional protocol. A 13-year follow-up assessed weight loss, comorbidity remission, complications, and mortality.

Results: Of the patients, 75% were women, with a mean BMI of 35.8 $\pm$ 2.3 kg/m^2 and a mean excess weight loss of 57.4% $\pm$ 5.1%. Dyslipidemia, diabetes, and sleep apnea were resolved in 100% of cases, while hypertension improved in 66%. Serum albumin and liver enzyme levels remained normal in all patients.

Vitamin deficiencies were observed for A (14%), B12 (25%), and D (45%), with mild anemia occurring in 18%. There were no cases of stenosis or anastomotic ulcers. Esophagitis was reported in 12%. No mortality was observed.
Conclusion: Our study suggests that MDS is a safe and effective procedure for lower BMI patients, offering good long-term weight loss, high comorbidity remission rate, and a lower complication profile.

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BANDED GASTRIC BYPASS REVISION

Andrew Barnes *Ochsner Health*; Salim Hosein *Ochsner Health*
In this video abstract, we present a patient with a history of a gastric bypass who presented with post-prandial fullness, bloating, and nocturnal emesis. Intra-operatively we discovered a silastic band at her gastrojejunostomy, which was the etiology. The band was removed and the gastric pouch and anastomosis were then revised. Post-operatively she progressed well with complete resolution of her symptoms.

95DRQX9R5D

IMPACT OF PREOPERATIVE HEART FAILURE ON POSTOPERATIVE OUTCOMES IN BARIATRIC SURGERY: LESSONS FROM THE 2023 MBSAQIP DATABASE

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Introduction: Heart failure (HF) significantly contributes to morbidity and mortality, especially in patients with obesity. This study aimed to test the hypothesis that preoperative HF is associated with significant worsening of 30-day postoperative outcomes following metabolic and bariatric surgery (MBS), and posits that preoperative HF is an independent risk factor for postoperative complications.
Methods: 2023 MBSAQIP data was analyzed, comparing operative length, length of stay (LOS), rates of infectious complications, serious complications, major adverse cardiac events (MACE), and mortality using chi-square tests and Wilcoxon rank-sum tests. Propensity matching (1:1) was performed for age, sex, procedure type, prior foregut surgery, and preoperative comorbidities.
Results: Compared to matched controls (n=3,422), HF patients (n=3,422) had similar demographics (age 53.5 vs. 53.8, BMI 48.4 kg/m2). Both groups underwent sleeve gastrectomy more often than Roux-en-Y gastric bypass, with no difference in operative length ($p=0.7271$). HF patients had a significantly longer LOS ($p<0.0001$) and were more likely to experience at least one serious complication (5.26% vs. 3.10%; $p<0.0001$).
Although HF patients accounted for 12.6% of total 30-day mortality events, after adjusting for covariates, there was no significant difference in mortality between HF patients and controls ($p=0.2924$).
Conclusion: Preoperative heart failure is associated with longer LOS and higher likelihood of serious complications following MBS. Heart failure patients undergoing bariatric surgery should be considered high risk for complications and undergo extensive cardiac evaluation and perioperative monitoring.

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ASSOCIATION OF PREOPERATIVE GLYCEMIC CONTROL WITH POSTOPERATIVE OUTCOMES IN SLEEVE GASTRECTOMY AND GASTRIC BYPASS: ANALYSIS OF THE 2017-2022 MBSAQIP DATABASE

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Introduction: Elevated HbA1c is a marker of poor glycemic control in diabetic patients, but its association with surgical outcomes in metabolic surgery is not well established with respect to diabetes severity. This study aimed to evaluate the influence of preoperative HbA1c on post-surgical outcomes in patients undergoing primary laparoscopic sleeve gastrectomy (SG) or Roux-en-Y gastric bypass (RYGB), hypothesizing that poor glycemic control and/or worse diabetes severity would lead to increased postoperative complications.
Methods: Utilizing the MBSAQIP database (2017-2022), primary SG and RYGB cases were analyzed in patients with diabetes (n=106,486), identified by diagnosis or preoperative HbA1c >6.5%. Multivariate logistic regression models with generalized estimating equations were used to assess the effects of preoperative HbA1c on clinical outcomes, controlling for demographics, procedure type, and comorbidities.
Results: There was no significant association between preoperative HbA1c and clinical outcomes for SG or RYGB (Fig 1). Subset analysis revealed increased odds ratios (OR) for serious complications in both non-insulin-dependent (OR:1.04, 95% CI: 1.00-1.09) and insulin-dependent (OR: 1.07, 95% CI: 1.03-1.12) diabetic patients. Insulin-dependent diabetes was also associated with an increased risk of infectious complications (OR:1.05, 95% CI: 1.01-1.10). Stratification by procedure type showed that the association was significant only for RYGB (OR:1.08, 95% CI: 1.02-1.14).
Conclusion: Preoperative HbA1c levels do not significantly impact clinical outcomes overall. Insulin-dependent diabetes, which is suggestive of more advanced disease, is associated with an increased risk of serious and infectious complications, particularly following RYGB. This suggests that managing diabetes, especially for insulin-dependent patients, may improve post-surgical outcomes.

L47WL0DW4Y

DO PATIENTS WITH CLASS IV OBESITY BENEFIT FROM LAPAROSCOPIC ONE ANASTOMOSIS GASTRIC BYPASS MORE THAN DO "REGULAR" PATIENTS? A RETROSPECTIVE COHORT STUDY

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Soroka University Medical Center, Surgery A ward; Ez-Aldin Abu-Zeid *Soroka University Medical Center, Surgery A ward;* Itzhak Avital *Soroka University Medical Center, Surgery A ward*

Introduction: From 2000 to 2005, obesity (BMI over 30) increased by 24%. However, a BMI over 40 increased by 50%, and a BMI over 50 increased by 75%, two and three times faster, respectively. Our study aimed to compare the short—and mid-term outcomes and quality of life measures of patients suffering from Class IV obesity with those who suffer from milder forms of this disease after having a One-Anastomosis Gastric Bypass (OAGB).

Methods: A retrospective cohort study comparing OAGB's safety and effectiveness among patients with a BMI>50 compared to the general population (GP) aged 18-65. BAROS scores, a comprehensive measure of bariatric surgery outcomes, were calculated for all patients.

Results: The data analysis included 225 patients in our database, 25 (11.1%) with a BMI>50. No differences were seen between the groups in complication rates or excess weight loss. When looking at quality of life indices, we found no differences in short—and mid-term complications, weight loss, and quality of life.

Conclusion: The results of OAGB in both groups showed significant long-term weight loss and improved morbidities and quality of life. Our study has demonstrated that OAGB in class IV obesity patients had a similar safety profile as patients with milder forms of obesity. Therefore, we strongly recommend OAGB as a valid and guided option for patients suffering from class IV obesity.

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PRIMARY RYGB WITH A NOVEL DIGITAL SURGICAL ASSISTANT

Henry Mercoli *Elsan Group*

Video presentation: Primary RYGB with a Novel Digital Surgical Assistant

NGAVP0DV89

TRENDS IN POSTOPERATIVE LEAK FOLLOWING SLEEVE GASTRECTOMY AND GASTRIC BYPASS IN MICHIGAN FROM 2007 TO 2023

Ryan Howard *University of Michigan*; Sarah Petersen *Center for Healthcare Outcomes and Policy, University of Michigan*; Arthur Carlin *Henry Ford Health*; Nabeel Obeid *University of Michigan*; Anne Ehlers *University of Michigan*; Oliver Varban *Henry Ford Healt*h; Michael Kia *McLaren Health*; Jonathan Finks *University of Michigan*

Introduction: Although rare, postoperative leak after sleeve gastrectomy (SG) and gastric bypass (GB) results in significant morbidity and potential mortality. It is unclear how the incidence of this outcome has evolved over time and whether it can be avoided.

Methods: We conducted a retrospective study of adults undergoing primary minimally invasive SG and GB from 2007-2023 (n=108,715) using a prospective bariatric statewide registry. The primary outcome measure was a postoperative leak within 30 days after surgery. Multivariable logistic regression was performed to identify factors associated with postoperative leaks.

Results: Among patients in this study, the mean age was 45.1 years and 79.8% were female. A total of 74,271 (68.3%) underwent SG and 34,444 (31.7%) underwent GB. A total of 628 (0.6%) leaks occurred. The overall incidence of postoperative leaks decreased by 0.06 (95% CI 0.04-0.07) percentage points (pp) per year (SG: 0.06 [95% CI 0.03-0.10] pp per year; GB: 0.03 [95% CI 0.01-0.06] pp per year) (Figure). This equates to a relative risk reduction of 57.5% over the 17-year study period. Gastric bypass (aOR 2.46 [95% CI 1.87-3.24]), prior non-bariatric gastric surgery (aOR 5.93 [95% CI 2.57-13.66]), diabetes (aOR 1.35 [95% CI 1.01-1.80]), and smoking in the year before surgery (aOR 1.68 [95% CI 1.14-2.47]) were independently associated with increased risk of leak.

Conclusions and Relevance: Since 2007, there has been a significant decrease in the incidence of postoperative leak in Michigan following bariatric surgery. Prior gastric surgery as well as diabetes and smoking place patients at higher risk for leak.

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ROBOTIC ASSISTED GASTRIC BAND CONVERSION TO SLEEVE AND PEH FOLLOWING A SLIPPED ADJUSTABLE GASTRIC BAND

Maher El Chaar *St Luke's University Hospital and Health Network*; Albert Lwin *St Luke's University Hospital and Health Network*; Eric Stevens *St Luke's University Hospital and Health Network*

We demonstrate a Robotic Assisted gastric band removal and conversion to sleeve gastrectomy in addition to a Paraesophageal hernia repair. The video highlights the necessary steps for a successful band conversion to sleeve mainly complete dissection of the pseudocapsule, takedown of the gastric imbrication, exploration of the hiatus and repair of hiatal hernias in addition to adequate mobilization of the gastric fundus prior to performing a sleeve gastrectomy. The video also highlights some of the technical advantages in using a robotic assisted approach in exploring the hiatus in a redo surgical field.

RKRY6QPY8W

LOW PREOPERATIVE CIRCULATING SECONDARY BILE ACIDS PREDICTS WEIGHT REGAIN AFTER BARIATRIC SURGERY IN MICE

Jerome Anyalebechi *University of California, Davis*; Melanie Reuter *University of California, Davis*; Victoria Lyo *University of California, Davis*; Bethany Cummings *University of California, Davis*

Introduction: Bariatric surgery has been established as the most effective tool for weight loss in people with obesity. However, nearly 20% of people who undergo bariatric surgery do not respond to bariatric surgery with the same degree of weight loss. The predictors for this are not known. Bile acids (BA) are key regulators of systemic metabolism and increased signaling through the BA receptor, TGR5, contributes to metabolic improvements after bariatric surgery in mice . Therefore, we hypothesized that preoperative BA profiles differ between responders and non-responders to bariatric surgery.

Methods: We studied circulating BA levels in male, high-fat diet-fed Tgr5+/+ (WT) and Tgr5-/- (KO) mice before and at 2, 4, and 6 months after vertical sleeve gastrectomy (VSG).

Results: We found two substantially different weight patterns emerged within each group of mice, deemed responders (RES) if they never reached 40g of body weight and non-responders (NR) if they did reach >40g body weight throughout the 6-month study. Total circulating BA levels did not differ preoperatively or postoperatively between responders and nonresponders for both WT and KO mice. However, in the KO mice secondary BA abundance was higher in RES compared with NR (secondary BA as a proportion of total BA: 0.60±0.06 vs 0.40±0.03 , $p<0.05$) prior to VSG. This was driven by a higher abundance of taurodeoxycholic acid and lower abundance of taurochenodeoycholic acid in KO RES compared with KO NR mice.
Conclusion: Together, these data suggest that high preoperative secondary BA levels may predict resistance to weight loss in response to VSG in mice.

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CAUSAL RELATIONSHIP OF OBESITY AND ADIPOSITY DISTRIBUTION ON RISK OF VENTRAL HERNIA

Yan Gu *Fudan University*
General obesity, increased visceral adiposity tissue, waist circumference, and hip circumference rather than subcutaneous adiposity tissue or the waist-to-hip ratio were causally associated with a higher risk of VH. These findings provided a deeper understanding of the role that the distribution of adiposity plays in the mechanism of VH.

Y0ZGM7YG8V

IS HYPERTENSION AND ITS SEVERITY ASSOCIATED WITH RISK OF CARDIOVASCULAR COMPLICATIONS AFTER METABOLIC AND BARIATRIC SURGERY?

Arunima Punjala *VCU Health Medical Center*; Kyle Alexander *VCU Medical Center*; Guilherme Mazzini *VCU Health Medical Center*; Guilherme Campos *VCU Health Medical Center*; Jennifer Salluzzo *VCU Health Medical Center*
Introduction: Hypertension is a common comorbidity in patients undergoing Metabolic and Bariatric Surgery (MBS), however, little is known if its severity is associated with perioperative outcomes. This study explores if the number of antihypertensive medications (AHM) is associated with cardiovascular complications, reoperation and mortality after MBS.
Methods: Retrospective analysis of the MBSAQIP 2022 database for adult patients who underwent primary bariatric surgery, stratified by diagnosis of hypertension and number of AHM. Primary outcome was a composite of cardiovascular complications (bleeding, renal failure, MI, stroke, PE, VTE or cardiac arrest) + reoperation + mortality (CVRM). Multivariate logistic regression was used to study factors associated with CVRM.
Results: 192,924 patients were studied. CVRM occurred in 3,859 (1.9%) of patients. Patients with hypertension had an increased risk for CVRM (adjusted OR 1.16, CI 1.07-1.27). Factors independently associated with CVRM include receiving 2 or 3+ AHM, robotic approach, male gender, black race, and surgery type. Patients with hypertension on zero AHM (OR 1.83, CI 1.26-2.57), 2 AHM (OR 1.21, CI 1.08-1.35), and 3+ AHN (OR 1.30, CI 1.14-1.48) are at greater risk of CVRM compared to those without hypertension.
Conclusion: resence and severity of hypertension measured by the number of AHM are associated with increased risk for CVRM. Counseling and risk mitigation strategies may be considered prior to bariatric surgery in these patients.

MJ5GMRYGJL

OUTCOMES OF METABOLIC AND BARIATRIC SURGERY IN ADOLESCENTS AND YOUNG ADULTS: A COMPARISON OF BMI CATEGORIES

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Introduction: As obesity rates rise, increasing adolescents are being treated with metabolic and bariatric surgery (MBS) to manage obesity early and reduce its long-term effects. This study examines the demographic characteristics, preoperative comorbidities, and postoperative outcomes of patients under 26 years of age undergoing MBS, comparing those with BMI <50 kg/m^2 and BMI ≥ 50 kg/m^2. We hypothesize that patients with higher BMI will have more preoperative comorbidities and higher rates of adverse events.
Methods: A retrospective analysis of the MBSAQIP database (2015-2023) identified 66,522 patients aged <26 years who underwent MBS. Data on demographics, preoperative comorbidities, and postoperative complications were compared between patients with BMI ≥ 50 kg/m^2 and BMI <50 kg/m^2.
Results: Patients with BMI ≥ 50 kg/m^2 (N=24,408) were more likely to be male (21.4% vs. 12.9%) and had higher rates of diabetes (12.3% vs. 9.5%) than those with BMI <50 kg/m^2 (N=42,114). Postoperative complications were higher in the BMI ≥ 50 kg/m^2 group, with 1.0% experiencing infections and 0.5% having serious complications, compared to 0.8% and 0.3%, respectively, in the BMI <50 kg/m^2 group. Mortality rates were low but slightly higher in the BMI ≥ 50 kg/m^2 group (0.1% vs. 0.0%).
Conclusion: MBS in adolescents and young adults is safe and associated with low rates of postoperative complications. Adolescents and young adults with BMI $\geq$ 50 kg/m^2 have a higher incidence of preoperative comorbidities and postoperative complications. These findings underscore the importance of early intervention to address obesity before reaching this threshold, with the goal of optimizing surgical outcomes.

05DYA98YQG

MAKING THE LIST: IMPROVING PATIENT'S CHANCES OF GETTING A KIDNEY TRANSPLANT WITH BARIATRIC SURGERY

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Introduction: In 2021, a review of our kidney transplant waitlist showed 18% of our patients had a BMI >35, putting them at a higher risk of cardiovascular events post-transplant. 2% of these patients had a BMI > 40, making them ineligible for kidney transplant. The objective of this program was to make kidney transplant an option for patients who did not have this option previously due to BMI. Additionally, it would help address cardiovascular risk to optimize post-transplant outcomes

Method: The BMI limit for a kidney transplant is <40 kg/m2. Our focus is kidney transplant candidates with a BMI of >35 kg/m2. The program uses a multidisciplinary team to meet weight loss goals using dietary changes, activity, psychological and behavioral therapies, medication therapies, and surgical procedures prior to kidney transplant. Based on the patient's needs and eligible benefits, the bariatric nurse coordinator will refer to Endocrinology and Psychology, the transplant bariatric surgeon, and the transplant nutritionist. The procedure of choice for patients who plan to undergo a transplant is the laparoscopic sleeve gastrectomy.

Results: We have performed 65 sleeve gastrectomys on pre-kidney transplant patients since February of 2021. 39 of them have gone on to receive a kidney transplant. 9 of them are on the waiting list. 3 of them are inactive because their kidney function improved post-sleeve and they are too well. This indicates a 78% success rate as 51/65 patients who have received a sleeve through our program have gone on to either receive a kidney, are currently awaiting a kidney, or are too well.

Conclusion: The number of patients with obesity to receive a kidney transplant has increased through this program. The unique needs of the transplant patient with obesity were identified and addressed enabling better outcomes for patients with obesity. This program is run by transplant staff and our goal is to continue to add staff to reduce outside referrals.

4YVMNLRMJB

REVISING THE GASTRIC BYPASS: PATIENT OUTCOMES AFTER ENDOREVISION AND BILIOPANCREATIC LIMB LENGTHENING

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Introduction/Background: Weight regain post gastric bypass surgery can be seen as a long term issue for patients due to multiple factors ranging from technical failures to maladaptive behaviors. Multiple options exist for revision surgically with the addition of non-surgical options also being more abundant, notably medications. We follow-up a partial previously reported series of patients who underwent revision surgery of their gastric bypass.

Methods: One hundred and eighty-seven patients who underwent endorevision of their gastrojejunostomies from 2017 to 2024 were included in this retrospective chart review.

The majority underwent endorevision (147), utilizing the Apollo overstitch device to endoscopically close down dilated GJ anastomoses (ranging from 2.5 - 4 cm) down to 0.5 - 1 cm with sixteen patients additionally undergoing laparoscopic limb lengthening for a goal total alimentary limb length of 450 cm.

Results: The average pre-operative BMI was 41.7 with the average overall BMI decrease of 4.4. Patients were seen at between 1 week to 1 month in the bariatric clinic for follow-up with longer term data collected from subsequent follow-up visits either through the bariatric clinic or from subsequent visits with providers within the healthcare system up to 7 years post op. Those who were candidates for both endorevision and limb lengthening had an average BMI decrease of 6.44 to a BMI down to 33.4 from an average pre-op BMI of 39.9. Patients undergoing limb lengthening alone, had an average BMI decrease of 5.1 down to 38.2 from an average pre-op BMI of 43.3.

Conclusion: Long term there is variable weight loss with endorevision alone. Those who were appropriate candidates for and underwent either combined adjunct laparoscopic limb lengthening or even BPL lengthening alone, demonstrated a higher decrease in their BMI. Further long term follow-up with a higher sample population to determine the long term impact and sustainability of weight loss.

5Q696G790N

RADIOLOGIC PATTERNS PREDICT ETIOLOGY OF SMALL BOWEL OBSTRUCTION (SBO) AFTER LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS (RYGB)

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Introduction: As etiological information may influence treatment planning for SBO after RYGB, we investigated whether bowel dilation patterns seen on abdominal CT scan have significant associations with etiology.

Methods: This was a single-institution retrospective study. We identified 39 cases with CT Scan of the abdomen available in patients with SBO after laparoscopic antecolic RYGB associated with either adhesive band or internal herniation via the jejuno-jejunostomy (J-J) mesenteric defect. A radiologist trainee examined the CT scans blinded to the operative report and classified the bowel dilation pattern as follows: A1 = Alimentary (Roux) limb dilation; A2 = A1 + dilated gastric pouch. B1 = Bilio-pancreatic bowel segment dilation; B2 = B1 + dilated gastric remnant. C = Common channel dilation.

Results: A1 alone was seen in 4 cases, of which 3 had adhesive band and 1 had internal hernia. A1 + B1/B2 was seen in 6 cases all of whom had adhesive band. A2 + B2 was seen in 10 cases all of whom had adhesive band. B2 alone was seen in 5 cases all of whom had adhesive band. A2 with no biliopancreatic dilation or only B1 (no gastric remnant dilation) was seen in 9 cases all of whom had internal herniation of small bowel via the J-J mesenteric defect. C alone was seen in one case of J-J internal hernia, while C+A+B was seen in 5 cases with adhesive band.

Conclusions: A CT scan pattern showing dilation of the Roux limb and gastric pouch in the absence of gastric remnant dilation is associated strongly with internal herniation of small bowel via the J-J mesenteric defect as the etiology of SBO after laparoscopic antecolic RYGB, rather than an adhesive band [Fisher's Exact Test $p<0.001$; Receiver Operating Characteristic (ROC) Area-Under-Curve Confidence Interval = 0.98]. Dilation of the common channel alone from J-J internal hernia is seen rarely.

7M90JZN0QD

GERD TREATMENT STRATEGY AND OUTCOMES FOLLOWING METABOLIC AND BARIATRIC SURGERY

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Introduction: Preoperative GERD as a risk factor for adverse outcomes following metabolic and bariatric surgery (MBS) has been suggested in current literature. In this population, RYGB has become the predominant form of MBS due to the critique of sleeve gastrectomy and the subsequent development of de novo esophagitis. The goal of our study was to determine if GERD treatment strategies predicate adverse outcomes following RYGB.

Methods: Retrospective analysis of the Geisinger Bariatric Registry was used to identify adult patients undergoing primary, elective MBS between 2015-2023. Odds ratios were calculated to determine the risk of adverse outcomes within 30 days following RYGB. Multiple logistic regression adjusted for baseline characteristics including sex, age, BMI and preoperative comorbidities to further assess associated adverse outcomes and specific complications.

Results: A total of 2,816 RYGB were performed during the study period. GERD was an independent risk factor for any complication, major or minor, postoperative readmissions and reoperations. Amongst patients treated preoperatively with high dose PPI compared to those treated with low dose PPI or antihistamines, there is a trend toward increased adverse events, however only minor complications approached statistical significance [Table 1]. When specific complications were evaluated, those treated with high dose PPIs had statistically significant risk for postoperative pneumonia compared to other treatment modalities (0.0% vs 0.79% p= 0.024).

Conclusion: GERD is a statistically significant, independent risk factor for adverse outcomes following MBS. Further investigation is required to delineate the association between preoperative PPI dosing and resultant increased risk for postoperative pneumonia.

97WD8M5DLN

METABOLIC SURGERY FOR OBSTRUCTIVE SLEEP APNEA

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Lu Wang *Cleveland Clinic*; Matheus Lima Diniz Araujo *Cleveland Clinic*; Roham Foroumadi *Cleveland Clinic*; Mohammad Alavi *Cleveland Clinic*; Catherine M Heinzinger *Cleveland Clinic*; Xiaoxi Feng *Cleveland Clinic*; Ricard Corcelles Codina *Cleveland Clinic*; Jesse Gutnick *Cleveland Clinic*; Ali Aminian *Cleveland Clinic*

Introduction: Obstructive sleep apnea (OSA) affects 1 billion people worldwide and is strongly associated with obesity. This study evaluates the impact of Roux-en-Y gastric bypass (RYGB) and sleeve gastrectomy (SG) on apnea-hypopnea index (AHI) and oxygen saturation (SaO2) measures in patients with moderate-to-severe OSA.

Method: This retrospective study included adults with moderate-to-severe OSA (AHI $\geq$15 events/hour) and obesity who underwent RYGB or SG at an academic center in the US (2006- 2023). Preoperative and postoperative sleep studies were conducted within 2 years before and 7 years after surgery. The primary outcome was AHI change. Secondary outcomes assessed BMI reduction, SaO2 change, and the proportion of patients transitioning to normal/mild OSA (AHI$<$15).

Results: Among 226 patients who underwent RYGB (n=140) and SG (n=86) with a median follow-up of 2.1 years (IQR, 1.4-3.5), median AHI reduced from 35.7 events/hour (IQR, 21.7-62.9) to 8.8 events/hour (IQR, 4.1-18.5) ($P<0.001$), with 66% transitioning to normal/mild OSA (AHI$<$15). Mean SaO2 improved from a median of 92.0% (IQR, 91.0%-94.0%) to 94.0% (IQR, 93.0%-95.0%), $P<0.001$. Median SaO2 nadir improved from 81.0% (IQR, 75.0%-85.0%) to 87.0% (IQR, 83.0%-90.0%), $P<0.001$. Median percentage of sleep time with SaO2$<$90% improved from 8.3% (IQR, 2.3%-29.8%) to 1.0% (IQR, 0.2%-4.6%), $P<0.001$. BMI decreased from 50.1 ± 9.6 to 35.7 ± 7.7 kg/m^2. No significant differences were observed in OSA outcomes between RYGB and SG, despite RYGB achieving greater BMI reductions (15.9 ± 7.9 versus 11.9 ± 6.7 kg/m^2).

Conclusion: RYGB and SG significantly reduced OSA severity, with no difference in sleep outcomes between the two procedures. Metabolic surgery is an effective treatment for moderate-tosevere OSA.

9VY5WQN5VJ

INCREASED POSTOPERATIVE COMPLICATIONS IN INSULIN-DEPENDENT DIABETIC PATIENTS WITH HBA1C $>$ 10% AFTER BARIATRIC SURGERY

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INTRODUCTION: Bariatric surgery achieves significant weight loss and glycemic control; however, its impact on outcomes in poorly controlled diabetics is unclear. This study evaluates 30-day outcomes in insulin-dependent diabetic patients stratified by preoperative HbA1c levels following sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB).

METHODS: The MBSAQIP database (2015–2022) analyzed 22,357 SG and 17,018 RYGB patients. Propensity score matching was controlled for 21 preoperative characteristics. We compared 30-day postoperative outcomes for patients with HbA1c $<$8% versus $>$8% after SG (Analysis 1) or RYGB (Analysis 2) and for patients with HbA1c $<$10% versus $>$10% after SG (Analysis 3) or RYGB (Analysis 4).

RESULTS: In Analysis 1 (8,754 matched cases), patients with HbA1c $>$8% showed higher readmission rates (5.1% vs. 4.4%, p=0.039). Analysis 2 (6,698 matched cases) revealed no significant differences at this threshold. In Analysis 3 (2,593 matched cases), patients with HbA1c $>$10% experienced higher mortality (0.3% vs. 0.0%,

p=0.034), emergency visits (8.6% vs. 6.9%, p=0.026), and longer lengths of stay (1.54 vs. 1.49 days, p<0.001). Analysis 4 (1,867 matched cases) found elevated rates of emergency visits (13.0% vs. 10.5%, p=0.019), surgical site infections (0.5% vs. 0.1%, p=0.021), longer operative times (127.23 vs. 126.07 minutes, p=0.009), and lengths of stay (1.97 vs. 1.90 days, p<0.001) in patients with HbA1c >10%.
CONCLUSION: Elevated preoperative HbA1c levels in insulin-dependent diabetic patients undergoing bariatric surgery are associated with increased postoperative risks, particularly at HbA1c >10%. Optimization of a patient's diabetes medication regimen to a HbA1C < 10 is recommended before bariatric surgery.

AJKZR9YZMR

THE IMPACT OF FOOD SWAMPS ON BARIATRIC SURGERY OUTCOMES

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Background: A food swamp (FS) is an area with relatively few grocery stores in comparison to many nonnutritious food options such as fast-food restaurants. A FS is a strong predictor of obesity and complications after general surgery operations. This study examines the impact living in a FS may have on patient outcomes after bariatric surgery.
Methods: A retrospective review of adult patients who underwent elective bariatric surgery between 1/1/2018 and 12/31/2019 was performed at a single academic institution. FS was defined by the retail food environment index (RFEI) and calculated by the number of fast-food and convenience stores divided by the number of grocery stores and produce vendors in a set radius around the patient's home (0.5 mile in urban areas, 1 mile in smaller cities and suburban areas, and 5 miles in rural areas). Patients were stratified in FS groups of low (< 6), moderate (6.1 – 9.9) or high (> 10) by their calculated primary address RFEI. Outcomes up to 1 year post surgery were compared between the FS groups.
Results: Of the 553 patients, most were in moderate (265/47.9%) or low (218 39.4%) FS areas. A greater percentage of the high FS group were males (39.3%, p<0.05). The rates of depression were increased in the moderate (78/29.5%) and high (6/20.7%) FS groups and was the only comorbidity significantly different between the groups (P=0.02). Readmission rates were increased for moderate and high FS groups at 30-days and 6 months after bariatric surgery (p=0.04 and p=0.03, respectively). Percent weight and BMI change at 12 months was greatest for the high and moderate groups (p=0.04), however there was no significant difference in excess body weight change.
Conclusions: Food swamps increase risk for perioperative complications and impacts outcomes up to one year after bariatric surgery. The food environment of patients with obesity should be a focus of future research to improve outcomes after bariatric surgery.

BLWJBXVJG6

A HIGHER BODY MASS INDEX PREDICTS THE LIKELIHOOD OF SURGERY FOR PATIENTS ON GLUCAGON-LIKE PEPTIDE-1 AGONISTS

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Introduction: The objective was to study patients on Glucagon-Like Peptide-1 (GLP-1) agonist therapy and the assess the relationship between Body Mass Index (BMI) and the likelihood of undergoing surgery.
Methods: Adults with body mass index (BMI) 30 kg/m2 or higher who had their first prescription of GLP-1s (Semaglutide, Tirzepatide, Liraglutide, Dulaglutide, Exenatide) between 2017 to 2022 were identified in the database Merative™ (IBM Marketscan). The patients were followed-up for 1 year after the index prescription to identify patients who underwent metabolic and bariatric surgery (MBS). Multivariate logistic regression was performed to assess odds ratio of BMI categories to undergo surgery.
Results: Overall, 89,195 patients were selected as taking at least one 30-day prescription of GLP. Of these, 527 (0.6%) patients obtained surgery within 1 year of starting GLP. Among 527 surgical group, 333 underwent SG, 184 underwent RYGB, 5 patients underwent BPD, and 5 underwent SADI-SG. Patients with a BMI of 35.0-39.9 had 3.81 times the likelihood of undergoing surgery (Adjusted Odds Ratio [aOR]: 3.81, 95% CI: 2.26-6.41). Those with a BMI of 40.0-44.9 had 11.68 times the likelihood (aOR: 11.68, 95% CI: 7.17-19.03) compared with BMI 30.0-34.9.
Conclusion: This study found that individuals with higher BMI had higher odds of undergoing surgery. This study contributes to the understanding of how BMI influences treatment decisions on continuing GLP-1 agonists or switching to MBS. This information also provides guidance for health care providers to ensure patients receive the most appropriate and effective care based upon their BMI.

G6AMJRXM65

ASSOCIATION BETWEEN ADJUVANT ANTI-OBESITY MEDICATIONS AND 10-YEAR WEIGHT LOSS OUTCOMES AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY IN YOUNG PATIENTS AT A SINGLE CENTER

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Introduction: Few studies have investigated how adjuvant anti-obesity medications (AOMs) impact long-term outcomes after laparoscopic sleeve gastrectomy (LSG) in patients in the US. We reviewed longitudinal weight loss in young patients who underwent LSG over 10 years ago within a single health system. We hypothesized that adjuvant AOM use would be associated with significantly better 10-year weight loss outcomes.
Methods: We retrospectively reviewed records of all patients at our institution who underwent LSG before 40 years old between January 2013 and December 2014. Only patients with BMI data

available at least 9.5 years after LSG were included. Patients were grouped into those not taking adjuvant AOMs and those taking adjuvant AOMs at most recent documented encounter. We calculated weight change postoperatively as % total weight loss (% TWL) relative to preoperative weight.

Results: In 48 patients not taking adjuvant AOMs, mean %TWL was 14.5% at mean 10.5 years after LSG, and 37.5% of patients exceeded 20% TWL at most recent measurement. In 26 patients taking adjuvant AOMs (including semaglutide in 16 patients and tirzepatide in 9 patients), mean %TWL was 28.0% at mean 10.6 years after LSG ($p<0.001$), and 80.8% of patients exceeded 20% TWL at most recent measurement ($p<0.001$). On average, patients started AOMs 7.8 years after LSG and had been taking AOMs for 2.8 years at time of chart review. Groups had statistically similar weight loss trajectories prior to initiation of adjuvant medications (see Figure 1).

Conclusion: Among patients with a history of LSG before 40 years old at our institution, those taking adjuvant AOMs at most recent encounter demonstrated significantly better 10-year weight loss outcomes than patients not taking adjuvant AOMs. Our findings suggest that adjuvant AOMs can optimize long-term weight outcomes after LSG and have efficacy as salvage therapy in the setting of postoperative weight recurrence.

GNJ7XLD7MP

ICG USE IN RYGB REVERSAL

Doris Kim *SSM Health*

Roux-en-y gastric bypass is a well established surgery in the treatment of obesity. Reversal of a gastric bypass is rare. Indications may include excessive weight loss and malnutrition, neuroglycopenia, massive small bowel loss due to internal hernia, need for surveillance gastric endoscopy, and chronic abdominal pain, nausea and vomiting. This video demonstrates a technique in gastric bypass reversal, along with the use of ICG in determining tissue perfusion in a revisional case.

GRK9APK9R5

POSTOPERATIVE NUTRIENT DEFICIENCIES IN METABOLIC SURGERY: A 3-YEAR FOLLOW-UP OF DISTAL RYGB AND SADI/BPD PATIENTS

Hannah Bunch *Our Lady of the Lake Regional Medical Center*; Florina Corpodean *Pennington Biomedical Research Center / LSU-HSC*; Michael Kachmar *Pennington Biomedical Research Center*; Vance Albaugh *Metamor Metabolic Institute at Pennington Biomedical Research Center*; Phillip Schauer *Pennington Biomedical Research Center*; Zubaidah Nor Hanipah *Pennington Biomedical Research Center*

Introduction: Lifelong follow-up after bariatric surgery is essential for monitoring nutrient deficiencies.

Distal roux-en-Y gastric bypass (RYGB), single anastomosis duodenal switch (SADI), and biliopancreatic diversion (BPD) are associated with an elevated risk of postsurgical vitamin deficiencies. This study aims to evaluate the 3-year follow-up in a cohort of patients who underwent distal RYGB or SADI/BPD.

Methods: This retrospective study included adults with obesity who underwent primary distal RYGB or SADI/BPD (2020-2024) at a single center. All patients were educated about the consequences of deficiencies and prescribed prophylactic vitamins and nutrients according to ASMBS standards for malabsorption operations. Laboratory data from the first 3 years post-surgery were reviewed. Following guidelines, we assessed levels of vitamin A, vitamin D, vitamin K, cobalamin, folate, thiamine, iron, copper, zinc, selenium, and albumin.

Results: Forty-nine patients with mean follow-up of 1.35 years were included, all having at least one laboratory assessment within the first-year post-surgery. The most prevalent postoperative deficiencies were zinc (57.89%), vitamin K (53.12%), and iron (32.81%). The least prevalent was cobalamin (3.13%). Deficiencies in other nutrients were diagnosed between 135 and 592 days postoperatively. Preoperative deficiencies were most seen in iron (41.25%) and vitamin D (34%).

Conclusion: This study underscores the need for lifelong laboratory monitoring in patients following distal RYGB and SADI/BPD, especially in the first 3 years. While common postoperative deficiencies included zinc, vitamin K, and iron, preoperative deficiencies were most prominent in iron and vitamin D. Early and consistent monitoring is crucial for effective nutrient management in these patients.

GVYB56LBR8

GERD AS A RISK FACTOR FOR POSTOPERATIVE COMPLICATIONS IN THE MBSAQIP REGISTRY: IMPLICATIONS FOR PREOPERATIVE EVALUATION

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INTRODUCTION: Gastroesophageal reflux disease (GERD) is frequently reported among metabolic surgery patients and has been associated with increased postoperative complications in prior MBSAQIP studies. However, variability in its diagnosis and reliance on self-reported symptoms and medication use may be confounding. We sought to explore GERD in the MBSAQIP registry as an independent risk factor.

METHODS: We analyzed 1,577,175 cases from the 2015–2022 MBSAQIP for primary laparoscopic procedures including RYGB, SG, BPD/DS. Exclusions included age <18, BMI <30, missing gender & operative length, and revisions/conversions. Baseline characteristics, including procedural distributions, were assessed. Adjusted logistic regression models evaluated GERD as a predictor of 30-day outcomes. All statistical analyses were conducted using R version 4.4.1.

RESULTS: Among 1,282,883 patients after exclusions, regardless of GERD status patients were still more likely to undergo SG compared to RYGB (Table 1). Preoperatively, GERD was associated with clinically relevant differences in cardiac history (Table 1). GERD was associated with significantly higher odds of postoperative complications independent of procedure type, including unplanned ICU admissions (OR 1.22, $p < 0.001$), infections (OR

1.27, $p < 0.001$), serious complications (OR 1.20, $p < 0.001$), and 30-day readmission (OR 1.26, $p < 0.001$).
CONCLUSION(S): Even though not generally considered a significant risk factor, GERD is independently associated with increased adverse events following bariatric surgery. Cardiac and infectious complications were increased by more than 50% in patients with GERD. Surgeons should consider GERD as a marker for increased postoperative risk and plan preventive strategies accordingly.

VQJ48WP4Q0

A SUCCESSFUL REVISION OF ENDOSCOPIC SLEEVE GASTROPLASTY: A NOVEL APPROACH

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Introduction: Two patients with class I-II obesity and prior endoscopic sleeve gastroplasty (ESG) presented with weight regain despite numerous lifestyle modifications and pharmacologic interventions.
Methods: We proceeded with revision ESG (Re-ESG) using a novel endoscopic plication platform. After prior ESG sutures were cut, the endoscopic plication device was introduced and used to create large full thickness plications from incisura to proximal body to invaginate the lumen and tubularize the stomach. Despite mild fibrosis from prior ESG, the re-ESG was completed without technical difficulty using this novel system.
Results: Diagnostic endoscopy revealed Re-ESG with 80% reduction in lumen volume, precipitating 7-11% total body weight loss (TBWL) within one-month post-ESG.
Conclusion: This case highlights that Re-ESG is feasible, safe, and effective using a novel platform for endoscopic plication. Re-ESG with endoscopic plication appears to be a promising technique as demonstrated by these two cases.

JBL9QJK98Y

DOUBLE-TRACT REVERSAL OF ROUX-EN-Y GASTRIC BYPASS

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Introduction: Roux-en-Y gastric bypass (RYGB) is a safe and effective treatment for severe obesity. However, select patients develop treatment-refractory symptoms requiring surgical reversal. Reversal to normal anatomy (RNA) is technically challenging and associated with significant morbidity and mortality. We present double-tract reversal (DTR) as an alternative to RNA.
Method: A retrospective review of all patients undergoing DTR at two high-volume bariatric surgery centres in Queensland, Australia, between February 2019 and February 2024 was performed. Demographic data, indications, post-operative symptom resolution, weight progression, and morbidity and mortality outcomes were recorded and comparted to outcomes for RNA.
Results: Eleven patients (all female, median age 52 years) underwent DTR. Mean weight and BMI were 66.9kg and 25.2kg/m2. Median time from RYGB to DTR was 27 (3 – 140) months. Indications for reversal were malnutrition (36%), early dumping syndrome (36%) and postprandial hypoglycaemia (28%). All procedures were laparoscopic, and median length of stay was 2 (1 – 12) days. All patients achieved complete symptom resolution following DTR. Most patients (91%) experienced recurrent weight gain. Mean total weight loss (TWL) after RYGB was reduced by 13% at 12 months. Two patients (18%) experienced postoperative complications requiring endoscopic intervention within 30-days. There was no anastomotic leaks, reoperations or readmissions and no mortality in our series. Median follow-up was 6 (2 – 24) months.
Conclusion: DTR appears non-inferior to RNA for resolution of treatment-refractory symptoms following RYGB. Early morbidity and mortality outcomes are superior to those for RNA. Long-term follow-up of a larger cohort is required to validate these findings.

W0WJNR8J6V

INTERNAL HERNIA AFTER ONE ANASTOMOSIS GASTRIC BYPASS (OAGB)

Alyssa Ritchie *Cleveland Clinic, Bariatric and Metabolic Institute*; Paul Seo *Cleveland Clinic;* Ricard Corcelles *Cleveland Clinic*
Introduction: The patient is a 39 year old female with history of one anastomosis gastric bypass (OAGB) who presented with acute onset abdominal pain with pain out of proportion on exam. CT imaging of the abdomen was concerning for multiple areas of mesenteric swirling and superior mesenteric vein compression, as well as, mesenteric edema.
Method: The patient was taken emergently to the operating room for diagnostic laparoscopy due to concerns for internal hernia and possible mesenteric ischemia. Intra-op chylous ascites was encountered and there was herniation of almost the entirety of the small bowel through the pseudo-Petersen's defect.
Results: The bowel was able to be reduced and no resection was required. The patient recovered on the regular nursing floor without complications and continues to do well in follow-up.
Conclusion: Internal hernia, although rare, is possible about OAGB and clinicians should maintain a high index of suspicion for this post OAGB pathology.

X049PY79AY

ROBOTIC ASSISTED REPAIR OF MORGAGNI HERNIA AFTER ROUX-EN-Y GASTRIC BYPASS

Maher El Chaar *St Luke's University Hospital and Health Network*; Eric Stevens *St. Luke's University Health Network*; Albert Lwin *St. Luke's University Health Network*
Introduction: Morgani hernias are rare congenital diaphragmatic defects that may represent with vague symptoms or be discovered

incidentally. Repair in patients with prior Roux-en-Y gastric bypass (RYGB) can be especially challenging due to altered anatomy and adhesive disease. Morgagni hernias account for less than 5% of all diaphragmatic hernias and are often symptomatic, making diagnosis a challenge. In patients with a history of RYGB, these hernias present unique clinical and surgical challenges. The altered anatomy, often present adhesions, and symptom overlap with other bariatric complications must be considered. This video demonstrates the robotic-assisted repair of a Morgagni hernia in a 50 year-old female with a history or RYGB.

Case presentation: The patient presented to the emergency department with acute abdominal pain. Computed tomography (CT) imaging revealed a Morgagni hernia containing intestine. A robotic approach was utilized to optimize visualization and precision. The procedure included hernia reduction and primary closure of the diaphragmatic defect, reinforced by preperitoneal mesh placement. This video highlights the advantages of robotic surgery in complex hernia repairs, particularly in patients with altered anatomy. The enhanced dexterity and visualization provided by the robotic platform helped facilitate a safe and effective repair. The patient recovered uneventfully, with no perioperative complications. This case underscores the feasibility as well as the benefits of robotic-assisted techniques in managing complex hernias, demonstrating the ability to achieve optimal outcomes in patients with prior bariatric operations.

LYPKLQ6KB8

THE IMPACT OF FOOD INSECURITY ON OUTCOMES ONE-YEAR AFTER BARIATRIC SURGERY

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Introduction: Food insecurity is a defined as unreliable access to adequate food and is known to affect patients with obesity. This study examines the impact of food insecurity on one-year bariatric surgery outcomes.

Methods: Adults undergoing a primary bariatric surgery at a single academic center from 2018-2019 were included. Patients completed the six-item USDA Household Food Security Module prior to their initial appointment and were grouped as food secure (FS) (0-1) or food insecure (FI) (2-6). Patient characteristics and comorbidities were collected preoperatively. Weight loss, readmissions, and reoperations were compared between groups at six and 12 months post-surgery.

Results: Of the 553 patients, only 66 (11.9%) were FI. FI patients had higher readmission and reoperation rates compared to FS patients at six and 12 months after surgery (Figure 1). FI patients (51) demonstrated greater average percent excess weight loss (% EWL) of 0.93% at 6-months post-surgery compared to FS patients (367) with 0.38%EWL (P=0.019). FI patients (38) also demonstrated greater average %EWL of 1.21% at 12-months postoperatively vs FS patients (271) with 0.72%EWL (P=0.022). In addition to the type of surgery and the preoperative basal metabolic rate (BMI), FI was also independently associated with excess weight loss (Table 2).

Conclusions: Preoperative BMI, type of surgery, and food insecurity were associated with more excess weight loss following bariatric surgery. Readmissions and reoperations rates were higher for patients with food insecurity 12 months after bariatric surgery. Social determinants of health may influence bariatric surgery outcomes and should be assessed at initial visits.

M4QGLKWG49

A 20 YEAR REVIEW OF 10,000 PATIENTS: PORTOMESENTERIC AND SPLENIC VENOUS THROMBOSIS AFTER BARIATRIC SURGERY AT A BARIATRIC CENTER OF EXCELLENCE

Jess Wise *Long Island Laparoscopic Surgery*; Vasu Chirumamilla *Tri State Bariatrics* Ashish Agarwala *Long Island Laparoscopic Surgery*; Farhad Anoosh *Long Island Laparoscopic Surgery*; Arif Ahmad *Long Island Laparoscopic Surgery*

Introduction: Portomesenteric and splenic venous thrombosis (PMSVT) is a rare, but potentially lethal complication of bariatric surgery involving the portal vein, splenic vein, and the superior mesenteric vein. In this single center retrospective study, we studied our 30-day perioperative incidence of PMSVT after bariatric surgery. Primary outcome was incidence of PMSVT. In patients who experience PMSVT's further analysis of risk factors, demographics, surgical procedure, and treatment were performed.

Methods: We evaluated 10,033 patients between January 2004 to October 2024. Groups consisted of primary sleeves (n=5829), conversion to sleeve (n=286), primary bypass (n=1662), conversion to bypass (n= 675), conversion to SADI (n=1), primary bands (n=1108), conversion to band (n=81), and band removal (n=391).

Results: For primary outcomes, 20 PMSVT's were identified in primary sleeves (n=18; 0.31%) and conversion to sleeve (n=1; 0.35%), with 16 portal, 8 splenic, 12 SMV, and 11 with two or more. 1 primary sleeve had a PMSVT and a PE (0.02%). Primary bypass, conversion to bypass, conversion to SADI, primary bands, conversion to band, and band removals had no identified PMSVT. The mean age was 40yrs (22-78), and mean BMI was 43.4kg/m2 (38.7-57). The mean time of diagnosis was POD 13 days (6-25). 55% of cases were laparoscopic (n=11), and 45% were robotic (n=9). Treatment included anticoagulation along (n=17), and reoperation (n=2).

Conclusions: Portomesentric and splenic vein thrombosis has an overall low incidence, however PMSVT's are more prevalent in sleeve gastrectomy patients compared to other surgical groups. This is the largest single center study to date.

M4QQ8LGQ4Y

SINGLE INSTITUTIONAL EXPERIENCE: CONVERSION OF SLEEVE GASTRECTOMY TO ROUX-EN-Y GASTRIC BYPASS OUTCOMES

Benjamin Yglesias *Atrium Health*; Edward Hernandez *Atrium Health*; Selwan Barbat; Keith Gersin *Atrium Health*; Kalyana Nandipati *Atrium Health*; Timothy Kuwada *Atrium Health*

Introduction: After laparoscopic sleeve gastrectomy (LSG), some patients experience insufficient weight loss, weight recidivism, or gastroesophageal reflux (GERD), requiring additional interventions, such as conversion from LSG to Roux-En-Y gastric bypass (RYGB). This study aimed to evaluate the outcomes of LSG to RYGB conversion.
Method: We performed a retrospective analysis of LSG-to-RYGB conversions from 2020-2024 at a single academic institution. Primary outcomes were changes in body mass index (BMI), total weight loss, and excess body weight loss. Secondary outcomes include 30-day postoperative complications, emergency room visits, length of stay (LOS), and operation time.
Results: Of the 97 patients, 78 (80.4%) had a BMI >35 due to insufficient weight loss or recidivism and 19 patients (19.6%) had a BMI <35 and underwent conversion due to GERD, hiatal hernia, stricture, or fistula. Follow up at 1 year was 79.4%. The average preoperative BMI was 41.7 with a change of 9.3 units of BMI at one year. Percent total weight loss (%TWL) and excess body weight loss (%EWL) were 19.3% and 43.7%, respectively. Seven patients (7.2%) experienced 30-day complications including two anastomotic strictures requiring dilation, two superficial site infections, two readmissions, and one reoperation for obstruction. There were 19 (19.6%) emergency room visits in the postoperative course. The average procedure length was 154 minutes with an average hospital stay of 1.1 days.
Conclusion: This study suggests that LSG to RYGB conversion results in additional weight loss and is a safe option for patients with insufficient weight loss or recidivism.

YQAW0MAWQ0

VERTICAL BANDED SLEEVE CONVERSION

Joseph Greene *Capital Surgical Associates*
Introduction: The patient is a 36-year-old female who presents with reflux 16 years after a laparoscopic sleeve gastrectomy with intraoperative application of a Marlex ring to the mid-portion of the sleeve.
Method: While compassionately navigating the sequela of a non-standard operation through a nonstigmatizing conversation, shared decision-making was used by the patient and myself to discuss the potential risks of retained Marlex and create a surgical plan.
Results: On endoscopic evaluation, the Marlex ring had not yet eroded, but created a severe stenosis in the mid portion of the sleeve, and also likely contributed to the development of a hiatal hernia.
Conclusion: The patient underwent a successful resection of the mid-portion of her sleeve, including the Marlex ring, hiatal hernia repair, and conversion to Roux en Y gastric bypass, utilizing the remaining unaffected, cephalad, portion of her sleeve stomach for the gastric bypass pouch. At one month follow up, she is doing well with 15% total body weight loss and no gastroesophageal reflux disease symptoms. This case highlights the importance of treating patients with non-standard operations using a patient focused approach, the principles of dissection when removing prosthetic material that is inseparable from the gastric tissue, and the utility of standard operations for conversion and reconstruction.

MQGZDBVZY7

MAGNETIC SIDE-TO-SIDE DUODENO-ILEOSTOMY: RESULTS FROM VARIOUS ANASTOMOTIC SIZES

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Introduction: Primary endpoints: The side-to-side anastomosis will be considered feasible, and the device will perform as intended if >80% meet success criteria defined as placement of the magnets (>90% alignment), passage of magnets without surgical reintervention; and creation of a patent anastomosis, confirmed radiologically. Secondary endpoints: Body weight reduction and functional improvement of metabolic indicators.
Methods: This is an analysis of prospective studies performed in 5 countries (Australia, Canada, Chile, Georgia, and Italy) using biofragmentable magnets used for anastomosis between the first part of the duodenum and the ileum at 250 cm from the IC valve, composed of a neodymium-iron-boron magnet and titanium, with a PGLA outer flange. Each pair of linear magnets is either 32 mm, 39 mm or 50mm long intended to produce compression of the tissue sandwiched in between, resulting in slow tissue necrosis, and peripheral healing.
Results: Of 97 cases performed, 24 used the 32 mm, 53 the 39 mm and 20 the 50 mm. Orogastric placement of the magnets was successful in all cases (100%) and across all magnet sizes (32 / 39 / or 50mm), and had 100% patency for those that reached 1 year. One patient required a colonoscopy for retrieval from the caecum after >60 days. For those who were aware of passage, the time to expulsion across all magnets was a median of 28 days. The safety profile is strong with most AEs (89%) at Clavien-Dindo grade I-II. Weight loss was increased with magnet sizes (32 / 39 / or 50mm) used, % EWL (12, 27, 37) at 90 days. HA1C was significantly decreased with the 50 mm magnet by 12% from initial value at 90 days (study not intended for study on T2DM)
Conclusion: Weight loss is proportional to the anastomosis size. The various size magnets (32, 39, 50mm) performed as intended to create patent anastomoses with no cases of anastomotic bleeds, leaks, infection, or obstruction and without related mortality.

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SINGLE ANASTOMOSIS IMBRICATION JEJUNAL BYPASS - A NOVEL STAPLE-LESS BARIATRIC PROCEDURE

Raj Palaniappan *Apollo Hospitals*; Nikhilesh Krishna *Apollo Hospitals*
Introduction: Single Anastomosis Imbrication Jejunal Bypass (SAIJ), introduced in June 2024 by the author, is a novel bariatric technique that merges principles from Sinlge Ansastomotic Sleeve Jrjunal Bypass (SASJ) and Gastric Imbrication (GI) to provide a safer alternative while preserving natural gastric anatomy. The procedure involves a single anastomosis between the gastric antrum and proximal jejunum, reducing gastric capacity and inducing

malabsorption to facilitate weight loss and resolution of comorbidities, similar to SASJ or OAGB, but with fewer complications.
Procedure: The surgical approach utilizes a modified Lyon Davis position and three-port technique with liver retraction via the "Hiatal sling." Gastric imbrication begins by separating the greater omentum and short gastric vessels, clearing attachments, and dissecting retrograde to 4 cm from the pylorus. A 40-French calibration tube guides the imbrication, performed in two layers using 2-0 VLOC PBT and Prolene sutures to create a snug, reduced stomach volume.
A 200 cm biliopancreatic limb is brought ante-colic, and an anterior 4 cm antro-jejunal anastomosis is performed using a staple-less hand-sewn technique, with anti-reflux sutures securing the imbrication. Integrity is confirmed via a methylene blue test.
Postoperative recovery was uneventful, with early ambulation and clear fluids initiated six hours post-surgery. All patients were discharged on postoperative day one with a liquid diet.
Conclusion: SAIJ is a simpler, cost-effective bariatric option with reduced complications. Its staple-less variant offers further affordability, making it an accessible and impactful alternative in bariatric surgery.

PN47RBM7W6

THE IMPACT OF COVID-19 ON BARIATRIC SURGERY: DURING AND POST-PANDEMIC

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Introduction: There was a significant decline in bariatric surgery during Covid 19 pandemic. The aim of this study was to examine the impact of COVID-19 on various bariatric surgery procedures and surgical approaches (laparoscopic vs. robotic).
Methods: MBSAQIP data from 2015 to 2023 were analyzed. The data was stratified by time period (pre-COVID: 2015-2019; COVID: 2020; Early Recovery: 2021; Full Recovery: 2022-2023). Kruskal-Wallis and Chi-squared tests compared continuous and categorical variables, respectively. Poisson regression analyzed case volume trends, while linear and logistic regression examined trends in continuous and binary patient characteristics.
Results: A total of 1,784,178 patients were included. Bariatric surgery cases declined significantly in 2020 (pandemic year) but recovered steadily, with a slight decline in 2023. The use of robotic platforms grew steadily over nine years, with linear growth from 2015 to 2019, followed by a significant acceleration post-COVID. (Fig). Laparoscopic surgeries declined during COVID, with partial recovery later, while robotic surgeries, especially in the R-RYGB group, recovered more quickly. The R-SADI-S procedure saw the largest drop during COVID with minimal recovery. Black and Hispanic patients had increased access to care post-pandemic, particularly in the robotic surgery group.
Conclusion: The study examines the effects of the COVID-19 pandemic on bariatric surgery in the U.S., showing a rise in robotic surgery use and improved access for minority groups, trends that have continued after the pandemic. These changes may result from national efforts to enhance healthcare access for minority patients. Future research should investigate the factors contributing to these shifts.

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GASTRIC BANDING COMPARED TO GLP-1 RECEPTOR AGONIST FOLLOWING ROUX-EN-Y GASTRIC BYPASS SURGERY

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Introduction: A subset of patients who undergo Roux-en-Y gastric bypass (RYGB) have insufficient weight loss or subsequent weight recurrence. Laparoscopic adjustable gastric banding over a prior bypass is a revisional option to improve weight loss1,2, though GLP-1 receptor agonist (GLP1-RA)3 are an increasingly popular nonoperative option. The aim of this study was to compare long-term weight loss and glycemic control between these strategies.
Methods: We identified 126 patients aged greater than 18 who underwent minimally invasive RYGB and were subsequently treated with gastric banding vs GLP1-RA (Semaglutide or Tirzepatide) at two large urban health systems from 2018-2024. % Total weight loss (%TWL) and HgbA1C were followed for 2 years post-treatment. Differences were compared using T-tests and presented as mean$\pm$SD.
Results: 126 patients underwent index RYGB, 53 underwent gastric banding, while 73 were treated with GLP1-RA (average 10 months treatment). There were no differences in baseline age, sex, weight, or BMI, though GLP1-RA patients had a higher rate of baseline diabetes. GLP1-RA patients had a significantly lower weight nadir after bypass (200.9$\pm$45 vs. 248.9$\pm$84, $p<0.001$) and lower weight prior to re-intervention (256.7$\pm$61 vs. 215.4$\pm$49, $p<0.001$). Weight nadir following banding/GLP1-RA was significantly lower for GLP1-RA patients (215.4$\pm$49 vs. 256.7$\pm$61., $p<0.001$), and 1 year % TWL change was greater (-21.5$\pm$9.6 vs. - 13.6$\pm$11.8, $p<0.001$). Mean 2 year %TWL change was not significantly different (-20.6$\pm$8.2 vs. -16$\pm$14.4, $p=.07$). There was no significant difference in hgba1c control at 2 years (-0.9$\pm$1.2 vs. -0.4$\pm$0.2, $p=0.4$).
Conclusions: Comparing gastric banding vs GLP1-RAs post RYGB, there was significantly greater weight loss with GLP1-RA at 1 year; though this becomes statistically insignificant at two years.

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IMPACT OF TELEMEDICINE ON BARIATRIC SURGERY THROUGHPUT AND OUTCOMES

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Introduction: The COVID-19 pandemic prompted a rise in telemedicine (TM) use across specialties, including bariatric surgery. We investigated whether the type of initial visit – TM or inperson (IP) – affects enrollment rates in a bariatric program, progression to surgery, and weight loss outcomes.

Method: The electronic medical record was retrospectively queried for adult new patient visits (NPVs) for primary bariatric surgery at a single outpatient site from June 2022 to June 2023, excluding revisional surgery or medical weight management consults. Patients were categorized based on their initial visit type. The primary outcome was enrollment in the bariatric program (defined by subsequent visits). Secondary outcomes included time to surgery, completion of surgery within one year of the NPV, and total weight loss postoperatively. Pearson's chi-squared test for independence was performed to compare outcomes.

Results: There were 572 NPVs (73.1% IP, 26.9% TM). Program enrollment was slightly higher in the IP group (82.3% vs 74.7%; p=0.06), but not statistically significant. Starting BMI and weight were comparable between cohorts. Surgery within 1 year of NPV (16.2% IP vs. 22.7% TM) and mean time to surgery (292 days IP vs. 301 days TM) were not significantly different.

Weight loss outcomes one year after surgery showed no significant differences between patients whose NPV was TM compared to IP.

Conclusion: TM does not adversely affect bariatric program enrollment or weight loss outcomes, suggesting it may be a viable option to reduce barriers in access to care.

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HYPOTHYROIDISM IN BARIATRIC SURGERY PATIENTS AND ITS EFFECTS ON WEIGHT LOSS

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Introduction: Patients are routinely tested for hypothyroidism prior to bariatric surgery as it can lead to weight gain contributing to obesity. It is successfully treated with levothyroxine, a synthetic form of the thyroid hormone thyroxine (T4). This study seeks to determine whether clinical hypothyroidism requiring levothyroxine treatment affects postoperative weight loss in patients undergoing bariatric surgery.

Methods: This retrospective cohort study compared outcomes of patients who underwent sleeve gastrectomy or Roux-en-Y gastric bypass from July 2022 to June 2023 who had a history of hypothyroidism on levothyroxine vs those without hypothyroidism. T-tests and propensity matching (for age, gender, race, surgical type, preop BMI, and comorbidities) were utilized to determine significant differences.

Results: Of 483 patients, 48 (10%) had hypothyroidism on levothyroxine, 435 (90%) without. Total weight loss (TWL) at 1 year in the hypothyroidism group versus those without was 28.0% ± 9.9 vs. 26.7% ± 9.5 (p=0.46), respectively. Excess weight loss (EWL) was 60.2% ± 29.5 vs. 60.8 ± 27.2 (p=0.90), respectively. Less patients with hypothyroidism reached an EWL of at least 50% (70.8% vs. 80.5%) but it was not statistically different (p=0.12). These results were redemonstrated in the propensity matched comparison. TWL at 1 year was 28.0% vs 25.1% in patient with versus without hypothyroidism (p=0.23), EWL at 1 year was 60.2% vs. 55.1% (p=0.30).

Conclusion: Hypothyroidism that is medically treated does not significantly affect TWL or EWL after bariatric surgery. This confirms the clinically intuitive yet important practice of testing for and treating it prior to surgery.

VZJX9KBXZL

IMPACT OF PRIOR FOREGUT SURGERY ON OUTCOMES OF SLEEVE GASTRECTOMY AND GASTRIC BYPASS: A MULTIVARIABLE ANALYSIS BASED ON NBSAQIP DATABASE

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Introduction: Outcomes of primary bariatric procedures are well reported, but outcomes of patients with Prior Foregut Surgery (PFS) are poorly defined. This study compares the outcomes of Sleeve Gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB) in patients with and without PFS.

Methods: Using the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program database (2020-2023), patients undergoing SG or RYGB were identified. Propensity-matched logistic regression analysis was conducted to investigate the odds of adverse outcomes associated with PFS. Endpoints included severe event occurrences (SEO), intervention at 30 days, drain placement, readmission within 30 days, and length of stay (LOS).

Results: Among 661,670 patients, 3283 RYGB and 4601 SG propensity-matched patients with and without PFS were examined. RYGB with PFS was associated with increased odds of SEO (OR = 1.43, CI [1.2, 1.69]), intervention at 30 days (OR = 1.89, CI [1.31, 2.75]), drain placement (OR = 1.27, CI [1.11, 1.45]), readmission (OR = 1.40, CI [1.15, 1.71]), and LOS (OR = 1.44, CI [1.30, 1.58]) (p<0.001). SG with PFS increased odds of SEO (OR = 1.35, CI [1.12, 1.64]), drain placement (OR = 1.62, CI [1.35, 1.95]), and LOS (OR = 1.29, CI [1.18, 1.43]) (p<0.001).

Conclusion: RYGB and SG in patients with PFS result in increased complications compared to primary procedures. RYGB with PFS

showed higher odds of adverse outcomes across all endpoints, while SG with PFS was associated with increased odds of SEO, drain placement, and LOS.

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EFFICACY AND SAFETY OF BARIATRIC SURGERY IN HIV-POSITIVE PATIENTS ON HIGHLY ACTIVE ANTIRETROVIRAL THERAPY

Roberto Simons-Linares *Cleveland Clinic Foundation*; Varun Aitharaju *Cleveland Clinic Foundation*; Leandro Sierra *Cleveland Clinic Foundation*; Ali Syed *Cleveland Clinic*; Stephen Firkins *Cleveland Clinic Foundation*; Roma Patel *Cleveland Clinic Foundation*; Arjun Chatterjee *Cleveland Clinic Foundation*; Akash Khurana *Cleveland Clinic Foundation*; Erika Staneff *Cleveland Clinic*; Bailey Flora *Cleveland Clinic Foundation*; Rehan Haidry *Cleveland Clinic London*; Benjamin Norton *Cleveland Clinic*

Among HIV-positive and HIV-negative patients, there was no significant difference in mortality, inpatient admission, or other adverse clinical outcomes associated with bariatric surgery. Bariatric surgery was also similarly effective in decreasing weight in both HIV-positive and HIV-negative patients.

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THE IMPACT OF LANGUAGE-CONCORDANT BARIATRIC SEMINARS ON CONVERSION TO NEW PATIENT VISITS

India Bonner *Colorado University Anschutz Medical Campus*; Julie Reagan *University of Colorado Health*; Erin Shelly *University of Colorado Health*; Priscilla Kearney *University of Colorado Health*; Kevin Rothchild *Colorado University Anschutz Medical Campus*; Akshay Chauhan *University of Colorado*; Kweku Hazel

Introduction: Language barriers significantly affect patient decision-making, adherence to treatment plans, and access to surgery. Bariatric educational seminars serve as a critical step toward surgery, providing information on obesity management, surgical options, and preoperative requirements. This study evaluates the impact of language-concordant care on conversion rates from bariatric seminars to clinic visits, with a focus on Spanish-speaking patients.

Method: This retrospective study reviewed virtual bariatric seminars conducted at a single institution in 2024. Attendees were grouped by seminar language: English or Spanish. Spanish-language seminars were held concurrently with English-language sessions and utilized professional interpretation services. Data were analyzed to assess attendance and conversion rates from seminar attendance to new patient visits (NPVs).

Results: A total of 152 people attended six concurrent English and Spanish seminars. Spanishlanguage seminars had 27 attendees, with a conversion rate of 67% (18/27) to NPVs. English-language seminars had 125 attendees, with a conversion rate of 74% (92/125).

While Spanish-language seminars had fewer attendees, proportions comparison revealed no significant difference in conversion rates between the groups ($p = 0.465$).

Conclusion: Language-concordant bariatric seminars demonstrated similar conversion rates to NPVs for both English- and Spanish-speaking attendees. These findings underscore the importance of language-concordant care in improving access to bariatric surgery and addressing disparities for Spanish-speaking communities.

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FLUORESCENCE GUIDED LAPAROSCOPIC CONVERSION OF GASTRIC SLEEVE TO ROUX EN Y GASTRIC BYPASS WITH HIATAL HERNIA REPAIR: ALL WHITE STAPLE RELOADS

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Introduction: Conversion of gastric sleeve to Roux en Y bypass is the most common revisional bariatric procedure. We herein presenting our technique of laparoscopic conversion of gastric sleeve to Roux en Y gastric bypass using all white reloads and demonstrating the utility of CT volumetry and florescent imaging

Presentation: A 47-year-old female presented with weight recurrence and persistent GERD refractory to medical management. The patient had laparoscopic sleeve gastrectomy 2 years ago at outside institution. Her current weight was 306 pounds with a BMI 64. Preoperatively, she underwent 3D CT scan volumetry and esophagogastroduodenoscopy.

Technique: Technical details of the laparoscopic conversion of sleeve gastrectomy to a Roux-en-Y gastric bypass and hiatal hernia repair is described. The video emphasizes the importance of indocyanine green (ICG). White reloads of linear stapler were used for all aspects of the procedure including gastric pouch, gastrojejunostomy and jejunojejunostomy creation with 15 seconds compression and slow firing.

Results: Postoperatively the patient did well. Discharged home in 23 hours. Lost 18 pounds on 30 days follow up.

Conclusion: Fluorescent imaging is an invaluable tool for a real time evaluation of tissue perfusion, vascular mapping, and leak test in revisional bariatric surgery. Downsizing the staple height could result in better compression and better staple line hemostasis, eliminating the routine use of staple line buttressing. CT volumetry is an emerging diagnostic tool for evaluation of gastric volume and gastric morphology.

XL0JDMKJLK

EFFECTS OF PRE-OPERATIVE WEIGHT LOSS ON OUTCOMES IN PRIMARY SLEEVE GASTRECTOMY AND ROUX-EN-Y GASTRIC BYPASS PATIENTS

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Introduction: Obesity, a chronic disease expected to affect over 50% of the global population by 2035, is associated with numerous comorbidities and reduced life expectancy. While various treatments exist, surgery remains the most effective. It is unclear whether preoperative weight loss impacts postoperative outcomes.
Methods: This retrospective study examined patients who underwent primary sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB) at a tertiary care, high-volume bariatric center from 2014 to 2024. Preoperative weight loss was categorized into tertiles (T1-T3). A linear mixed model assessed the impact of preoperative weight loss on postoperative outcomes, stratified by weight loss tertiles and surgical procedure (SG vs. RYGB).
Results: The study included 6,550 patients, with 50% in each surgical group (RYGB and SG) and an average age of 45 years. Mean preoperative BMI decreased by 1.4% in T1, 4.8% in T2, and 10.2% in T3. Postoperatively, T1 had a 19.2% decrease (95% CI: 18.9%-19.6%), T2 a 18.7% decrease (95% CI: 18.3%-19.2%), and T3 a 17.5% decrease (95% CI: 17.0%-18.0%). Overall, examining maximum BMI from the year prior to surgery, T1 showed a 20.5% decrease (95% CI: 20.2%-20.8%), T2 a 22.9% decrease (95% CI: 22.5%-23.4%), and T3 a 26.3% decrease (95% CI: 25.9%-26.8%). Results were consistent across SG and RYGB.
Conclusions: Patients who lost more weight before bariatric surgery experienced less postoperative weight loss. However, when considering total weight loss from preoperative to final weight, greater preoperative weight loss was associated with a higher overall weight loss.

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DO PATIENT OUTCOMES DIFFER BETWEEN PRIMARY GASTRIC BYPASS AND THOSE CONVERTED FOLLOWING SLEEVE GASTRECTOMY?

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Introduction: Roux-en-Y gastric bypass and sleeve gastrectomy are the most common weight loss procedures in the United States. Medically refractory gastroesophageal reflux disease (GERD) is a known reason for conversion of sleeve gastrectomy patients to Roux-en-Y gastric bypass (SG-RYGB). This study aims to compare patient outcomes between primary Roux-en-Y gastric bypass (P-RYGB) to SG-RYGB.
Method: A prospectively gathered database was retrospectively reviewed for patients who underwent P-RYGB and SG-RYGB between September 2019 and November 2024. Primary outcomes looked at marginal ulcer formation, PPI use pre- and post-operatively, and 30- day complications. A case matched analysis was performed between P-RYGB and SGRYGB patients.
Results: Seventy-three patients underwent P-RYGB, and 139 patients underwent SG-RYGB, for a total of 212 patients. When looking at the overall population, there was no significant difference in the incidence of marginal ulcers postoperatively. Confirmed marginal ulcers were present in 23.0% of P-RYGB patients (n=14) and 21.0% of SG-RYGB patients (n=25) (p=0.76). Preoperative PPI use differed between P-RYGB (60.3%, n=44) and SG-RYGB (92.1%, n=128) patients (p<0.01). There was no significant difference in postoperative PPI use between the two groups, at 47.9% (n=35) and 51.1% (n=71), respectively (p=0.58). A subset case matched analysis was performed among 43 patients for each procedure. There were no significant differences in postoperative 30-day complications, or postoperative PPI use. Confirmed marginal ulcer formation was present in 17.1% of P-RYGB patients (n=6) and 10.8% of SG-RYGB patients (n=4), but the difference is also not statistically significant (p=0.44).
Conclusion: This retrospective review of 212 patients suggests that there are no significant differences in marginal ulcer formation, postoperative need for PPIs, or incidence of complications within 30 days between patients who undergo P-RYGB vs SG-RYGB.

YD689LY8DV

THREE YEAR EXPERIENCE WITH A NOVEL BARIATRIC WOMEN'S HEALTH CLINIC

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Introduction: Women make up 80% of all bariatric surgery patients, yet many women referred for bariatric surgery do not have appropriate care established women's health provider. Obesity has been linked to menstrual irregularities, polycystic ovarian syndrome, infertility, peripartum complications, and endometrial, breast and cervical cancer. Furthermore, women with obesity are more likely to defer routine women's health screening exams due to weight stigma. Herein we describe a novel approach to the standard of care by offering referral to a bariatric women's health clinic (BWHC).
Methods: All female bariatric patients aged 13 and over seen by a surgeon were screened and subsequently referred to our BWHC if criteria were met. Any adult patient seeking to establish gynecologic care was offered a referral. All patients were evaluated by an OBGYN in the same clinic setting as their bariatric surgeon.
Results: In the first 3 years, 141 women were seen through the BWHC. Tracked interventions included Papanicolaou testing, endometrial sampling, and long-acting reversible contraception (LARC) placement. 60% (n=85) of women underwent cervical screening, 25% (n=36) underwent endometrial sampling, and 43% (n=51) underwent LARC placement. Of the 36 patients who underwent endometrial sampling, 6 resulted in abnormal results (16%) including one 16-year-old diagnosed with hyperplasia. Two patients were subsequently diagnosed with high grade, precancerous lesions- a cervical and a vulvar lesion.
Conclusion: Our BWHC represents a novel approach to caring for women with obesity offering comfortable, convenient access to care. Our data demonstrates meaningful clinical impact with a significant percentage of patients undergoing necessary screening and intervention.

YXG8WVM8D9

EFFECTS OF NEOADJUVANT GLP-1 RECEPTOR AGONISTS ON WEIGHT LOSS AFTER BARIATRIC SURGERY

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Introduction: Glucagon-like peptide-1 receptor agonists (GLP-1RAs) are increasingly prevalent medications used to treat patients with obesity. While bariatric surgery remains the most successful intervention, many patients undergoing surgery have been on a GLP-1RA. This study aims to determine if the neoadjuvant use of GLP-1RA affects surgical weight loss.

Methods: This retrospective cohort study compared outcomes of patients undergoing sleeve gastrectomy or Roux-en-Y gastric bypass who were treated preoperatively with and without GLP-1RAs from July 2022 to June 2023. T-tests and multivariable analysis were utilized to determine significance in weight loss between the groups.

Results: Of 433 patients, 38 (9%) received neoadjuvant GLP-1RAs and 395 (91%) did not. Mean preoperative BMI was 47 for both groups. The median time for GLP1-RAs was 12 months (range 3 – 53 months) prior to bariatric surgery but not resumed after. There was a significant difference between patients who received neoadjuvant GLP1-RAs vs those who did not at 2 weeks (mean change in BMI of -4.9 vs -3.8, $p=0.006$), but not at 3 months (-9 vs -8.4, $p=0.25$), 6 months (-12.4 vs –11.2, $p=0.13$), or 12 months (-14.2 vs –12.9, $p=0.25$) postoperatively. On multivariable analysis, there was no difference in weight loss at any time point when adjusting for operation type or preoperative comorbidities.

Conclusions: Neoadjuvant GLP-1RAs did not significantly impact weight loss within one year after bariatric surgery. Further investigation is needed to determine if neoadjuvant GLP-1RA use without post-operative cessation affects weight loss, perioperative morbidity, or safety and quality outcomes.

VD5K58YKDZ

ASSOCIATION BETWEEN WEIGHT LOST AND DIABETES RESOLUTION AFTER BARIATRIC SURGERY WITH PREOPERATIVE GLP-1 AGONIST USE

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Introduction: GLP1 agonists have rapidly emerged as effective tools for management of obesity and obesity related complications. With the shared mechanism between bariatric surgery and GLP-1 agonists, it would lead to reason that a combination approach between surgery and medical management would lead to increased postoperative weight loss in the long term. This study will aim to evaluate if there is a benefit postoperatively from preoperative GLP-1 use in bariatric surgery patients.

Method: Retrospective study looking at all patients from a single bariatric center undergoing primary bariatric surgery (sleeve, SADI, RYGB) from 2021- July 2024. Data on BMI at different time points pre/postoperatively, medication use from time of program until weight loss surgery, type of bariatric surgery performed, diabetes status, A1c pre and post op, complications, and readmissions was collected.

Results: Preliminary results were collected from 60 patients. 30 (50%) patients received a GLP-1 agonist preoperatively for at least 6 weeks. For the GLP1 group there was a 11.5 ± 14.7 BMI change at 6 months postoperatively vs a 12.6 ± 17.3 change in the control group ($p=.28$). There was no statistically significant BMI reduction between groups. There was no difference in perioperative complications between groups ($p=0.36$). There was no statistically significant rate of diabetes resolution between groups ($p=1.59$).

Conclusion: From preliminary results there is no additional postoperative benefit in regards to weight loss or diabetes resolution from addition of GLP1 agonist preoperatively. Further analysis will be done on the data in order to increase sample size and accuracy. Further studies are required in order to evaluate the long term effects of GLP-1 agonists on bariatric surgery patients.

YR58MDW8V8

PATIENTS REPORT DECREASED HUNGER, APPETITE, AND CRAVINGS WITH THE USE OF GLP-1 RECEPTOR AGONISTS FOR SUBOPTIMAL WEIGHT LOSS AFTER SLEEVE GASTRECTOMY

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Introduction: GLP-1 receptor agonists (GLP-1s) have become a popular treatment for patients experiencing suboptimal clinical response after sleeve gastrectomy (SG). Data on how GLP-1s affect patient reported outcomes is limited. We explored how hunger, appetite, cravings, and satiety change after treatment with GLP-1s in patients with suboptimal clinical response after SG.

Methods: Patients with suboptimal clinical response after SG (total-body weight loss $<10\%$ within 6 postoperative months and/or recurrent weight gain >10 lbs from nadir) who began GLP-1s were given the Daily Eats questionnaire before and after starting treatment. Daily Eats is a 5-question patient reported outcome measure for rating hunger, appetite, cravings, and satiety on a scale of 0-10. Wilcox signed-rank tests were used to compare pre and post treatment scores with a p-value <0.05 considered significant.

Results: Overall, 21 patients were included with a 78% database compliance rate. Compared to pre-treatment, median scores for hunger (5.00 (2.75-7.25) vs. 3.67 (1.67-5.67); $p=0.02$), appetite (6.00 (3.79-8.21) vs. 4.00 (2.00-6.00); $p<0.01$), and cravings (6.00 (2.12-9.88) vs. 3.00 (0.25-5.75); $p=0.01$) had significantly decreased within 12-months of starting GLP-1s. There was no difference in satiety between the groups.

Conclusion: In patients with a suboptimal clinical response after SG, GLP-1s are associated with a decrease in patient-reported

hunger, appetite, and cravings. Given that these are central drivers for caloric intake, GLP-1s may have a behavioral impact on obesity. Thus, these changes suggest that GLP-1s may enhance weight loss offering a promising adjunct to optimize results in individuals with suboptimal clinical response after surgery.

4J6MN4VM09

WHAT IS THE CONVERSION RATE OF NEW PATIENTS TO SURGERY?

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Background: Every bariatric surgery practice puts patients through a preoperative pathway prior to surgery. There will inevitably be patients that are seen in clinic but never continue on through surgery. Every practice has a different percentage of patients that ultimately undergo bariatric surgery. The purpose of this work is to evaluate the percentage of patients that are seen in clinic that eventually undergo bariatric surgery in a community practice.

Methods: A single mature private practice was evaluated. Patients initially seen in clinic were followed to see how many ultimately went onto surgery, dropped out or did not complete the program for other reasons. A period of 21 months was evaluated. Patients with at least 6-month follow-up were included.

Results: There were 435 patients that underwent evaluation in the clinic during that time period. Forty-three percent of these patients went onto have surgery. There were 216 patients that did not have surgery with most of those patients never progressing past the first visit. One patient became pregnant and dropped out, 2 were not cleared medically, one each moved away or had surgery at a different program.

Conclusion: There are no national benchmarks as to what percentage of patients complete the preoperative process at accredited bariatric centers and undergo surgery. This solo private practice has a conversion rate of 43%. Other surgeons and centers are encouraged to report their rates, and critically evaluate reasons for non-completion.

6W7NGRANQN

LIPID METABOLIC REPROGRAMMING MEDIATED BY CIRCULATING NRG4 ALLEVIATES METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE DURING THE EARLY RECOVERY PHASE AFTER SLEEVE GASTRECTOMY

Yang Chengcan *Shanghai Ninth People's Hospital*

Introduction: The metabolic benefits of bariatric surgery that contribute to the alleviation of metabolic dysfunction-associated steatotic liver disease (MASLD) have been reported. However, the processes and mechanisms underlying the contribution of lipid metabolic reprogramming after bariatric surgery to attenuating MASLD remain elusive.

Method: A case−control study was designed to evaluate the impact of three of the most common adipokines (Nrg4, leptin, and adiponectin) on hepatic steatosis in the early recovery phase following sleeve gastrectomy (SG). A series of rodent and cell line experiments were subsequently used to determine the role and mechanism of secreted adipokines following SG in the alleviation of MASLD.

Results: In morbidly obese patients, an increase in circulating Nrg4 levels is associated with alleviation of hepatic steatosis in the early recovery phase following SG before remarkable weight loss. The temporal parameters of the mice confirmed that an increase in circulating Nrg4 levels was initially stimulated by SG and contributed to the beneficial effect of SG on hepatic lipid deposition. Moreover, this occurred early following bariatric surgery.

Mechanistically, gain- and loss-of-function studies in mice or cell lines revealed that circulating Nrg4 activates ErbB4, which could positively regulate fatty acid oxidation in hepatocytes to reduce intracellular lipid deposition.

Conclusion: This study demonstrated that the rapid effect of SG on hepatic lipid metabolic reprogramming mediated by circulating Nrg4 alleviates MASLD.

8VJAXG7AN5

SUPRAMESOCOLIC APPROACH TO LAPAROSCOPIC ROUX EN Y GASTRIC BYPASS

Daniel Farinas *Yale University School of Medicine*; Saber Ghiassi *Yale University School of Medicine*; John Morton *Yale University School of Medicine*; Andrew Duffy *Yale University School of Medicine*

Introduction: The laparoscopic Roux-en-Y gastric bypass (RYGB) procedure has been the gold standard for bariatric surgeons, owing to its efficacy and favorable safety profile. However, performing an RYGB can be technically challenging in patients with prior abdominal surgeries. Adhesions can prevent the safe execution of the procedure forcing surgeons to abort the procedure. One potential solution is the supramesocolic gastric bypass, a variation of the classic retrocolic RYGB.

Method: Our patient is a 63-year-old female with a medical history significant for Barrett's esophagus, prior hysterectomy, and a previous ventral hernia repair with intraperitoneal mesh. She presented with a BMI of 40 and a history of failed weight loss attempts. We encountered dense pelvic adhesions due to her abdominal mesh. Given the prohibitive nature of these adhesions, proceeded with a supramesocolic approach to RYGB. We began by opening the lesser sac, identifying an avascular portion of the transverse mesocolon and transecting it. The small bowel was then brought up through this defect.

We proceeded with the supramesocolic RYGB, the defect was closed around the Roux limb.

Results: The patient tolerated the procedure well and during her 2 month follow-up visit, she had lost approximately 35% of her excess body weight.

Conclusion: A supramesocolic gastric bypass represents a safe and effective alternative to both the classic retrocolic and antecolic

RYGB in patients with significant prior abdominal surgery or dense adhesions that prevent standard small bowel rerouting. This approach provides a viable option for bariatric surgeons when faced with challenging anatomical conditions.

B8WGBK6G8W

PREDICTOR FOR POSTOPERATIVE COMPLICATIONS IN SINGLE-PORT LAPAROSCOPICSLEEVE GASTRECTOMY (SPLSG),A SINGLE CENTER EXPERIENCE IN CHINA

Yan Gu *Fudan University*

Age, BMI, and abdominal subcutaneous fat thickness are independent risk factors for postoperative complications of SILSG. The prediction model established in this study can provide reference for clinical decision making.

JN9G8RJGNY

DOES STAPLING PLATFORM INFLUENCE ROBOTIC SLEEVE GASTRECTOMY POSTOPERATIVE OUTCOMES?

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Introduction: Laparoscopic sleeve gastrectomy (LSG) accounts for the majority of weight-loss surgeries worldwide. Although the overall side-effect profile is low, the rate of de novo gastroesophageal reflux disease (GERD) ranges between 2.1% to 49%. Our study compares postoperative outcomes using a single-fire stapler versus a multiple-fire linear stapler, with a focus on postoperative de novo GERD.

Method: This was a retrospective single-surgeon study with data from 257 patients who underwent consecutive robotic-assisted sleeve gastrectomy between 2016 and 2023 with either multiple fires of a linear stapler (n=201), or with a single-fire linear stapler (n=56). Patient demographics and postoperative outcomes, including 30-day complications, 1-year weight-loss, and 1-year postoperative reflux were analyzed.

Results: Patients in the single-fire group were noted to have a significantly lower rate of postoperative reflux (7.1% vs. 26.4%) and a decreased incidence of de novo reflux (1.8% vs. 10.9%). Additionally, the single-fire group had a shorter average length of stay (2.0 days vs. 2.2 days, p=0.04). Multivariable analysis demonstrated that single-fire stapler use increased the likelihood of not developing postoperative GERD (Odds ratio: 8.4, 95% confidence interval: 2.8-32.5). There was no significant difference in operative time (multiple-fire group: 81.4 minutes, single-fire group: 90.1 minutes, p=0.5) or 1-year percent total weight loss (Multiple-fire: 22.4%±0.7%, Single-fire: 22.0%± 1.7%, p=0.8).

Conclusion: Single-fire stapler use may enhance postoperative outcomes in LSG by reducing rates of de novo GERD without impacting weight loss. There was no significant difference in operative time, and postoperative length of stay may be decreased.

LYZ5R8A5MP

DOES PRIOR CONVERSION FROM GASTRIC BANDING TO SLEEVE GASTRECTOMY IMPACT THE OUTCOMES OF A SUBSEQUENT ROUX-EN-Y GASTRIC BYPASS?

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Introduction: Adjustable Gastric Banding (AGB) was a widely performed bariatric surgery. Over time, Sleeve Gastrectomy (SG) became the most commonly performed procedure. Both AGB and SG carry the risk of insufficient weight loss or weight regain, requiring conversion to Roux-en-Y Gastric Bypass (RYGB). However, the impact of AGB prior to SG on postoperative outcomes after conversion to RYGB remains unclear.

Methods: A retrospective analysis of patients who underwent AGB prior to SG conversion to RYGB between 2016 and 2024 was conducted. Demographics, perioperative outcomes, and weight loss were compared between patients who were previously converted from AGB to SG and those who just had SG converted to RYGB.

Results: A total of 120 patients were included, of whom 23 had prior AGB prior to SG conversion to RYGB, while 97 only had SG prior to RYGB. The BMI prior to the revision was 36.6 and 35.8kg/m2, respectively. There was no significant difference in operative times (p=0.77) and length of stay (p=0.23) among groups. Also, both groups had no significant difference in early and late reoperations (p>0.05). However, patients who only had SG conversion to RYGB had higher % total weight loss (% TWL) at the 6-, 12-, and 24-month follow-up, compared to the patients who had prior AGB (p=0.012), with a %TWL of 15.9%, 18.8% and 20% respectively.

Conclusion: Although AGB is not commonly performed as it was before, patients who underwent AGB prior to other bariatric procedures tend to experience less weight loss compared to those who did not have prior band.

J6RWYP7WD5

ROBOTIC ASSISTED CONVERSION OF A TYPE I SLIPPED NISSEN FUNDOPLICATION TO ROUX-EN-Y GASTRIC BYPASS

Maher El Chaar *St Luke's University Hospital and Health Network*; Eric Stevens *St Luke's University Hospital and Health Network*; Albert Lwin *St Luke's University Hospital and Health Network*

Introduction: Roux-en-y gastric bypass (RYGB) has emerged as an effective treatment option in the surgical management of recurrent paraesophageal hernias, particularly in patients with obesity or refractory gastroesophageal reflux disease (GERD). Compared to traditional fundoplication, RYGB reduces the risk of recurrence by addressing high intragastric pressures and providing a smaller gastric pouch. Data suggests that recurrence

rate after paraesophageal hernia repair can exceed 30% after primary repair, especially in patients with obesity. RYGB decreases these risks, in addition to providing durable weight loss, which helps to reduce the risk of recurrence.

Case presentation: This video highlights the surgical management of a 65 year old female with a recurrent paraesophageal hernia and prior Nissen fundoplication. The patient was admitted to the hospital 22 months after the index procedure with severe dysphagia. Preoperative workup, including EGD and barium swallow confirmed a slipped Nissen and recurrent hernia. A robotic-assisted procedure was performed, involving takedown of the slipped fundoplication, recurrent paraesophageal hernia repair and conversion to Roux-en-Y gastric bypass (RYGB). This approach was selected to address the patient's symptoms and correct the anatomic defect, in addition to reducing recurrence risk.

This video underscores the role of robot-assisted surgery in managing complex revisional foregut and bariatric cases. This highlights surgical strategies, technical nuances, and decision-making to optimize patient outcomes.

L09V8PYVGN

ROBOTIC-ASSISTED REMNANT GASTRECTOMY FOR A LARGE GASTRIC REMNANT TUMOR S/P ROUX-EN-Y GASTRIC BYPASS

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Introduction: Gastric remnant masses after Roux-en-Y gastric bypass (RYGB) are uncommon, but can range from benign polyps to malignant lesions. Diagnosis is often delayed due to altered gastrointestinal anatomy, which complicates standard endoscopic evaluation. Consequently, evaluation and management often requires specialized interventions.

Case presentation: We present a surgical case involving a 74 year old female with history of RYGB who presented with a one-year history of nausea, vomiting, and diarrhea. Workup revealed a mass in the gastric remnant, a suspected appendiceal lesion, and a small hiatal hernia. A robotic approach was employed to address these findings in a single operation. The gastric remnant was carefully mobilized in the setting of post-RYGB anatomy, allowing for complete resection. The suspected appendiceal lesion was addressed with an appendectomy, and the hiatal hernia was repaired with hernia reduction and crural closure. This video highlights the utility of the robotic platform in navigating complex, altered anatomy. All three procedures were completed without the placement of additional trocars. Pathology confirmed both the suspected gastric and appendiceal masses to be benign. The patient recovered well postoperatively, with improvement of her gastrointestinal symptoms and no complications. This case exemplifies the safety and effectiveness of a robotic approach in managing multiple pathologies in a single operation, particularly in patients with altered anatomy from prior bariatric surgery. This case additionally underscores the importance of a multidisciplinary and tailored strategy in complex cases.

V0JN4MRN0M

ENDOSCOPIC TREATMENT OF GASTROJEJUNAL STRICTURES FOLLOWING BARIATRIC SURGERY USING LUMEN-APPOSING METAL STENT (AXIOS ™): A RETROSPECTIVE COHORT STUDY AND LITERATURE REVIEW

Rachel Jefferies *Baylor University Medical Center*; Marc Ward *Baylor Scott & White Health*; Gerald Ogola *Research Institute, Baylor Scott and White Health*; Steven Leeds *Department of Minimally Invasive Surgery, Baylor University Medical Center*

Gastrojejunal stricture (GJS) affects up to 27% of bariatric patients, some refractory to dilation, raising postoperative concerns. Non-surgical treatments include Fully Covered Self-Expandable Metallic Stent (FCSEMS) and dilation, with Lumen-Apposing Metal Stent (LAMS) emerging as a more recent alternative. A comprehensive analysis and literature review of LAMS for post-bariatric GJS was performed. A retrospective chart review was conducted on 13 patients who underwent LAMS for GJS following gastric bypass at our institution between 2019 and 2024. Patient characteristics, prior dilation history, stent duration, esophagogastroduodenoscopy (EGD) results, and procedure outcomes were analyzed. Additionally, we present a comprehensive literature review of published cases to contextualize findings within the broader field.

Thirteen patients (10 female, 3 male) met inclusion criteria, with 8 patients (61.5%) having prior dilation. Mean stent duration was 60.5 days, with 30.7% requiring repeat stent placement or upsizing for severe strictures. Patients underwent an average of 3 EGDs.

LAMS migration occurred in 1 of 17 total stents (5.8%). Stenosis resolution was achieved in 6 patients (54.5%), while 5 (45.5%) proceeded with surgical intervention with resolution.

Two patients were lost to follow-up. Our findings align with prior literature, demonstrating similar resolution rates and a lower migration rate, supporting LAMS efficacy and safety for GJ strictures.

Our study suggests that LAMS may offer a more favorable option for GJ stricture following bariatric surgery due to the low migration rate and high stenosis resolution with endoscopic therapy alone. Surgery remains a successful solution for severe stenosis, particularly when stents fail or are unsuitable.

L9V087M09J

MASSIVE HEPATOMEGALY AND UNDIAGNOSED POLYCYSTIC LIVER DISEASE AT THE TIME OF LAPAROSCOPIC SLEEVE GASTRECTOMY

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INTRODUCTION: Polycystic liver disease (PLD) is a rare disorder, affecting less than 0.01% of the population, characterized by

hepatomegaly and multiple liver cysts. Performing metabolic surgery in patients with PLD presents unique anatomical and technical challenges, particularly in cases of severe obesity. This case describes a successful sleeve gastrectomy in a patient with hepatomegaly secondary to PLD, highlighting critical surgical planning and intraoperative modifications.

CASE PRESENTATION: A 55-year-old female with a BMI of 59.9 kg/m2 and comorbidities, including hypertension and chronic kidney disease, presented for metabolic surgery. Preoperative imaging revealed a large liver cyst with mass effect, and a biopsy years earlier had confirmed no need for follow according to the patient. Unrecognized PLD was identified at the time of surgery and the operative approach required additional trocars and adjustments in Nathanson liver retractor placement to optimize exposure and ensure access to the hiatus. Liver retraction and mobilization of the greater curve were carefully performed to accommodate hepatomegaly. Gastric sleeve construction proceeded successfully and uneventfully with these modifications.

RESULTS: The patient tolerated a clear liquid diet and was discharged home on postoperative day 1. Follow-up at 1 and 4 weeks confirmed resolution of preoperative symptoms, without complications and continued diet tolerance. Histopathology from a liver biopsy identified steatohepatitis with Stage 1 fibrosis, prompting referral to hepatology for further management.

CONCLUSION(S): This case highlights the technical considerations necessary for operative planning in patients with PLD. Hepatomegaly and cystic pathology can complicate trocar placement, retraction, and mobilization. Successful outcomes are achievable. Awareness of rare anatomical conditions during metabolic surgery is critical to optimizing safety, access, and long-term results.

XJA9NPB9JY

ROBOTIC TAKEDOWN OF A GASTROGASTRIC FISTULA AFTER ROUX EN Y GASTRIC BYPASS

Daniel Farinas *Yale University School of Medicine*; Randal Zhou *Yale University School of Medicine*; Andrew Duffy *Yale University School of Medicine*; John Morton *Yale University School of Medicine*

Introduction: The Roux-en-Y gastric bypass (RYGB) is a highly effective procedure for treating obesity and reflux. However, it can lead to significant but infrequent complications, including leaks, hemorrhage, marginal ulcers, and fistula formation. Gastric fistulas can cause considerable morbidity, often requiring complex surgical revision. A systematic robotic approach offers a safe method to manage these complications.

Method: We present a 53-year-old female with a history of hypertension, CAD, NHL (in remission), GERD, Barrett's esophagus, and a laparoscopic RYGB in 2005. She presented with reflux and dysphagia. Imaging revealed a gastrogastric fistula between the proximal gastric pouch and the remnant stomach. Endoscopy and upper GI studies confirmed the fistula was located in the proximal pouch, away from the gastrojejunal anastomosis, prompting a decision to proceed with a robotic approach. During surgery, we encountered dense adhesions between the gastric pouch and remnant stomach. Using careful dissection and intraoperative endoscopy, we identified the fistula and obtained circumferential exposure. We transected the fistula proximally and performed a partial gastrectomy, removing both the fistula tract and the fundus of the gastric remnant. A drain was placed.

Results: The patient tolerated the procedure well. At her 2-month follow-up, she reported no dysphagia or reflux and had lost approximately 10% of her excess body weight.

Conclusion: A robotic approach with circumferential dissection for gastrogastric fistula after gastric bypass is a safe and effective option, particularly in patients with dense adhesions from prior abdominal surgery. This technique offers bariatric surgeons a reliable solution for complex cases.

58ZN0XWN8G

COMPARISON OF LAPAROSCOPIC AND ROBOTIC OUTCOMES IN SLEEVE GASTRECTOMY AT A SINGLE INSTITUTION

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Introduction: The rate of robotic bariatric procedures has increased over the last decade. Prior studies evaluating robotic bariatric procedure outcomes have mixed results with respect to operative times and complication rate.

Method: All patients undergoing sleeve gastrectomy by a single surgeon at a single institution between January 1, 2014 and June 30, 2024 with outcomes data captured in the Michigan Bariatric Surgery Collaborative (MBSC) database. The data underwent univariate analysis comparing operative time, length of stay and postoperative complications.

Results: 929 sleeve gastrectomies were identified; 647 laparoscopic and 282 robotic. The analysis demonstrated a shorter operative time laparoscopically vs robotically (58.7 minutes [CI 57.2-60.2] vs 65.0 [CI 62.2-67], $p<0.001$). In subsequent analysis, excluding the first 50 laparoscopic and robotic cases, robotic case time remained longer (57.3 [CI 55.9-58.8] vs 62.3 [CI 59.4-65.3], $p=0.0012$). Other outcomes were similar, including length of stay (2.05 vs 2.03 days, $p=0.549$), major complication (1.7% vs 1.0%, $p=0.54$), emergency room visit (4.5% vs 6.4%, $p=0.224$), readmission (2.0% vs 1.4%, $p=0.537$) and re-operation or intervention (0.14% vs 0.07%, $p=0.178$).

Conclusion: Study findings suggest comparable outcomes between robotic and laparoscopic sleeve gastrectomy, even after accounting for a technological learning curve. Operative times differed by only 5 minutes, with no difference in 30-day complications, including need for outpatient infusions, ED visits, readmission and re-operation.

8K5NW46NL0

COMPARISON OF GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONISTS USE FOR WEIGHT LOSS BETWEEN POSTSURGICAL AND NONSURGICAL PATIENTS: A RETROSPECTIVE ANALYSIS

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Introduction: Obesity is a chronic disease that has become a major concern in recent years. Major negative impact on health relating to morbidity and mortality is well studied. Recently glucagon-like peptide-1 receptor agonists (GLP-1 RA) use have increased in the treatment for obesity. GLP-1 RA have shown to be effective in weight loss and management of obesity associated comorbidities. Comparison in efficacy of GLP-1 RA in postsurgical patients and non-surgical patients is not well defined in literature.

Method: This is a single center retrospective cohort study performed at a Comprehensive Bariatric and Metabolic Institute. Post bariatric surgery patients with BMI $\geq$35 who were treated with GLP-1 RA medications postoperatively from 2019-2023 were identified and compared to non-surgical patients with BMI $\geq$35 who were also managed with GLP-1 RA medications during the 2019- 2023 period.

Results: Based on preliminary data, 1426 patients qualified for the study with a mean total weight loss of 30 lbs. In the surgical group, 217 patients were identified with a mean weight loss of 34.6 lbs. In the non-surgical group, 1426 patients were identified with a mean weight loss of 29.2 lbs. In comparison between the surgical and non-surgical groups treated with GLP1 RA there appears to be a statistically significant difference in total weight loss (p-value: 0.014).

Conclusion: In conclusion, based on preliminary data, GLP-1 RA appear to be useful for weight loss in obese patients. This study demonstrates more total weight loss in post-bariatric surgical patients compared to non-surgical patients, although clinical significant needs to be further studied.

965XMNVXZ7

OUTCOMES OF SADI COMPARED TO OTHER COMMONLY PERFORMED METABOLIC AND BARIATRIC PROCEDURES BASED ON MBSAQIP 2020-2023

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Background: We previously reported outcomes of Sleeve Gastrectomy (SG), Roux-en-Y Gastric Bypass (RYGB), and revision/conversion (RC) using MBSAQIP. However, data comparing the outcomes of Single Anastomosis Duodeno-Ileostomy (SADI) to these procedures is lacking. The objective of this study is to compare the outcomes of SADI to these procedures using MBSAQIP data from 2020-2023.

Materials and Methods: Retrospective analysis of the MBSAQIP PUF from 2020-2023 was performed. Comparison across groups was conducted using analysis of variance (ANOVA), the Kruskal-Wallis test, and the chi-square test. Primary endpoints were incidence of Serious Event Occurrence (SEO), and intervention at 30 days. Secondary endpoints were 30-day readmission, length of stay (LOS), and operation length.

Results: A total of 752,497 patients were examined. The incidence of SEO for SADI, SG, RYGB and RC was 5.86%, 3.09%, 5.69% and 5.07% respectively ($p<0.05$). The incidence of intervention at 30 days was 1.30%, 0.45%, 1.33% and 1.57% for SADI, SG, RYGB and RC respectively ($p<0.05$). The 30-day readmission rate was 4.78%, 2.23%, 4.7% and 4.84% for SADI, SG, RYG and RC ($p<0.05$). The median operation length for SADI was 116 min compared to 62, 115 and 119 for SG, RYGB and RC ($p<0.05$). LOS for all procedures was almost the same.

Conclusion: Our analysis shows that SADI appears to have an acceptable safety profile. The complication rate is higher when compared to SG or RYGB, but less than that of revisional or conversion procedures.

AQVLDMGLQP

LAPAROSCOPIC SLEEVE GASTRECTOMY PLUS WITH PROXIMAL JEJUNAL BYPASS VERSUS LAPAROSCOPIC SLEEVE GASTRECTOMY

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Background: The laparoscopic sleeve gastrectomy(LSG)is standard procedure in bariatric surgery;however, it has been found with 30-35% weight regain and 13% of patients still have diabetes remission at 5 years post surgery.The Laparoscopic sleeve plus with proximal jejunal bypass(LSG plus with PJB)explains the mechanisms of diabetic control and weight through hindgut theory and helping to prevent weight regain and achieve better diabetic remission compared to LSG alone.

Materials&Methods: This prospective study includes all patients who underwent LSG with and without PJB at King Taksin Memorial Hospital Thailand(all cases between January 1st 2023 - January 1st 2024, average follow up 11 months)by single expert bariatric surgeon.We performed antral preservation gastrectomy(6.5 cm from pylorus)with buttress technique in both groups.

Results: 80 cases of the patients who underwent laparoscopic sleeve gastrectomy($n=50$)and laparoscopic sleeve gastrectomy with proximal jejunal bypass($n=30$) was female 75%, average age 37.3 ± 8.99 years old.The body weight 117.09 ± 25.42(LSG) vs 116.82 ± 18.67(LSG plus with PJB),$p=0.96$ kg and BMI 43.52 ± 7.56(LSG)vs 41.83 ± 4.34(LSG plus with PJB),$p=0.26$ kg/m2. The %EWL of the patients in LSG plus with PJB group was significant greater than that in the LSG group at 6 month (67.12 ± 20.81 vs 54.29 ± 17.32,$p=0.03$)and 12 month after surgery(82.12 ± 8.33 vs 60.09 ± 17.67,$p=0.04$). We performed sleeve gastrectomy with antral preservation and buttress technique in both groups and post-operative GERD was better than other standard technique(4.76% vs 13.95%,$p=0.6$),but not significant differences between two groups. There were 0% of clinical vomiting, perioperative complications, reoperation, readmission, protein malnutrition.

Conclusions: The LSG plus with PJB had a greater %EWL than the LSG group.Clinical GERD was better than other standard technique,but there were not significant differences in two groups

A8N4J0G48R

TREATMENT OF GASTROPARESIS WITH SLEEVE GASTRECTOMY AND PYLOROPLASTY

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Introduction: Gastroparesis is a difficult condition to treat and there are many different surgical options to address it. These options range from a gastric pacer, pyloroplasty, Roux-en-Y gastric bypass and sleeve gastrectomy (SG). The best treatment in the patient with obesity had not been definitively determined. This series evaluates a combination treatment of SG with pyloroplasty in patients with or without obesity.

Methods: Patients with proven gastroparesis underwent appropriate work up and then had a SG+pyloroplasty. All procedures were completed laparoscopically and had repeat gastric emptying studies. Descriptive statistics were applied.

Results: Twelve patients underwent SG+pyloroplasty. Two patients also had hiatal hernia repair at the same time. The patients had an average age of 52 and an average body mass index of 29.4. There were 9 females. The average gastric emptying time prior to surgery was 381.7 min (+/-142.2). The average operative time was 142 min. Postoperatively, the gastric emptying time decreased to 88.5 min (+/-34.5). All patients had at least 6 months follow-up. There were no complications or readmissions.

Conclusions: SG+pyloroplasty is a safe, efficacious treatment of gastroparesis in the patient with obesity. Longer follow-up and larger trials are needed to further evaluate this technique.

B8VKR90KMP

IMPACT OF POPULATION DENSITY AND INSURANCE TYPE ON ACCESS TO PEDIATRIC BARIATRIC SURGERY

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Introduction: The obesity epidemic is a significant public health concern. For pediatric patients with severe obesity, bariatric surgery improves metabolic outcomes. Geopolitical and socioeconomic factors influence access to bariatric surgery. This study compares insurance types, zip codes, and complication rates among children who underwent bariatric surgery. We hypothesized a higher rate of urban dwellers and public insurance coverage in this population.

Method: A retrospective review of patients who underwent bariatric surgery at a pediatric academic medical center was performed. Zip codes, insurance status, and postoperative complications were compared with MBSAQIP national data (2021-2023), and EMR was queried for surgery denial based on insurance status (2023-2024). Patients were grouped into rural and urban categories using GIS-derived population densities and by insurance status. Chi-square tests were utilized (significance $p < 0.05$).

Results: Of 155 patients, 48.4% lived in rural (n=75) and 51.6% in urban areas (n=80). Among rural residents, 52% had public insurance, and 48% had private insurance, versus 78.8% public and 21.2% private insurance in urban areas ($p < 0.001$). Of the 36 bariatric-eligible patients who did not receive surgery, 3 were denied based on insurance, with 2 having private insurance. No significant association was found between insurance status or rurality and complications ($p=0.3$, $p=0.08$). Compared to MBSAQIP data, our facility performed more bariatric surgeries on patients with public insurance.

Conclusion: Insurance type significantly differed among urban-dwelling patients. Our facility successfully reached the urban population with a higher proportion of public insurance coverage. Further study is needed to assess other socioeconomic factors' impact on bariatric surgery outcomes.

BV7Q46LQVW

RISKS OF BARIATRIC SURGERY AND CONCURRENT ORGAN TRANSPLANTATION: MBSAQIP 2023

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Background: Performing metabolic and bariatric surgery at the time of organ transplantation is an emerging approach to patients with organ failure and concomitant obesity.

Methods: We used data from the 2023 MBSAQIP PUF and identified all individuals who underwent concurrent organ transplantation at the time of metabolic or bariatric surgery. We compared baseline characteristics of patients undergoing concurrent organ transplantation to the rest of the MBSAQIP cohort, and report key 30-day postoperative outcomes.

Results: 64 patients underwent concurrent organ transplantation, with 13 patients undergoing liver transplantation, 2 undergoing kidney transplantation, and 49 patients with missing organ transplant information. The median age of these patients was 49, with 44% of patients being male. The most commonly performed procedure was sleeve gastrectomy (70%), followed by Roux-en-Y gastric bypass (25%). 95% of these procedures were primary bariatric procedures, and procedures were performed laparoscopically (52%), robotically (25%), and in an open fashion (23%). The median operation length was 106 minutes (IQR 70 to 191). 7 patients (11%) required a postoperative transfusion, 59 patients (94%) were discharged home, 2 patients (3.1%) had a reoperation within 30 days, 4 patients (6.3%) required readmission. There were no unplanned admissions to intensive care, unplanned intubations, postoperative strokes, myocardial infarctions, or pulmonary embolisms. All patients survived to at least 30 days.

Conclusion: Bariatric surgery with concurrent organ transplantation appears to be feasible, with acceptable risks of major complications. Additional study is necessary to understand patient and system related risk factors to optimize patient outcomes following such complex and multi-component operations.

G9LKGD0KBR

THE CHALLENGES IN EVALUATING WEIGHT LOSS OUTCOMES OF PREOPERATIVE GLP-1 RECEPTOR AGONIST WITH SLEEVE GASTRECTOMY – GETTING A PRESCRIPTION IS NOT ENOUGH

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Introduction: We utilized a national electronic health record and claims dataset from Arcadia Solutions to evaluate the postoperative weight loss outcomes for patients having obesity treated with preoperative Glucagon-like Peptide-1 Receptor Agonists (GLP-1) and sleeve gastrectomy compared to those who underwent bariatric surgery only.

Methods: Between 2020-2023, adult patients who underwent sleeve gastrectomy and were prescribed GLP-1 within the year prior to surgery (sleeve plus GLP-1 group) were compared to patients without GLP-1 who had Roux-en-Y gastric bypass (RYGB group) or sleeve gastrectomy (sleeve group). Primary outcomes assessed were change in BMI (ΔBMI) and percent total weight loss (%TWL) at one year from surgery.

Results: There were 2979 patients in the bypass group, 4396 patients in the sleeve group, and 510 patients in the sleeve plus GLP-1 group. Baseline BMI (kg/m2) was similar across all treatment groups (44.1 in bypass, 44.0 in sleeve, 44.5 in GLP-1 plus sleeve). The bypass group had the highest ΔBMI kg/m2 (SD) [-13.67 (4.93) vs. -11.75 (4.61) vs. -10.67 (4.62)] and %TWL [30.95% (10.13) vs. 26.7% (9.47) vs. 23.8% (9.4)] compared to either sleeve only or sleeve plus GLP-1 groups, respectively.

Conclusion: While we observed an expected difference between the RYGB and sleeve groups, we failed to observe any difference in one-year weight loss outcomes between the sleeve plus GLP-1 and sleeve groups. Those findings being unlikely, we questioned our methodology. Looking at our internal data, simply having a GLP-1 prescription does not equate to therapeutic use. Insurance coverage, drug shortages, generation of GLP-1, cost, and side effects can limit access and adherence, and these variables were not captured in this large national database. Therefore, more granular data is needed to assess the impact of preoperative GLP-1 therapy.

K75N0JDNRA

PATTERNS OF MICRONUTRIENT FLUCTUATIONS OVER 5-YEAR FOLLOWING ROUX-EN-Y GASTRIC BYPASS AND SLEEVE GASTRECTOMY

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Introduction: Post bariatric surgery patients can develop vitamin malabsorption due to altered anatomy that can lead to micronutrient deficiencies. Here, we investigated whether micronutrient trajectories differ between Roux-en-Y gastric bypass (RYGB) and sleeve gastrectomy (SG) over the years after surgery.

Method: We conducted a retrospective longitudinal study on 6,675 patients who underwent RYGB or SG between January 4, 2010 and December 31, 2019 and who had micronutrient measurements for up to 5 years after surgery. We estimated the average of 12 micronutrient levels (i.e., Vit A, Vit B1, Vit D, Vit B12, PTH, Ferritin, Zn, Cu, Ca, Mg, Hgb, and Albumin) after surgery at 6 postoperative follow-up time points: 6, 12, 24, 36, 48, and 60 months. Comparisons of those averages between RYGB and SG were performed using t-tests.

Results: Out of 6,675 patients included in this study, 2,363 (35.4%) underwent RYGB (mean [SD] age at surgery, 45.6 [10.5] years; 2,018 [85.4%] women) and 4,312 (64.6%) underwent SG (mean [SD] age at surgery, 45.1 [10.9] years; 3,618 [83.9%] women). Interestingly, Vit B1 levels were significantly higher over the 6 postoperative follow-up time points among patients who underwent RYGB compared with those who underwent SG ($P<0.001$). We also found that, over the 6 postoperative follow-up time points, compared with patients who underwent RYGB, patients who underwent SG had higher Ca and Hgb levels.

Conclusion: Findings suggest that some postoperative micronutrient levels differ between RYGB and SG. These differences should be considered in prevention of micronutrient deficiencies.

L7YRWD4RN9

ADOLESCENT METABOLIC AND BARIATRIC SURGERY: DOES AGE MAKE A DIFFERENCE?

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Introduction: Adolescent patients undergoing Metabolic and Bariatric Surgery (MBS) have better weight loss compared to adults. This study sought to compare pre- and post-operative weight trajectories amongst adolescent patients of different ages.

Methods: A multi-institutional chart review was performed at three children's hospitals, including patients who underwent MBS from March 2013 to September 2024. Demographics, comorbidities, and pre- and post-operative weight and Body Mass Index (BMI, kg/m2) were compared between patients less than 15 years of age (<15), between 15-18 (15-18), and 18 and older (18+). The Wilcoxon rank sum test and Pearson's Chi-squared test were used.

Results: Of 325 patients, 55 were <15, 168 were 15-18, and 102 were 18+. Consult BMI was 45, 48, and 48 respectively. There were no differences in gender, race, insurance type or comorbidities among groups. The youngest patients were more likely to gain weight from consultation to surgery (+8% BMI change compared to +2% and +1%, $p<0.001$). Day-of-surgery BMI was

similar (48-49) in all groups as was BMI at 6 and 12 months post-operatively (6 months 39-40, 12 months 37-38). Time from consultation to surgery was longest in the 18+ group (19 months) followed by <15 (17 months) and 15-18 (13 months) (p=0.004).
Conclusion: The youngest cohort gained significantly more weight from consultation to surgery, with similar post-operative BMI reductions. These findings suggest that earlier surgical intervention in this age group may prevent additional preoperative weight gain and facilitate attainment of a healthy post-operative BMI.

P7J4QWB47R

PREDICTING FIBROTIC METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE IN BARIATRIC SURGERY PATIENTS

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Background: Metabolic dysfunction-associated steatotic liver disease (MASLD)— encompassing steatosis, steatohepatitis, and fibrosis—is prevalent in bariatric surgery patients. Preoperative identification of advanced MASLD, particularly fibrosis, allows surgeons to mitigate intraoperative complications and plan appropriate postoperative treatment. Existing non-invasive fibrosis scores lack validation in bariatric patient populations, and we aimed to evaluate parameters that effectively predict MASLD severity.
Method: In a retrospective series of bariatric patients who underwent intraoperative liver biopsies, clinical, biochemical, and histopathological data were collected and fibrosis severity scores (NAFLD Fibrosis Score [NFS], AST to Platelet Ratio Index [APRI], AST/ALT, FIB-4, and BARD) were calculated. Patients were categorized into two groups by histopathological fibrosis: F- (none) and F+ (present). Differences in parameters were analyzed via t-test and principal component analysis (PCA).
Results: Of 63 patients (70% female), mean age was 45.1±13.3 years and mean BMI was 45.8±8.1 kg/m2. Patients with fibrosis had significantly higher AST (F+ 29.7±23.2 vs F20.1±8.5, p=0.05), ALT (45.3±46.4 vs 20.1±8.5, p=0.04), triglycerides (148.6±68.6 vs 109.4±49, p=0.02), and near-significant associations with HbA1c (p=0.11) and insulin resistance (HOMA-IR, p=0.09). Predictive modeling by PCA showed clustering of Fpatients, indicating more homogeneity among those without fibrosis. Only NFS and APRI were capable of predicting presence of fibrosis.
Conclusion: Improved application of non-invasive fibrosis tools is essential to predict MASLD severity. NFS, APRI, and identified lab parameters appear promising to identify fibrotic MASLD, facilitating preoperative risk discussions and improved postoperative management of bariatric patients. Expansion of this dataset can validate the utility of these scores as reliable, non-invasive diagnostic tools for bariatric surgeons.

Q0NL8KNL0R

A REVIEW OF 500 ROBOTIC BARIATRIC SURGERIES AT A COMMUNITY TEACHING HOSPITAL

Diana Tang *Saint Joseph Hospital Chicago*; Richard Zhu *Ascension Medical Group*; Ruth Davis *Ascension*

Introduction: Historically, a laparoscopic approach to bariatric surgery has been considered the gold standard. In recent years, many surgeons have adopted a robotic-assisted laparoscopic (RAL) approach. Various analyses have emerged using the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Project (MBSAQIP) database comparing clinical outcomes of the two approaches. Much of the literature concludes that both approaches are similar when evaluating postoperative mortality. However, there are reports that RAL bariatric surgeries are associated with increased postoperative complications. Notably, RAL sleeve gastrectomy (SG) has been associated with higher rates of leak and RAL RouxEn-Y gastric bypass (RYGB) with higher rates of reoperation and readmission.
Method: From 2020-2024, 500 RAL bariatric surgeries were completed at a community teaching hospital by an experienced robotic surgeon. This included RAL SG, RYGB, and revisional procedures. Each operation included an intraoperative leak test using indocyanine green (ICG).
Results: Across 500 cases, one intraoperative anastomotic leak was detected during a RAL RYGB which was subsequently oversewn with a negative repeat leak test. There were zero postoperative leaks. Other outcomes including operative time, conversion rate, length-ofstay, 30-day readmission, 30-day reintervention, postoperative bleeding, and surgical site infection, compare favorably to the laparoscopic approach in the MBSAQIP database.
Conclusion: RAL bariatric surgery remains a safe treatment option when compared to laparoscopic bariatric surgery. With an increasing number of experienced robotic bariatric surgeons, operative time and outcomes associated with RAL surgery may become superior to that of the laparoscopic approach in future MBSAQIP analyses.

PX9L9MQLNB

VENTRAL HERNIAS AS A COMORBID CONDITION FOR METABOLIC AND BARIATRIC SURGERY

Janelle Rodriguez *Banner University Center Phoenix*; Priya Rajdev *Banner Health*; Mackenzie Landin *Banner Health*

Introduction: Populations with severe obesity have a significantly increased risk of developing abdominal wall hernias. The American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) 2022 indications for metabolic and bariatric surgery (MBS) eligibility recommend treatment for patients with obesity as a bridge to abdominal wall hernia repair. However, prevailing trends in insurance coverage do not align with this recommendation.
Methods: We conducted a review of insurance policies at a single center in Arizona. Thirty seven policies were reviewed to determine which cover bariatric surgery for patients with obesity

and abdominal wall hernias. Policies were reviewed and separated into categories of coverage, no coverage, and unclear coverage.

Results: Of the 37 insurance policies reviewed, only one provided coverage for bariatric surgery with ventral hernias as a comorbidity. One policy covered comorbidities that "interfere with daily function to the extent that performance is severely curtailed". Six insurance policies had unclear criteria with language of "including but not limited to" a list of comorbidities, in which ventral hernias were not mentioned. Two policies did not identify any qualifying comorbidities. Twenty-four companies did not consider ventral hernias as a comorbid condition.

Conclusion: MBS eligibility criteria is inconsistent with regard to abdominal wall hernia in populations with severe obesity in Arizona. Policies must be clarified to ensure that patients with obesity and hernias have access to care. Further evidence-based advocacy is essential to drive policy changes and promote transparency in coverage criteria.

Q6BDRKWD6L

ROBOT ASSISTED REVERSAL OF GASTRIC BYPASS WITH HIATAL HERNIA REPAIR

Sayali Kulkarni *St. Joseph's University Medical Center*; Toghrul Talishinskiy *St. Joseph's University Medical Center*

We present the case of a 44-year-old female who underwent a robot-assisted gastric bypass reversal with concurrent hiatal hernia repair. The patient had previously undergone an open gastric bypass and subsequently experienced complications, including a marginal ulcer, which necessitated laparoscopic gastrojejunostomy reconstruction with a partial resection of the remnant stomach. Over time, she developed chronic gastrojejunostomy ulcers requiring repeated endoscopic interventions, severe malnutrition, and an inability to tolerate oral intake, ultimately requiring prolonged TPN.

During the reversal procedure, the gastric pouch was dissected from the remnant stomach, and the hiatus was mobilized to ensure sufficient length for a gastrogastric anastomosis. The transected Roux limb was anastomosed to the distal biliopancreatic limb to restore intestinal continuity, and the hiatal hernia was repaired. Postoperatively, the patient is tolerating a regular diet, gaining weight, and no longer dependent on TPN. Pre-operatively she was at a BMI of 18 and currently almost three months since surgery she is at a BMI of 20.

This case highlights that even in patients with a complex surgical history and a partially excised remnant stomach, gastric bypass reversal is a viable and effective surgical option.

It serves as a possible option to for patients suffering from chronic marginal ulcers and malnutrition following gastric bypass surgery who failed other interventions.

VYVDM5GDYR

BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH IN A PATIENT WITH MIDGUT MALROTATION: A CASE REPORT

Laith Batarseh *Jefferson Abington Hospital*; Gintaras Antanavicius *Thomas Jefferson University*

Biliopancreatic diversion with duodenal switch (BPD/DS) is an effective bariatric procedure for weight loss and improving metabolic comorbidities. However, performing BPD/DS in patients with congenital anatomical anomalies such as midgut malrotation can complicate the procedure. This case report highlights the management of a patient with morbid obesity and midgut malrotation undergoing BPD/DS, focusing on the surgical approach, intraoperative challenges, and postoperative outcomes.

A 31-year-old female with a BMI of 55 kg/m2 and a history of failed sleeve gastrectomy presented for bariatric surgery re-evaluation. A previous CT scan raised suspicion for midgut malrotation, confirmed by a small bowel follow-through study. Given her BMI and associated comorbidities, including hypertension, obstructive sleep apnea, and type 2 diabetes, she met the criteria for surgery as per the American Society for Metabolic and Bariatric Surgery (ASMBS) guidelines. A robotic-assisted BPD/DS was planned, with careful preoperative assessment of her unique anatomy. Intraoperatively, the midgut malrotation was managed by identifying the ileocecal junction and ligament of Treitz, and the bowel was rearranged to avoid mesenteric twisting. A duodenal-ileal anastomosis was created with a 180-degree counterclockwise rotation of the biliopancreatic and enteric limbs to accommodate the malrotation. The remainder of the procedure followed standard protocols. The patient had an uneventful recovery and was discharged on postoperative day one, with a 22 lb weight loss at 1 month post-surgery.

This case demonstrates the successful adaptation of bariatric surgery techniques in the presence of midgut malrotation. It highlights the importance of preoperative imaging and intraoperative flexibility in managing complex anatomical variations, ensuring optimal outcomes in patients with bariatric needs and congenital anomalies.

V04KRP4KMB

ASSOCIATION BETWEEN BMI, HBA1C, AND LONG-TERM WEIGHT LOSS AFTER SLEEVE GASTRECTOMY: INSIGHTS FROM THE ALL OF US DATABASE

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Introduction: The All of Us database captures weight measurements over time and may be a useful tool for studying predictors of longitudinal outcomes after bariatric surgery. We aimed to evaluate the association between preoperative body mass index (BMI), hemoglobin A1c (HbA1c) status, and long-term weight loss after sleeve gastrectomy (SG). We hypothesized that BMI $>$ 50 and HbA1c $>$ 6.5 would be associated with poorer long-term weight loss outcomes.

Methods: We queried the All of Us database for patients with body mass index (BMI) data available from 3 years before to 7 years after SG. Statistical analysis was performed using ANOVA with Tukey HSD for post-hoc analysis.

Results: 517 patients met the criteria for inclusion, encompassing 4,868 person-years. The average age at surgery was 45.7 $\pm$ 12.4 years, while the average BMI and hemoglobin A1c at the time of

surgery were 45.3 ± 8.86 and 5.87 ± 0.94, respectively. Four groups were created on the basis of BMI and HbA1c at time of SG: BMI > 50/HbA1c > 6.5 (n = 24); BMI > 50/HbA1c < 6.5 (n = 86); BMI < 50/ HbA1c > 6.5 (n = 65); BMI < 50/HbA1c < 6.5 (n = 342). At 7 years postoperatively, the group with BMI > 50 and HbA1c > 6.5 had significantly worse weight loss outcomes (9.59% above preop weight, p<0.001), and there were no significant differences in weight loss between the remaining three groups (mean 16.6% TBWL).

Conclusions: Patients with preoperative BMI > 50 and concurrent HbA1c > 6.5 at the time of SG were at higher risk for weight recurrence and poor long-term outcomes. These patients may benefit from closer follow-up and consideration of adjuvant medical therapy to maintain weight loss postoperatively. To our knowledge, this is the first study to use the All of Us database to measure longitudinal weight trends after bariatric surgery.

WDXZR9GZD6

RARE COMPLICATIONS OF SLEEVE GASTRECTOMY: CHRONIC SLEEVE LEAK RESULTING IN BILATERAL GASTRO-PULMONARY FISTULAE

Subtain Ali *Department of Radiology, West Virginia University*; Cara Lombard *Department of Radiology, West Virginia University* Haley Harman *West Virginia University School of Medicine*; Nova Szoka *Department of Surgery - West Virginia University*; Lawrence Tabone *West Virginia University*; Salim Abunnaja *West Virginia University*

We present a complex case of a 69-year-old woman post laparoscopic sleeve gastrectomy presenting with a chronic sleeve leak with bilateral gastro-pulmonary fistulae.

Her index sleeve operation with concurrent paraoesophageal hiatal hernia repair occurred in spring of the year prior at an outside facility; three weeks postoperatively she developed a left upper quadrant abscess, and her index surgeon took her to the OR for laparoscopic washout, where a leak at the superior aspect of the gastric staple line was identified. An omentopexy, drains, and endoscopic stent were performed. Nonoperative management was pursued for 16 months; she remained at a long-term care facility with little improvement.

Following respiratory decompensation, the patient was transferred to our care with pneumonia, a complex left subpulmonic pleural collection, a persistent gastric leak, hypoalbuminema (albumin 2.1). She underwent an open left lower lobectomy, left gastropulmonary fistula repair with abdominal drain & J tube placement. Due to her protein calorie malnutrition and severe failure to thrive, fistula repair was not undertaken.

Four weeks later, the patient was readmitted with a dislodged J-tube/drain and new sepsis.

Imaging revealed a recurrent right gastro-pulmonary fistula. She underwent exploratory laparotomy, completion gastrectomy, esophagojejunostomy with Roux-en-Y, small bowel resection, J-tube placement, and endoscopy. A follow-up CT showed improved pleural collections but raised concerns about a developing phlegmon in the surgical incision. The patient underwent incisional exploration, washout, fascial closure, and wound VAC placement. With further care her wounds healed and she recovered fully.

0VDBL9MBVQ

BARF: BLOATING, ABDOMINAL PAIN, REGURGITATION, AND FOOD INTOLERANCE

Dillon Gasper *University of Nebraska, Omaha*; Corrigan Mcbride *University of Nebraska Medical Center*

This presentation details a case of a patient who developed BARF syndrome— characterized by bloating, abdominal pain, regurgitation, and food intolerance—following bariatric surgery. The patient, a 57-year-old female, had previously undergone Roux-en-Y gastric bypass one year prior and presented with persistent gastrointestinal symptoms.

Despite 130 lbs of weight loss post-surgery, the patient began experiencing worsening symptoms, including severe bloating, dysphagia, regurgitation (particularly when recumbent), and food intolerance. Diagnostic tests, including upper gastrointestinal contrast studies, revealed a recurrent hiatal hernia with significant herniation of the pouch into the posterior mediastinum.

BARF syndrome, identified in patients with post-bariatric hiatal hernias, poses unique challenges in symptom management and diagnosis, often leading to misattribution to maladaptive eating behaviors. Surgical intervention was deemed necessary to alleviate the patient's symptoms. The surgical repair involved a laparoscopic posterior cruroplasty, during which the herniated stomach was reduced back into the abdominal cavity, and the hiatal defect was repaired.

The video presentation highlights the technical aspects of the surgery, including the dissection of the hernia sac and crural closure. Postoperatively, the patient experienced significant improvement in regurgitation and dysphagia.

This case exemplifies the effective role of surgical intervention in treating BARF syndrome associated with post-bariatric hiatal hernias, demonstrating improved quality of life and symptom resolution. The video format offers a detailed view of the repair technique, enhancing the understanding of this underreported condition and its surgical management.

WLJXRVBXLD

NUTRIENT AND VITAMINS DEFICIENCIES BEFORE AND AFTER GASTRIC BYPASS OR SLEEVE GASTRECTOMY: A COMPARATIVE ANALYSIS OF 1,420 PATIENTS

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Introduction: Micro- and macro-nutrient deficiencies are observed before and after metabolic and bariatric surgery (MBS), and the differential association of type of MBS with deficiencies is not well characterized. We aim to study these deficiencies before and after Gastric Bypass (LRYGB) or Sleeve Gastrectomy (LSG).

Methods: Retrospective analysis of prospectively collected data for patients that underwent primary LRYGB or LSG from 2016 to 2023 at a quaternary academic hospital.
Patient characteristics and nutrient values were studied before and up to 2 years postoperatively. Total body weight loss (TBWL) was studied after 1 and 2 years. Nutrient deficiency was defined as any level below normal range.
Results: 1,420 patients were studied, 467(33%) had LRYGB and 953(67%) LSG. Baseline characteristics were similar other than a higher proportion of Black patients undergoing LSG(Table 1). Rate of baseline nutrient deficiencies were similar, however there was a greater rate of low hemoglobin in the LSG group (Table 2). TBWL at 1 and 2 years was greater with LRYGB (Table 1). Post-operatively, there were no significant differences between groups in vitamins B1, B6, B12, D, or hemoglobin and albumin deficiency rates. LRYGB patients were more likely to have iron deficiency (Table 2). An increase in vitamin D levels was observed after both surgeries compared to baseline levels.
Conclusions: Up to 2 years after surgery LRYGB provides for greater weight loss than LSG, which does not result in significantly higher nutrient deficiency rates, other than iron.

X044AR740Q

BILIARY DISEASE AFTER SINGLE ANASTOMOSIS DUODENO-ILEAL BYPASS WITH SLEEVE(SADI-S)

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Introduction: Significant weight loss after bariatric surgery and obesity modifying medications carries the risk of biliary disease. Our study aims to evaluate the incidence of biliary disease and gallstone formation after Single anastomosis duodeno-ileal bypass with sleeve gastrectomy (SADI-S).
Methodology: We performed a retrospective review of SADI-S procedures between 2020 and 2024. We excluded patients with asymptomatic stones or prior cholecystectomy.
Ursodiol was prescribed for 6 months postoperatively to minimize stone formation. Ultrasound is ordered around 6 months after surgery for gallstone detection. We recommend cholecystectomy for any symptomatic gallstones or complications from them. We offer the same for asymptomatic gallstones.
Results: A total of 272 (F:M; 199:73) with a mean age of 43.11 years (range 22- 78, SD+/-14), and a mean BMI of 47.06 (range 32–80, SD +/-12) were included. Mean total body weight loss (TBW%) was 37.03 (range 17.38 to 62) at 2 years. 37 of 272 patients (13.6%) experienced symptomatic biliary disease, requiring cholecystectomy. Ursodiol was prescribed in 98 % of the cases and 149/272 (55%) completed the screening US. 70 of those (47%) developed either stones (37) or sludge (33). Only 6 of 33 with sludge required gall bladder surgery compared with 19 of 37 with stones. Multivariate regression analysis identified higher TBW% as the most important risk factor for biliary disease.
Conclusion: The rate of symptomatic biliary disease following the SADI-S procedure is 13.6% in this cohort. Additional studies are warranted to establish the incidence. We recommend preventive measures and screening.

4KVPALJPKL

ROBOTIC-ASSISTED PARAESOPHAGEAL HERNIA REPAIR WITH HELLER MYOTOMY AND TOUPET FUNDOPLICATION IN A PATIENT WITH OBESITY

Maher El Chaar *St Luke's University Hospital and Health Network*; Eric Stevens *St Luke's University Hospital and Health Network*; Albert Lwin *St Luke's University Hospital and Health Network*

Achalasia is a rare motility disorder of the esophagus, characterized by failure of the lower esophageal sphincter to relax and absent peristalsis, leading to dysphagia, regurgitation, and weight loss. Paraesophageal hernias often present with similar symptoms. While the coexistence of these conditions can complicate management, treatment typically involves a myotomy as well as repair of the hernia. Studies report high long-term symptom relief (80-90%) and low recurrence rates (5-10%) with robotic Heller myotomy. Endoscopic myotomy also offers excellent outcomes with slightly quicker recovery and lower complication rate, but with high risk of post-operative gastroesophageal reflux.
In this video, we present the case of a 63 year old male referred to our clinic with symptoms of dysphagia to solids and liquids. Patient BMI was 33. Diagnostic workup, including esophagogastroduodenoscopy (EGD), barium swallow, and manometry, revealed a paraesophageal hernia and achalasia. We offered a RYGB combined with Heller Myptomy. Patient refused to undergo a RYGB. Given the complexity of his presentation, the decision was made to perform a combined robotic-assisted paraesophageal hernia repair and Heller myotomy. The robotic approach allowed for precise dissection and optimal visualization, ensuring an effective myotomy for achalasia and successful repair of the hernia. The procedure was without complication, and postoperative recovery was uneventful. This case demonstrates the successful use of robotic surgery for the simultaneous management of both achalasia and paraesophageal hernia.

5YXKXQ5KGQ

CONVERSION OF SLEEVE GASTRECTOMY TO ONE ANASTOMOSIS GASTRIC BYPASS DUE TO WEIGHT RECURRENCE

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Case Summary: A 31-year-old female with a history of vertical sleeve gastrectomy in 2017 (initial weight 110 kg, BMI 41 kg/m^2). Nadir weight at 12 months: 74 kg (BMI 25.6 kg/m^2).
Four years post-procedure, the patient became pregnant and reports weight regain. She has a history of dyslipidemia. Denies any gastroesophageal reflux symptoms. Current weight: 99.7 kg (BMI 35 kg/m^2).

She was referred for an esophagogastroduodenoscopy, which showed a dilated sleeve without any other significant findings. Revision surgery was planned for a one-anastomosis gastric bypass. During the procedure, adhesions were released, and the dilated sleeve was confirmed. The sleeve was reshaped using a 36 Fr bougie. An antrectomy was performed at the Crows Foot level to ensure a long gastric pouch.

A gastrojejunal anastomosis was created 150 cm from the Treitz ligament using a 4 cm mechanical suture. The enterotomy was closed with a 3/0 barbed suture, and a pneumatic test was performed to confirm proper closure. No drainage was placed, and a diluted local anesthetic was instilled for pain control. Hemostasis was checked. The aponeurosis was closed at the 12 mm port sites, and CO_2 was evacuated.

In the recovery room, respiratory exercises were initiated. Six hours later, the patient was transferred to her room and started on an early recovery protocol. A liquid diet was started 24 hours post-surgery, and the patient was discharged.

https://drive.google.com/file/d/1gA0DiegCcrW0FCbMfOB8qxtCgxUkOIjP/view?usp=drive_link

X7KLN6RLJP

ALLERGIES AS A RISK FACTOR ASSOCIATED WITH LENGTH OF STAY AND READMISSION AFTER BARIATRIC SURGERY

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Introduction: The MBSAQIP database captures comorbidities that can affect outcomes.

As healthcare data evolves, identifying new indicators complicating surgical outcomes is also important. Patients with allergies face unique challenges, and evidence suggests allergies may negatively impact postsurgical outcomes.

Methods: This single center retrospective review (2016 to 2022) analyzed data from bariatric surgery patients collected from electronic medical records. Allergies were categorized as >4 or ≤ 4. Outcomes included increased length of stay (LOS$>$1 day), unplanned readmission, and 30-day readmission. Using R version 4.2.3, multivariate logistic regression model was constructed to evaluate association between outcomes and baseline characteristics [race, age, gender, preoperative BMI, type of surgery (i.e., revision/conversion)], reported as odds ratios (OR) with 95% confidence intervals (CI), statistical significance was set at $p<0.05$.

Results: This study included 1,652 patients, 122 in the >4 allergy group. Patients with >4 allergies had a higher likelihood of increased LOS (54.1% vs 39.4%, OR 1.95, CI 1.32-2.87, $p<0.001$), more unplanned readmissions (10.7% vs 5.0%, OR 2.01, CI 1.06-3.82, $p=0.033$) and readmissions within 30-days (11.5% vs 5.2%, OR 2.12, CI 1.14-3.96, $p=.018$). Older patients (mean age 51.1 $\pm$ 12.8 years) with >4 allergies were more likely to have an increased LOS (OR 1.02, CI 1.01-1.03, $p<0.001$). Baseline characteristics and type of surgery did not affect outcomes.

Conclusion: The study shows multiple allergies are associated with longer hospital stays and almost double the readmissions after bariatric surgery. Readmissions can affect accreditation. Future studies should involve larger datasets and targeted interventions to decrease readmission rates.

Y0PRDWAR0K

IMPACT OF OCTOBER 2022 ASMBS/IFSO GUIDELINES ON NATIONAL BARIATRIC SURGERY TRENDS AND ASIAN PATIENT REPRESENTATION

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Background: The October 2022 ASMBS/IFSO Guidelines lowered the BMI threshold for bariatric surgery to over 35 for individuals without obesity-related disease, over 30 with related disease, and over 27.5 for Asian patients. This change aimed to address the increased risk of metabolic disorders and cardiac disease at lower BMIs. We hypothesized that the new guidelines would increase bariatric surgeries, particularly among Asian patients, and result in a lower average BMI of patients undergoing surgery.

Methods: Data from the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program Data Registry (2019–2023) were analyzed using ANOVA tests and Tukey's posthoc analysis.

Results: While the number of total cases increased significantly when comparing 2019 to 2023, there was no significant increase in the number of cases involving Asian patients when comparing 2019 and 2023 ($p=0.37$). Asian patients continued to compose only 0.5% of reported bariatric surgeries. In the overall population, mean BMI increased slightly from 2019 to every subsequent year where it remained the same from 2020–2023. No significant decrease in mean BMI amongst Asian patients was observed; post hoc analysis demonstrated a significant increase in BMI from 2020 to 2022.

Conclusion: The ASMBS/IFSO guidelines aimed to expand bariatric surgery access for lower BMI patients, including Asians, but have not yet shifted surgical trends. The observed trends may be influenced by the COVID-19 pandemic, which affected the availability of elective procedures during the study period. Longer-term data are needed to evaluate the guidelines' impact and barriers to surgery for Asian and lower BMI patients.

YK8R86JRKV

GASTROINTESTINAL TISSUE ANALYSIS WITH ADVANCED OPTICAL COHERENCE TOMOGRAPHY

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University; Gina Adrales *Department of Surgery, Johns Hopkins School of Medicine*

Introduction: Follow-up after bariatric surgery often lacks continuity, particularly for long-term endoscopic surveillance, increasing the risk of poor outcomes. Esophagitis, gastritis, and GERD are common complications after bariatric surgery. To address these issues, we developed a dual-wavelength Optical Coherence Tomography (OCT) system (800 and 1300 nm) for enhanced imaging resolution and depth, designed for future integration with capsule endoscopes. This study evaluates the system's imaging performance on ex vivo gastric and small bowel tissues, comparing OCT findings with histology.

Methods: Freshly excised human stomach and small bowel samples were imaged within an hour of excision using two OCT systems: an 800 nm system with 2.5 μm axial and 8.4 μm lateral resolution and a 1300 nm system with 9 μm axial and 20 μm lateral resolution. Both systems produced high-resolution volumetric datasets. Post-imaging, tissues underwent standard histological processing for comparison with OCT images.

Result: Two OCT systems provided high-resolution imaging of the stomach and small bowel. The 800 nm system excelled in mucosal visualization, capturing gastric pits and villi details, while the 1300 nm system better visualized submucosa (Figure 1-2). These complementary capabilities were confirmed histologically.

Conclusion: The results demonstrate OCT's potential for high-resolution, non-invasive imaging of gastrointestinal tissue, with strong correlation to histological findings. While the current study establishes the feasibility of OCT for gastrointestinal imaging, future steps will focus on integrating the technology with capsule endoscopes. This advancement could provide a sedation-free option for long-term surveillance after bariatric surgery, improving accessibility, compliance, and early detection of complication.

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TIPPING THE SCALE: BALANCING PERIOPERATIVE BLEEDING AND THROMBOTIC ADJUNCTS IN BARIATRIC SURGERY

Francisco Guzman *Columbia University Irving Medical Center*; Theresa Chen *New York Presbyterian Hospital*; Marc Bessler *Columbia University Irving Medical Center*; Giovanni Dugay *Columbia University Irving Medical Center*; Abraham Krikhely *Columbia University Irving Medical Center (CUIMC)*

Rationale: Postoperative bleeding and thromboembolic events are common complications following bariatric surgery, affecting up to 4 and 3% of cases, respectively. There is no consensus on a perioperative DVT prophylaxis strategy that effectively balances both risks. We incorporated tranexamic acid (TXA) as an adjunct to reduce early bleeding rates in 2021 and compare results between two dosing approaches.

Methods: Primary/revisional bariatric operations between 2021-2024 were included. Enoxaparin is routinely administered pre- and post-operatively. Patients are discharged on extended DVT prophylaxis with apixaban unless contraindicated. 30d outcomes are reported. Bleeding was defined as gastrointestinal bleed, need for transfusion or intervention. Group 1) patients between 2021-2023 who received "reactive" TXA administration for HCT drop >6 points postop +/- clinical signs of bleeding; group 2) patients in 2024 who routinely received "preventive" intraop & 8hr postop TXA doses, regardless of postop status.

Results: Mean age 43 & BMI 45; case mix: revision/conversions (25%), primary sleeve gastrectomy %) & primary Roux-en-Y gastric bypass (14%); all non-statistically different between groups. "Reactive" TXA was administered postop to 20% (281/1443) of patients in group 1. Clinically relevant bleeding rate was 80% lower in group 2 [preventive TXA] (0.25%; 1/403) vs group 1 [reactive TXA] (1.3%; 21/1433); p=0.05. No immediate adverse reactions to TXA administration were observed. Postop DVT/VTE rate between groups was 0.28 vs 0.25%; p=NS.

Conclusions: Routine TXA administration may be an effective adjunct in limiting clinically relevant postop bleeding after MBS without increasing perioperative thrombotic morbidity.

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ROBOTIC ALGORITHM USED DURING SLEEVE GASTRECTOMY DECREASES INCIDENCE OF STAPLE LINE BLEEDING

Jacob Packer *HCA Healthcare*; Jillian Giblin *HCA Healthcare*; Joshua Moore *Mercer University*; Logan Reid *Mercer University*; Taylor Templeton-Jager *HCA Healthcare*; Robert Kelly *HCA Healthcare*; Oliver Whipple *HCA Healthcare*

Introduction: Vertical sleeve gastrectomy (VSG) comprises almost 60% of all metabolic bariatric surgery procedures performed in the United States, and VSG is favored by many surgeons as a minimally invasive and effective procedure for weight loss. Postoperative complications such as bleeding contribute to morbidity and reoperation. Bleeding often results from mechanical staple line stress. Efforts to reduce mechanical staple line stress include oversewing, buttressing, and "roofing" to reinforce staple lines. However, data on these methods is currently inconclusive and warrants further investigation.

Method: In this study, a robotic surgery algorithm was used to predict optimal staple load thickness for adequate compression based on measurements taken for individual patients. This algorithm allowed the surgical team to deliver a specialized approach to VSG and investigate subsequent staple line stress. We hypothesized use of this algorithm improves hemostasis along the gastrectomy staple line. To evaluate the efficacy of the algorithm, 500 robotic sleeve gastrectomy procedures performed prior to algorithm implementation were compared to 500 consecutive cases after algorithm implementation. All surgeries were performed by the same bariatric surgery group.

Results: Using hemoglobin values, transfusion requirements, and reoperation requirements as adjuncts for hemorrhage, we found there was a decrease in postoperative bleeding following the implementation of the robotic surgery algorithm.

Conclusion: These results indicate patients who receive VSG assisted by the predictive algorithm to determine staple load thickness have improved surgery outcomes and a decreased risk of hemorrhage. Results from this study contribute to identifying a safer and more efficient protocol for VSG.

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THE IMPACT OF COVID-19 AND GLP1 GROWTH ON INTERNALIZED WEIGHT BIAS: A LONGITUDINAL STUDY ASSESSING MAJOR EVENTS ON IWB

Katie Marrero *Penn State*; Melissa Butt *Penn State College of Medicine*; Ann Rogers *Penn State Health*

Internalized weight bias (IWB) refers to the internal acceptance and application of negative societal stereotypes and stigmas related to weight, leading individuals to direct these biases toward themselves. This self-directed stigma can manifest as feelings of shame, self-criticism, and decreased self-worth, particularly among individuals with higher body weight. IWB is typically measured using validated self-report scales, which assesses the degree to which individuals endorse negative beliefs about their own weight and appearance. Understanding and measuring IWB is crucial because it has been linked to numerous adverse psychological and physical health outcomes, including depression, anxiety, disordered eating behaviors, and reduced engagement in health-promoting activities. Given the significant impact of IWB on health and well-being, it is essential to explore how these internalized perceptions evolve over time. This longitudinal study examines the trajectory of IWB and how major societal events—specifically the COVID-19 pandemic and the popularization of GLP-1 medications for weight loss—influence these perceptions.

Data from 1,210 patients collected via the WBIS from 2019 to 2024 were analyzed, comparing pre- and post-2020 data for COVID-19 and pre- and post-2023 data for GLP-1 medications.

Results indicate a slight increase in IWB following COVID-19 and the suspension of elective procedures, with notable fluctuations thereafter. Similarly, while IWB scores remained stable before 2023, the rise in GLP-1 media coverage led to sharp peaks and declines in IWB, contrasting with the overall linear trend of a slight pre-2023 decrease followed by a steady increase. (chart 1, 2)

These findings highlight that while IWB is influenced by various factors, major societal events like COVID-19 and the media coverage of GLP-1 medications significantly impact self-perceptions, emphasizing the need for targeted interventions to mitigate these effects.

QGWJ7MQJNZ

PEARLS, PITFALLS AND AVOIDANCE OF COMPLICATIONS IN MINIMAL INVASIVE SINGLE ANASTOMOSIS DUODENOILEAL BYPASS WITH SLEEVE GASTRECTOMY (SADI)

Akshay Chauhan *University of Colorado*; Juda Breanna *Colorado University Anschutz Medical Campus*; Kweku Hazel *Colorado University Anschutz Medical Campus*; Kevin Rothchild *Colorado University Anschutz Medical Campus*

Introduction: First introduced Sanchez-Pernaute et al. the single-anastomosis duodeno-ileal bypass with sleeve gastrectomy (SADI-S) gained significant popularity in the field of bariatric surgery. This technique has been demonstrated to be a safe and effective method for achieving surgical weight loss. As a result, it has emerged as a valuable option for patients undergoing bariatric intervention. Although an attractive option, as with all novel techniques there is a learning curve. Here, we share technical nuances, operative pearls, and lessons learned from our institutional experience with minimal invasive SADI-S.

Method: In this discussion, we detail our method for effective instrumentation setup, intraoperative navigation, and the utilization of surgical adjuncts during critical steps of dissection. Each phase of the procedure is meticulously outlined, offering valuable insights and strategic tips based on our experience. Throughout the process, we emphasize key pearls for success and strategies to avoid potential pitfalls, ensuring optimal outcomes in surgical practice.

Results: Records from November 2017 to March 2024 were reviewed from prospectively maintained database. Eighty four(84) patients underwent laparoscopic(45%) or robotic SADI-S(55%). Intraoperative complications (bleeding and leak) and 30 day post operative morbidity were recorded. Three major complications (3.57%) occurred: two leaks and one intraoperative hemorrhage. All three required reoperation with laparoscopic approach. We discuss through images and videos the technical pearls and pitfalls how to avoid the complications we encountered during our learning curve and encourage surgeons to add these pearls to their armamentarium and improve outcomes.

Conclusion: SADI-S provides superior weight loss and lower complications compared to other bariatric surgeries. However, careful consideration to key surgical steps are critical to avoid morbidity and achieve excellent outcome after SADI

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COMPREHENSIVE OUTCOMES OF SLEEVE GASTRECTOMY AFTER 10 YEARS OF FOLLOW-UP

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Introduction: Sleeve gastrectomy (SG) is the most commonly performed bariatric surgery, yet literature on long-term outcomes, including weight loss durability and safety, remains limited

Methods: This retrospective cohort study examined patients undergoing SG from January 2010 to December 2014. Baseline characteristics, annual weight and body mass index (BMI), obesity-related medical conditions resolution and recurrence, and complications were documented. Statistical methods included paired t-test, Kaplan-Meier curve, and multivariate regression.

Results: A total of 154 patients (71.3% female, mean age 48.8 $\pm$ 10.9, mean preoperative BMI 44.5 $\pm$ 7.8 kg/m2) were included (Table 1), with a mean follow-up period of 10.6 years and a 69.5% retention rate. Mean BMI at 10 years was 25.0 kg/m2, representing a mean percentage total weight loss (%TWL) of 16.9% ($p < 0.001$), which was sustained and significant through follow-up. Insufficient weight loss (<20% TWL) occurred in 18.2% of patients. 77.9% and 55.8% of the cohort experienced weight recurrence of >10% and >20% from postoperative nadir weight, respectively. Older age, higher BMI, and %TWL at 1 year were significant predictors of successful weight loss ($p < 0.05$). Resolution rates for type 2 diabetes (T2DM), hypertension

(HTN), hyperlipidemia (HLD), and obstructive sleep apnea (OSA) were 70%, 32.1%, 36.7%, and 58.7% (Figure 1), respectively, with recurrence rates of 64.3%, 60%, 63.6%, and 15.9%. Complications occurred in 23.4% (early) and 59.7% (late) of patients, most commonly micronutrient deficiencies and sleeve stenosis.

Conclusion: Overall, SG demonstrates relatively favorable long-term outcomes, but high recurrence rates of T2DM, HTN, and HLD remain a drawback in patients with these conditions.

08XA79XAN7

SMALLER SLEEVE STAPLE HEIGHT DOES NOT INCREASE BLEEDING OR LEAK, BUT SAVES COST

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Introduction: Staple line bleeding and leak are important complications in sleeve gastrectomy. No study has looked at whether low staple height of 20-30mm is safe.

Method: We examined bleeding and leak for sleeve, done as standalone surgery or during duodenal switch. We examined three surgeons for year 2022, 2023, with different staple combinations. Other surgery technique, BMI, and demographics had no difference. We used GIA tri-staple, usually five 60mm cartridges per case: black reinforced, purple reinforced, tan. Surgeon A used: black x2, then purple. Surgeon B: all purple. Surgeon C: purple x2, then tan. We reviewed the MBSCR data for GI bleed, hematoma, blood transfusion, staple line leak, deep SSI, and the EMR for staple line bleeding (CT, endoscopy, intraop) and staple line leak (CT, UGI, EGD, intraop). Statistical difference was calculated with the Chi square-test.

Results: Surgeon A: 177 sleeves with zero leak and zero bleeding. Surgeon B: 276 sleeves with 1% (3) bleeds, zero leaks. Surgeon C: 349 sleeves with 0.29% (1) bleed, 0.29 (1) leak. There was no statistical difference for bleeding $p=0.2$, or for leak $p=0.5$. There was one unit PRBC transfusion, one reoperation, no mortality. Staple cost: Surgeon C \$1389, Surgeon A \$ 2113 (difference \$724} Surgeon B \$1995 (difference \$606). Per year cost savings after switching to surgeon C stapler choices at our institution were about \$250,000.

Conclusion: Switching to smaller non-reinforced staple height is safe and cost efficient.

479NWV8NRD

HOSPITAL AT HOME (HAH) PROGRAM AFTER METABOLIC SURGERY: IS GOING HOME REALLY SAFE?

Edward Hernandez *Atrium Health Mercy*; Benjamin Yglesias *Atrium Health*; Benjamin Enciso *Atrium Health*; Shawn Liechty *Nuvance Health*; Marvin Knight *Atrium Health*; Stephen Riggs *Atrium Health*; Timothy Kuwada *Atrium Health*; Kalyana Nandipati *Atrium Health*; Selwan Barbat *Atrium Health*

Introduction: Hospital at home (HAH) program allows for select patients undergoing primary metabolic surgery same-day transfer to home. This update aims to demonstrate the safety of postoperative monitored care in the home setting.

Methods: Single-institution, multi-center study for patients undergoing primary metabolic surgery (August 2022- December 2024) who qualified for HAH. Patients were transferred home from the recovery unit with an intravenous line, remote monitoring equipment and planned paramedic visits for in-person evaluation. Virtual visits were performed by the surgeon daily to determine discharge.

Results: 67 patients, total, qualified for HAH, 7 were admitted to the hospital (4 were due to severe nausea/vomiting (N/V) or urinary retention and 3 were at patients request). 60 patients were successfully transferred home (39 were gastric bypass and 21 sleeve gastrectomy) two (3.3%) patients returned to the hospital. One patient had an early return to the emergency department (Post-Operative Day 2) after discharge from HAH (N/V requiring CT imaging and IV fluids). One patient required transfer back to the hospital from home due to tachycardia, abdominal pain, and drop in hemoglobin, requiring transfusion and reoperation. Average Length of care (LOC) for these patients was 1.40 days with only 4 having a LOC$>$2 days (N/V).

Conclusion: HAH program provided safe, monitored care at home for post metabolic surgery patients and allowed for quick identification, transfer, and appropriate care for a patient with significant post-op complications like bleeding.

4VJZ0M9ZV6

ETIOLOGICAL ANALYSIS OF POST-GASTRIC BYPASS SMALL BOWEL OBSTRUCTION FOR PREVENTIVE STRATEGIES

Sharon Joseph *University of Iowa Carver College of Medicine*; Isaac Samuel *University of Iowa Carver College of Medicine*

INTRODUCTION: Small bowel obstruction (SBO) following Roux-en-Y gastric bypass (RYGB) has significant morbidity but the incidence and causes of SBO varies widely. The aim of this study was to analyze the incidence and etiology of SBOs following RYGB to aid in diagnosis and prevention.

METHOD: A retrospective single-institution review of all RYGBs performed from January 2000 to February 2012, that developed internal SBO by June 2022, was done.

RESULTS: Over 12 years, 966 patients underwent RYGB, 932 (96.5%) of which were performed laparoscopically. Of these, 71 patients developed 75 intra-abdominal SBOs (4 patients had recurrent SBO), occurring in the early postoperative period to even $>$20 years later. Contrary to other reports, postoperative adhesions were associated with post-RYGB SBO more often than mesenteric defect-related internal hernias [39 (52%) vs. 23 (30.7%)]. These postoperative adhesions were commonly at JJ staple lines, marking sutures placed on jejunal cut ends, sutures placed near the JJ (Brolin anti-obstruction stitch, JJ mesenteric defect closure), loose staples left in the peritoneal cavity, or scarring from bowel handling. Remaining etiologies included jejunojejunostomy (JJ) anastomotic stricture [6 (8%)], clot [3 (4%)], or intussusception [1 (1.3%)], while in 3 (4%) cases the etiology was unknown secondary to non-operative management.

CONCLUSIONS: In our series, postoperative adhesions were the most common cause of post-RYGB SBO. Changing suturing strategies, using staplers that do not drop non-deployed staples, and

handling tissues gently could decrease post-RYGB adhesion formation and subsequent SBO development. Techniques to effectively obliterate mesenteric defects and using hemostatic staplers could also help. These aspects can improve patient safety and clinical outcomes, reduce readmissions, and limit reoperations.

6JK40ZL4RV

IMPACT OF TELEMEDICINE ON IMPROVING ACCESS TO BARIATRIC SURGERY CARE IN MINORITY AND OTHER UNDERSERVED PATIENTS WITH OBESITY

Benefsha Mohammad *Geisinger Medical Center*; Michael Edwards *Mayo Clinic*; Abdelrahman Nimeri *Harvard University;* Charles Thompson *Mount Sinai*; Crystal Johnson-Mann *University of Florida, Department of Surgery*; Benjamin Clapp *El Paso Bariatric Surgery*; Renee Hilton *Augusta University*

Introduction: Individuals who come from vulnerable groups such as those from racial or ethnic minorities and/or those of low socioeconomic groups have a high prevalence of obesity but are less likely to receive metabolic/bariatric surgery (MBS). This is believed to be related to inequities in access to MBS due to travel (those living in rural communities), financial burden, and/or lack of education. The objective of this study is to understand the impact of telemedicine interventions in improving access to MBS in such groups.

Setting: Academic Health Center

Methods: A search was conducted using EMBASE, Medline, and Google Scholar. Articles related to telemedicine in bariatric surgery patients published in peer-reviewed journals were reviewed and selected using PRISMA guidelines.

Results: Of 131 articles reviewed, eight met eligibility criteria, representing 6,881 patients with a mean age of 47.9 years; majority of whom were female (>60%). Barriers to access included distance, transportation, time off from work, and number of visits, leading to attrition rates exceeding 60% in some vulnerable populations. Telemedicine increased show rate over 2-fold and increased MBS throughput (OR 3.53) in some vulnerable cohorts. Telemedicine use also correlated with increased nutrition knowledge, better eating behavior, physical activity, and weight loss. Vulnerable groups, particularly from rural communities, had higher satisfaction ratings with telemedicine utilization.

Conclusion: The use of telemedicine interventions can have a significant impact on improving access and throughput to MBS among vulnerable groups, while achieving high satisfaction and low attrition rates.

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LEARNING CURVE AND OUTCOMES OF ROBOT-ASSISTED ROUX-EN-Y GASTRIC BYPASS FOR SEVERE OBESITY: SOUTHEAST ASIA'S FIRST EXPERIENCE

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Introduction: Roux-en-Y gastric bypass (RYGB) is a recognized surgical solution for severe obesity. While laparoscopic RYGB is effective, robotic-assisted RYGB offers enhanced precision and control. Patients with obesity may benefit from robotic-assisted approaches due to the complexity of these cases. This study examines the learning curve and outcomes for robotic RYGB in a Southeast Asian institution.

Methods: We reviewed 46 robotic RYGB cases performed from January 2017 to March 2021, analyzing demographic, operative, and perioperative data. Surgeon proficiency was assessed by comparing the first 19 cases with later cases.

Results: Among 46 cases, the mean patient age was 37.1 years, with an average BMI of 48.93 kg/m2, and 32.6% were male. Console time decreased from 135 minutes in the initial cases to 125 minutes in the later cases ($p = 0.023$). Docking time improved from 6 to 5 minutes ($p = 0.05$). Blood loss was higher in the later group (21.48 ± 9.69 mL vs. 16.05 ± 11.74 mL, $p = 0.378$), and hospital stay was shorter (3.74 ± 0.76 days vs. 4.10 ± 0.57 days, $p = 0.085$), neither was statistically significant. Two patients in the later group required readmission for poor oral intake. No severe adverse events or anastomotic leaks were reported. Marginal ulceration occurred in 4.3% of cases on routine EGD at one year, all in the later group. One-year %EWL averaged 58.35%, with sustained weight loss and metabolic improvement over a 3.63-year follow-up, particularly in higher BMI patients.

Conclusion: Approximately 19 cases are required to reach proficiency in robotic RYGB. This approach is effective, achieving significant weight loss with low morbidity, making it viable for complex cases in severe obesity.

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DID THE ROBOT SAVE THE GASTRIC BYPASS?

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Introduction: Since the sleeve gastrectomy (SG) was introduced, the Roux-en-Y gastric bypass (RYGB) has been steadily losing ground to the SG. The SG overtook the RYGB in 2012. The RYGB has recently started to increase in volume in the United States. The other phenomenon that occurred over the last 10 years is the steady growth of robotic cases. This paper explores the parallel growth of the RYGB and the robotic technique.

Methods: The Metabolic and Bariatric Surgery Quality Improvement and Accreditation Program (MBSAQIP) Participant Use File (PUF) for 2017-2023 was used to evaluate the changes in the case volume of the RYGB and SG. The ratio of robotic surgeries by year was calculated and compared.

A regression was modeled to look for differences in the ratio of robotic surgeries across years. A Chi-squared test was performed to look for differences between robotic RYGB and robotic SG for each year. A bias corrected accelerated bootstrapping with 5000 replicates was performed.
Results: The ratio of robotic RYGB cases has been significantly increasing from 6.9% in 2015 to 38.9% in 2023 (p-value<0.001). Robotic SG cases have also increased from 5.9% in 2015 to 35.8% in 2023 (p-value <0.001). At the same time, both laparoscopic RYGB and SG have decreased from 2020-2023. Robotic RYGB and SG had a similar relative increase with no statistical difference between their growth rates (p = 0.230).
Conclusion: The ratio of robotic RYGB and SG has significantly increased over time with no differences in their growth rates.

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ESOPHAGOGASTRODUODENOSCOPY WORKFLOW EFFICIENCIES: A COMPARISON OF SINGLE-USE AND REUSABLE FLEXIBLE GASTROSCOPES

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Introduction: With over 7 million esophagogastroduodenoscopies (EGDs) performed annually in the United States (US), maximizing efficiency is of the upmost importance. With this in mind, single-use gastroscopes (SUGs) have been introduced with the goal of eliminating lengthy reprocessing and repairs. The purpose of the study was to compare the time required to prepare and reprocess reusable gastroscopes (RUGs) versus SUGs for EGD procedures.
Methods: Nineteen EGDs utilizing RUGs and five EGDs utilizing SUGs were followed from setup through reprocessing at two ambulatory surgery centers and two university hospitals in the US from October 2023–May 2024. Time increments were collected for: scope preparation, pre-cleaning, transport, manual cleaning, automated endoscope reprocessor (AER) preparation, run-time, and removal, microbial testing, and drying. The actual hangtime in drying cabinet(s) was not gathered. The Ambu aScope Gastro was used in all SUG EGDs.
Results: The total time required to prepare and reprocess/dispose a RUG and SUG was found to be 43'55" (n=19) and 48" (n=5), respectively. All of the RUGs followed had at least one step skipped/forgotten during reprocessing. Nonetheless, the SUGs required less time than RUGs for scope preparation (27" vs. 1'25", p=0.006) and breakdown (21" vs 42'30", p<0.001). This represents a 98% reduction in required time for SUGs compared to RUGs.
Conclusion: SUGs represent a significant reduction in the required time to prepare and breakdown compared to RUGs. Given that the average procedure time measured was only 3'33" (n=8), facilities may be at risk of procedural delays given that the reusable scope is reprocessed for nearly 12 times longer than used in the case. By adopting SUGs, facilities may be able to increase workflow efficiencies by minimizing patient waits, eliminating reprocessing, and reallocating resources, and in turn, see an increase in patient throughput.

80PZ67LZ0N

ACHALASIA IN PATIENTS UNDERGOING BARIATRIC SURGERY: CLINICAL OUTCOMES AND SURGICAL CONSIDERATIONS

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Introduction: Patients with both obesity and achalasia present unique challenges, as the coexistence of these conditions can complicate diagnostic recognition and clinical management. This study investigated outcomes in patients diagnosed with both conditions to better inform clinical decision-making and optimize treatment strategies.
Methods: We conducted a retrospective review of our institutional database of adult patients who underwent bariatric surgery and had a manometric diagnosis of achalasia between 2000 and 2023. Cases were identified using CPT codes for both bariatric procedures and achalasia-related procedures, including myotomy, POEM, and pneumatic dilation. Patient demographics, procedural details, manometric findings, and clinical outcomes were manually extracted from electronic medical records.
Results: Nineteen patients met inclusion criteria: nine underwent bariatric surgery first (bariatric first group, BFG), nine had achalasia surgery first (achalasia first group, AFG), and one underwent both concurrently. BFG required significantly more revisional surgeries (Figure I). Type II achalasia was most prevalent (n=7), followed by unknown type (n=5), esophagogastric junction outflow obstruction (n=4), type I (n=3), and type III (n=1). Median pre-operative Eckardt scores were similar between groups (BFG: 8 [6.75-9], AFG: 8.5 [6.75-10.25]), but post-operative scores differed markedly (BFG: 1 [1-1.5], AFG: 11 [11-11]). Mean IRP reduction after achalasia surgery was notably different between groups (BFG: 2.4mmHg, STDEV 8.2, AFG: 14.3mmHg, STDEV 11.5).
Conclusion: In patients with concurrent achalasia and severe obesity, initial bariatric surgery was associated with higher surgical revision rates but better symptom control. While achalasia-first patients had fewer reoperations and more favorable postoperative manometric findings, they reported worse long-term symptoms.

BY9AWX8AYR

WHAT ARE ROBOTIC BARIATRIC SURGERIES CONVERTED TO? AN ANALYSIS OF THE MBSAQIP

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Introduction: Due to a shift in the training paradigm for residents and fellows, robotic surgery may be the dominant minimally invasive technique in the future. For laparoscopic surgery, the conversion to open remains the fallback for difficult surgery or emergencies. With robotic surgery, there are two conversion choices: open or undocking the robot and going traditional laparoscopic. However, with the shift to robotic surgery without training in traditional laparoscopy, surgeons may go straight to open, skipping laparoscopy.

Methods: The Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database was examined from 2015-2023. The variables for "approach_converted", "conversion" and "robotic_asst_conv" were examined for the Roux-en-Y gastric bypass (RYGB) and sleeve gastrectomy (SG). The overall conversion rate per year was calculated. A regression was modeled to evaluate the rate of robotic conversions across years. A Chi-squared test was performed to look for differences between robotic RYGB and SG conversions. A bootstrapping with 5000 replicates was performed.

Results: Robotic RYGB and robotic SG conversions have decreased from 2015-2023 (pvalue$<$0.001). RYGB conversions to lap had presented a significant increase up to 2020, with a significant decrease from 2021-2023 (p-value$<$0.001). Meanwhile, open conversions from robotic RYGB have increased from 2021-2023 (p-value$<$0.001). Robotic SG conversions to laparoscopic surgery had no significant changes over time.

Conclusion: Robotic RYGB and SG conversions to lap have decreased from 2015 to 2023. A significant increase in the rate of Robotic RYGB to open conversions has been present from 2021 to 2023.

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CLINICAL CASE PRESENTATION: INTRAOPERATIVE BOUGIE INJURY DURING CONVERSION BARIATRIC SURGERY

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Introduction: This is a case presentation of a 37 year old female undergoing sleeve to bypass conversion and intraoperative injury during bougie insertion. Patient had a prior robotic sleeve 6 years prior and desired conversion to roux en y gastric bypass. Patient had a posterior pharyngeal perforation during insertion of bougie/ViSiGi. Patient final procedure was a robotic sleeve to bypass with intraoperative EGD, gastrostomy tube placement and JP drain placement. Intraoperative ENT/ CTS consult. Transfer to tertiary center.

GXABM5YBRD

STANDARDIZING SLEEVE GASTRECTOMY PRACTICE IN CHINA: A DELPHI CONSENSUS STUDY

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Introduction: Sleeve gastrectomy (SG) is a common bariatric procedure. However, significant variations in practice exist, potentially impacting patient outcomes. To address this issue, a Delphi consensus study was conducted to standardize SG practice in China.

Methods: A modified Delphi method was employed to gather expert opinions from 50 Chinese bariatric surgeons. Participants voted on statements covering indications, contraindications, preoperative/postoperative management, and surgical techniques. Multiple rounds of voting and feedback were conducted until a consensus was reached on key aspects of SG, including patient selection, surgical technique, and postoperative care.

Results: Consensus was reached on key aspects of SG. These include SG being the preferred choice for patients with high surgical risk and severe obesity. Agreement was reached on surgical techniques such as staple line reinforcement and the management of hiatal hernias found during surgery. Consensus was also achieved on aspects of preoperative and postoperative care, including routine endoscopy and the use of the enhanced recovery after surgery (ERAS) protocol.

Conclusion: This consensus provides evidence-based guidelines for standardizing SG practice in China, improving patient outcomes, and guiding future research. By addressing variations in practice and providing clear recommendations, this consensus can contribute to the advancement of bariatric surgery.

KG7DXAYD08

DIALING IN OR SHOWING UP? THE IMPACT OF TELEHEALTH ON BARIATRIC POST-OP CARE

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Introduction: Telehealth has emerged as a convenient and accessible option for postoperative care. This study examines whether telehealth differs from in-person visits in terms of outcomes for patients undergoing laparoscopic sleeve gastrectomy (LSG) or Roux-en-Y gastric bypass (RYGB).

Methods: We conducted a retrospective cohort study of patients who underwent LSG or RYGB between January 2021 and December 2024. Patients were categorized based on their postoperative follow-up method: telehealth or in-person visits. Outcomes included rates of ED visits, readmissions, repeat surgeries, and complications. Multivariable logistic regression adjusted for potential confounders such as age, comorbidities, and surgical type.

Results: 167 patients (102 LSG and 65 RYGB) were included, with 82.04% (n=137) receiving telehealth follow-ups and 17.96% (n=30) attending in-person visits. No significant differences were found between the groups in terms of ED visits (telehealth 21.90% vs. inperson 26.67%, p=0.57), readmissions (11.68% vs.16.67%, p=0.46), redo surgeries (5.11% vs. 10.00%, p=0.31), or complications (39.42% vs. 46.67%, p=0.46). Further analysis confirmed that outcomes for LSG and RYGB patients were similar regardless of follow-up type.
Conclusion: Telehealth visits are as effective as in-person visits in ensuring safe postoperative outcomes for bariatric patients. These findings highlight the value of telehealth as an alternative for postoperative care, enabling patients to receive quality follow-up while overcoming logistical barriers. The results support broader implementation of telehealth in surgery with the potential to enhance patient satisfaction and reduce healthcare disparities.

LBNAMRDAZ4

EXAMINING REFERRAL PATTERNS TO BARIATRIC CLINICS IN THE GLP-1 ERA

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Introduction: Since the FDA approved GLP-1 RAs for weight loss, millions of patients have been prescribed these medications. The impact of their widespread use on referral patterns to bariatric clinics has not been well described. This study examines how referral patterns have evolved in the GLP-1 RA era and explores differences in demographics between selfreferred and provider-referred patients.
Methods: Retrospective chart review was performed of new referrals to a single institution's two bariatric clinics from 2019-2023. Patients were grouped by referral type (self or provider) and year. Comparative statistics were calculated using t-test, chi-square test, and Z-test for proportions. Distance from the clinics was tabulated using patient zip code.
Results: Of the 3,964 new referrals from 2019-2023, 2,532 (63.9%) were self-referred, and 1,432 (36.1%) were referred by medical providers. There were no differences in age, sex, race, or insurance coverage between referral types. From 2019-2023, the proportion of patients who self-referred increased (47.2% vs 73.0%, $p < 0.001$) while the number referred by providers declined (52.8% vs 27.0%, $p < 0.001$). The average distance travelled by patients to the clinics declined for both self-referred (55.2 miles vs 32.3 miles, $p< 0.001$) and provider-referred (59.0 miles vs 26.5 miles, p=0.006) patients.
Conclusions: Over the study period, an increasing proportion of patients were self-referred and lived closer to the referral center. Additional work is needed to determine whether these shifting referral patterns are directly related to the introduction of GLP-1 RAs and to determine whether referral type influences if patients are ultimately treated with medical or surgical approaches for weight loss.

M9KL5WALZX

THE MODERATING ROLE OF PSYCHOSOCIAL AND MEDICAL COMORBIDITIES ON THE ASSOCIATION BETWEEN EXPECTANCIES AND POST-SURGICAL WEIGHT LOSS AMONG BARIATRIC SURGERY PATIENTS

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Background: Expectancies about eating and surgery outcomes are understudied in the bariatric literature and may be important predictors of bariatric surgery outcomes. The current study investigated the association between pre-surgical reports of weight loss expectancies and post-surgery body mass index (BMI) and explored whether this association varied based on pre-surgical levels of anxiety, depression, or the total number of associated comorbidities.
Method: Electronic medical records of patients seen at TGH + USF Health Bariatric Center between February 1, 2022 and June 30, 2023 were abstracted. 76 patients received surgery and had data for analyses. Multiple linear regression was used to predict post-surgery BMI. Weight loss expectancies was the independent variable; anxiety, depression, and total number of comorbidities were investigated as moderators.
Results: Patients were an average of 41.37 years old (SD = 11.74) with an average baseline BMI of 45.80 (SD = 6.86) and an average post-surgery BMI of 39.68 (SD = 7.27). Higher baseline BMI (b = .89, $p < .001$), older age (b = .08, p = .002), and fewer months since surgery (b = -1.15, $p < .001$) were associated with higher post-surgery BMI. Greater baseline weight loss expectancies were associated with lower post-surgery BMI (b = -.40, p = .048). There were no effects of anxiety, depressive symptoms, or pre-surgery comorbidities or their interactions with weight loss expectancies on post-surgery BMI (ps $> .149$).
Conclusions: Weight loss expectancies may be a more useful predictor of bariatric surgery weight loss outcomes than other aspects of psychological functioning.

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COMPARISON OF PRIMARY VERSUS REVISIONAL METABOLIC AND BARIATRIC PROCEDURES IN THE ELDERLY POPULATION: AN MBSAQIP ANALYSIS

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Introduction: Outcomes following Metabolic and Bariatric Surgery (MBS) have been well investigated for allcomers. However, the elderly (age>65) generally have worse outcomes and the safety

of MBS remains unclear. This study aims to compare primary and revisional bariatric procedures in the elderly group.
Methods: The MBSAQIP database was used to identify patients age >65 undergoing primary and revisional bariatric procedures. Patients with missing data (<2.7%) and undergoing emergent procedures were excluded. Multivariate logistic regression was used to calculated odds ratios per outcome between primary and revisional surgery patients. All models controlled for ASA and BMI while additional covariates (diabetes, hyperlipidemia, hypertension, sex, sleep apnea, and year of surgery) were included based on clinical relevance and model fit.
Results: There were 60,337 primary and 17,979 revisional procedures. Elderly patients undergoing primary surgery had significantly higher rates of comorbidities including obstructive sleep apnea, diabetes, hypertension, hyperlipidemia, COPD, renal insufficiency, anticoagulation, precious cardiac procedures ($p<0.001$). Surgical approach also differed between the two groups, as revisional procedures had higher likelihood of undergoing endoscopic or open approach compared to laparoscopic approach. Based on our multivariate models, revisional procedures had higher odds of an adverse event (OR = 1.57, p = <0.001), intervention (OR = 2.13, p = <0.001), Readmission (OR = 1.41, p = <0.001), Reoperation (OR = 1.91, p = <0.001), and Unplanned ICU Admission (OR = 1.58, p = <0.001).
Conclusion: Elderly patients undergoing revisional procedures have higher likelihood of worse outcomes following bariatric surgery. Pre-operative patient optimization is essential, as well as counseling regarding outcomes.

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3 PORT SLEEVE GASTRECTOMY USING ROBOTIC ASSISTANCE: A SAFE & EFFECTIVE METHOD FOR HIGH BMI PATIENTS

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Introduction: Advancements in robotic surgery continue to yield benefits in patient outcomes including LOS, readmissions, and post-operative pain scores. Our aim is to push this concept further, that with robotic assistance, sleeve gastrectomy can be safely and effectively performed with reduced number of incisions in high BMI patients.
Method: Our 3 port robotic sleeve gastrectomy was compared to prior technique of 4 ports, and a 5th to accommodate a liver retractor. 18 patients with a BMI >45 with similar demographics were chosen for comparison in each cohort.
Technique: Abdominal insufflation is gained via Veress needle at Palmer's point, followed by optical entry with an 8mm robotic port in the mid abdomen. Additional 8mm and 12mm ports are placed to the left and right respectively. The liver is retracted via suture hammock using a 3-0 V-loc. Mobilization of the greater curvature is performed with the vessel sealer. The stomach is divided 6cm from the pylorus to the Angle of His using 4-6 white and blue staple loads against a 40F bougie. The specimen is retrieved through the 12mm port site and closed with a 0-Vicryl.
Results: Pre-operative BMI's ranged from 72-48 in the 3 port group and 70-46 in the 4 port group. Average time from incision to close was 38.8 minutes for 3 ports, and 45 minutes for 4 ports. All patients were discharged on POD 1. Post-operative pain was recorded on a numeric scale from 1-10, an average pain score of 4 was recorded for 3 ports and 6 for the 4 ports. 3/18 patients with 3 ports required narcotics and 4/18 in the four port cohort. No major complications were encountered with either group. Direct materials cost reduction of $252.10 was observed in the 3 port group.
Conclusion: With robotic assistance, 3 port sleeve gastrectomy can be performed safely and effectively on high BMI patients.

MDLB6L5BDA

ROBOTIC-ASSISTED CONVERSION OF VERTICAL BAND GASTROPLASTY TO ROUX-EN-Y GASTRIC BYPASS

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Video Abstract submission. Please see attachment for brief video summary and SharePoint link for viewing/download. If any difficulty accessing video, I can be reached by email at aairhart@iu.edu. Thank you.

NXDBVJWBXR

SURGICAL MANAGEMENT OF MARGINAL ULCER SEQUELA AFTER ROUX-EN-Y GASTRIC BYPASS

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Introduction: Marginal ulcer (MU) is a rare complication of Roux-en-Y Gastric Bypass (RYGB). If left untreated, MU can progress into severe sequela, including stenosis, gastrogastric fistula, and perforation. The aim of the study is to describe the appropriate surgical management for each of the three types of MU sequela and to evaluate the risk of MU recurrence, as well as the impact on weight loss following surgery.
Methods: A retrospective analysis of patients who underwent Revisional Bariatric Surgery (RBS) after RYGB for MU sequelae between 2016 and 2024 was conducted. Demographics, perioperative outcomes, weight loss and ulcer recurrence were compared between three groups.
Results: Sixty-seven patients with MU sequela were included. Preoperative endoscopy revealed that the most common location of the MU was at gastrojejunostomy (GJ) (49.3%), followed by the alimentary limb (25.4%). Stenosis was present in 38.8% of patients, 31.3% had GGF, and 29.9% had perforation. Operative time varied significantly among groups, with the GGF group having the longest operative time ($p=0.001$), which also had higher early complication rates ($p=0.004$). Two-year follow-up showed that patients with stenosis experienced weight regain, while those with GGF had the greatest total weight loss ($p=0.03$). No significant difference in ulcer recurrence was observed between groups, with overall recurrence rate of 30.7% ($p=0.87$)
Conclusions: Management of MU after RYGB requires a detailed multimodal diagnosis including upper GI endoscopy, swallow study and abdominal CT scan to precisely evaluate anatomical

abnormalities. Even though surgical treatment is effective, there is high risk of ulcer recurrence.

P9G6DZV67A

TWO STEP APPROACH TO THE TREATMENT OF LIFE-THREATENING HEMORRHAGE INTO THE GASTRIC REMNANT DUE TO SPLENIC ARTERY BLEEDING

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Introduction: In current literature there are few documented cases of a delayed surgical approach to treatment of a suspected splenic artery pseudoaneurysm resulting in life threatening hemorrhage into the gastric remnant.

Patient Presentation: This case documents the series of events of a 64-year-old female with history of a prior open retrocolic roux-en-y gastric bypass and a life-threatening hemorrhage into her gastric remnant. She presented with hematemesis for which she rapidly decompensated requiring intubation. Workup included CT imaging, upper endoscopy (EGD), and subsequent interventional radiology angiogram. There was no evidence of active bleeding but rather old blood on both CT scan and EGD. Evidence of active arterial bleeding from a branch of the splenic artery suspected to be from a possible pseudoaneurysm was visualized on angiogram and was successfully embolized in order to temporize her. She was stabilized from her initial presentation and able to discharge to home with plans for delayed surgical intervention to prevent future occurrences. Approximately one month following the initial presentation she underwent laparoscopic remnant gastrectomy with resection of her prior retrocolic gastrojejunal anastomosis with revision into an antecolic position. Postoperatively she recovered well without further bleeding complications.

Conclusion: This case highlights that a two-step approach, including temporization of bleeding and subsequent definitive surgical fixation, to life threatening hemorrhage of a splenic artery branch into the gastric remnant is not only a safe but also effective method of treatment.

P79AG8VA7D

AN ALTERNATIVE TO CPAP FOR OBSTRUCTIVE SLEEP APNEA FOLLOWING BARIATRIC SURGERY

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Introduction: Obstructive sleep apnea (OSA) is a common condition characterized by repetitive episodes of complete or partial airway obstruction during sleep, leading to hypoxemia and fragmented sleep. Given that OSA has been associated with increased perioperative complications, including respiratory complications, careful management of this condition is essential in patients undergoing bariatric surgery—a patient population where OSA rates are notably elevated.

Method: This retrospective case-series study was conducted at Tucson Medical Center (TMC), following the implementation of a policy change allowing the use of the Breathe Plus device as an alternative to CPAP for patients with mild to moderate obstructive sleep apnea (OSA) undergoing bariatric surgery. Data were collected from electronic medical records for patients who underwent bariatric surgery between March 7, 2022, and September 16, 2024, and who met the study criteria. The primary outcome of interest was the incidence of pulmonary complications, using the MBSAQIP definition.

Results: A total of 79 patients with mild to moderate OSA who underwent bariatric surgery were included in the study. No perioperative pulmonary complications were noted in individuals treated with Breathe Plus. Following the procedure, the average cost per patient for the Breathe Plus device was approximately $50.

Conclusions: Breathe Plus appears to be a safe alternative to CPAP in patients with OSA who underwent bariatric surgery. Patients saved between $450 and $2950 compared to the price of a CPAP machine.

Q7GGBX5G75

INDICATIONS FOR ELECTIVE REVISION BARIATRIC SURGERY: A SYSTEMATIC REVIEW

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Introduction: Approximately 11% of bariatric surgeries in the United States in 2022 were revision procedures, many for medical necessity or emergencies. However, elective revision surgeries, performed for non-urgent reasons, are less understood. Clarifying their indications may enhance preoperative counseling, align outcomes with patient expectations, and reduce healthcare costs. We aimed to systematically review the literature to understand indications for elective revision bariatric surgery.

Method: A systematic search of PubMed, Scopus, and Embase in February 2024 identified studies. Methodological quality was assessed using the Methodological Index for NonRandomized Studies (MINORS).

Results: Of 244 identified publications, 19 met inclusion criteria. Study quality was moderate (MINORS: 10.9/16 for non-comparative, 18.8/24 for comparative studies). No formal categories exist to describe elective revision bariatric surgery. Therefore indications were categorized into equipment adjustment (e.g., gastric band complications), nonemergent pathology (e.g., marginal ulcers, abdominal pain), and metabolic issues (e.g., insufficient weight loss, GERD, malnutrition). Metabolic issues accounted for 94.7% of revisions, with insufficient weight loss cited in 54.1% of total patients. Non-emergent pathologies and

equipment adjustment comprised 4.8% and 0.4%, respectively. However, a lack of standardized reporting on patient demographics, indications, and outcomes across studies limited comparisons and generalizability.
Conclusion: Underreporting and inconsistent methodologies underscore the need for standardized reporting in elective revision bariatric surgery. Most studies focused on metabolic indications, with limited data on other categories. Improved data collection and reporting practices could help optimize patient selection, refine surgical techniques, and enhance outcomes.

R7Z6R9L67J

SLEEVE GASTRECTOMY MEETS ACHALASIA: A DECEPTIVE CASE OF ACHALASIA AND THE VERSATILITY OF BARIATRIC SURGERY

Peter Zajac *Multicare Health Systems*; Jim Sebesta *MultiCare Center for Weight Loss & Wellness*; Kelly Blair *MultiCare*; Molly Lonneman *Madigan General Surgery*
Introduction: Achalasia, a rare esophageal motility disorder characterized by impaired relaxation of the lower esophageal sphincter and absent peristalsis, leads to symptoms such as dysphagia, regurgitation, and weight loss. There are very limited data on achalasia in patients who have undergone bariatric surgery. Additionally, achalasia may be present but undiagnosed before surgery, further complicating postoperative outcomes. Symptoms of achalasia, such as difficulty swallowing and regurgitation, may be misinterpreted or overlooked, particularly in bariatric patients, due to the stigma of obesity and the tendency to attribute such issues to overeating or behavioral factors. Sleeve gastrectomy can unmask or exacerbate esophageal motility disorders in predisposed individuals. Despite the rarity of achalasia in this population, its presence requires prompt recognition and effective management to ensure symptom resolution and optimize surgical outcomes.
Method: We present a case of a 38-year-old female who had a vertical sleeve gastrectomy 5 years prior. She presented with worsening nausea and regurgitation. Esophagogastroduodenoscopy showed dilation of the entire esophagus without stricture or stenosis. An esophagram was performed and was suggestive of achalasia. Those findings were confirmed by manometry. After analyzing the surgical options, it was decided to perform a Heller myotomy and roux en y gastric bypass.
Results and Conclusion: The procedure was safe and successful in treating achalasia symptoms, underscoring the importance of recognizing and addressing achalasia in bariatric patients and tailoring surgical interventions to their unique needs.

QWAYRGLYWK

IMPACT OF BOUGIE SIZE ON WEIGHT LOSS AND DIABETES MELLITUS REMISSION FOLLOWING LAPAROSCOPIC SLEEVE GASTRECTOMY: A RETROSPECTIVE COHORT STUDY AT THE SINGLE ACADEMIC MEDICAL CENTER

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Introduction: Obesity is a public health epidemic that continues to increase morbidity and mortality in the United States. 41.9% of adults have a BMI >30. Laparoscopic sleeve gastrectomy (LSG) remains a mainstay of bariatric surgery to combat this epidemic. However, there is no consensus on the optimal bougie size. The aim of this study is to determine if bougie size (≤40 Fr vs >40 Fr) has an impact on weight loss and diabetes mellitus remission.
Methods: Retrospective chart review was completed for 1,242 patients from 2010-2022 who underwent LSG at the single academic medical center. Two sample t-tests were used to compare outcomes between groups.
Results: 300 patients met the inclusion criteria of a LSG with a pre- and post-operative (one year) Alc. There was no statistically significant difference in age, sex, pre-op A1c, or BMI between groups. 195 patients had a smaller bougie size (≤40 Fr), and 105 patients with a larger bougie (>40 Fr). Mean age was 45 with a mean BMI of 44.5 (31.4-89). There was no significant difference between the mean BMI reduction between the small (11.0±4.6) compared to larger bougie (10.9±4.3) cohorts ($p>0.05$). There was no significant difference ($p>0.05$) in hemoglobin A1c decrease between the small (0.7±1.0) bougie size or the larger size ($p>0.05$).
Conclusion: There was no statistically significant difference in reduction of BMI or hemoglobin A1c between the smaller (≤40 Fr) and large (>40 Fr) bougie cohorts. This implies that there is no benefit to a smaller bougie for BMI reduction or DM remission.

RBJ8JMR8BW

PREVALENCE AND TIMING OF CHOLECYSTITIS IN PATIENTS TAKING GLP-1 AGONISTS FROM A LARGE ACADEMIC HEALTH NETWORK

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Background: Glucagon-like peptide-1 (GLP-1) receptor agonists have dramatically altered the management of obesity and type 2 diabetes. As their prevalence increases so does the potential for complications. This case study describes patient characteristics and prevalence of GLP-1 use in cholecystectomies performed at a large academic health system.
Methods: This case series included consecutive surgeries from 13 surgeons at 3 academic hospitals during a defined time period. The study period was 3 months in 2024 and included a total of 223 patients who underwent cholecystectomy. Of these, 20% (n=44) were on a GLP-1 agonist preceding surgery. Patient demographics, patterns of GLP-1 agonist use, and postoperative outcomes were analyzed.

Results: The average duration of GLP-1 agonist use before surgery was 11 weeks, and the average weight loss was 8.5 kg. 26% had a history of cholelithiasis prior to GLP-1 therapy.
Patients were symptomatic for 9±3 weeks prior to cholecystectomy. While most patients underwent laparoscopic cholecystectomy, 14% required additional intraoperative interventions (4 cholangiograms, and 2 conversions to open surgery). 4 patients had a preoperative endoscopic retrograde cholangiopancreatography (ERCP) and 3 patients had a postoperative ERCP. 13 patients (30%) had discordance between the radiologic diagnosis and the diagnosis based on intraoperative findings. The average length of hospital stay (LOS) was 1.8 days.
Conclusion: This case series shows a high prevalence of GLP-1 agonist use amongst patients undergoing cholecystectomy. Notably, 13 patients (30%) required additional interventions. Larger studies will be needed to determine if GLP-1 agonist use is associated with a higher rate of complicated cholecystectomy and if opportunities exist for earlier diagnosis and/or prophylaxis.

RGJNRPXNGX

TRENDS IN INTRAVENOUS FLUID THERAPY AFTER METABOLIC AND BARIATRIC SURGERY: MBSAQIP 2016-2023

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Background: Volume depletion and dehydration due to intolerance of oral hydration after bariatric surgery is a common complication that can be addressed with intravenous fluid (IVF) resuscitation.
Methods: We used data from the 2016 to 2023 MBSAQIP PUF to understand trends in intravenous fluid therapy after metabolic and bariatric surgery. We plotted the number of instances of postoperative intravenous fluid therapy over time, grouped by type of metabolic or bariatric surgery. Using univariate regression, we compared characteristics of patients who received intravenous fluid therapy to those who did not, and also constructed a multivariable logistic regression model to understand independent risk factors for requiring intravenous fluid therapy, and ranked covariates based on the absolute value of the t-statistic in order to determine importance.
Results: Between 2016 and 2023, on average, 3.8% of patients received intravenous fluid therapy within 30 days of metabolic or bariatric surgery. The overall proportion of patients who received IVF therapy did not change over time (Mann-Kendall trend test $p=0.27$). Compared to sleeve gastrectomy, patients who underwent Roux-en-Y gastric bypass had 1.31 (95% CI: 1.29 to 1.33) times the odds of requiring IVF therapy, whereas patients undergoing biliopancreatic diversion with duodenal switch had 0.89 (95% CI: 0.82 to 0.96) times the odds. (95% CI: to) times the risk. Using multivariable logistic regression, we identified male sex (OR 0.51, $p<0.001$), preoperative GERD (OR 1.40, $p<0.001$), and African American race (OR 1.35, $p<0.001$) as the most important predictors for IVF therapy after metabolic or bariatric surgery.
Conclusion: Further studies are needed to understand risk factors for requiring intravenous fluid therapy after bariatric surgery, and whether this could prevent adverse events such as readmission, emergency department visits, or organ failure due to poor oral intake.

VDRRLQBRDR

EFFECTIVENESS OF GLP1 THERAPY POST SLEEVE GASTRECTOMY

Peter Billing *Transform Health Partners*; Josiah Billing *Transform Health Partners*; Eric Harris *Transform Weight Loss*; Hiroto Nasu *Transform Weight Loss*
The main objective for this observational retrospective study is to determine the effectiveness of GLP-1 therapy post sleeve gastrectomy that underwent bariatric surgery (sleeve gastrectomy (SG) over a one-year period. Patients that underwent SG were all included in the study from 1/1/2021 to 6/30/2024 (n=331). Also, patients were separated into two groups based on if the patient were prescribed for a GLP-1 medication for weight loss post SG. By separating into two groups, (n= 119) in the GLP-1 group and (n= 212) were not prescribed for a GLP-1 medication. Additionally, measurements were taken at 0,3,6,12 months post-surgery which consisted of weight, body mass index, body fat percentage, excess weight loss (%EWL), total weight loss (%TWL), weight loss values. At the end of one year, patients treated with GLP-1 showed a BMI reduction from an average of 43.91 to 31.94, while the non-GLP-1 group reduced from an average of 43.67 to 30.76. The %EWL for GLP-1 patients had 70%, compared to 73% for non-GLP-1 patients. Also, the %TWL the GLP-1 patients had 26% and 29% for the non-GLP-1 patients. Additionally, both groups started with similar average weights, but by the one-year period, the non-GLP-1 group exhibited a slightly greater overall weight loss. The results suggest that GLP-1 therapy contributes to significant weight loss and BMI reduction post SG, but the non-GLP-1 approach exhibited slightly better outcomes in terms of %EWL and %TWL over the oneyear period. Further research is needed to examine the long-term effects of GLP-1 therapy post SG.

ZJ59ZL79JW

CONCURRENT CHOLECYSTECTOMY DURING BARIATRIC SURGERY: A STATEWIDE ANALYSIS OF SURGEON PRACTICES AND OUTCOMES

Taylor Sims *Henry Ford Health*; Sarah Petersen *Center for Healthcare Outcomes and Policy, University of Michigan, Ann Arbor, MI*; Amanda Stricklen *Center for Healthcare Outcomes and Policy, University of Michigan, Ann Arbor, MI*; Jonathan Finks *University of Michigan*; Oliver Varban *Henry Ford Health*; Arthur Carlin *Henry Ford Health*
Introduction: There remains some debate among surgeons regarding the role of concurrent cholecystectomy (CC) during bariatric surgery. This study aims to assess surgeon practices and outcomes related to CC across Michigan.
Methods: All surgeons participating in a state-wide bariatric surgery quality improvement collaborative (n=76) responded to a 2024 survey regarding their management of cholelithiasis at the time of bariatric surgery. Risk-adjusted 30-day outcomes were compared between patients who did and did not undergo CC during primary, minimally invasive, Roux-en-Y gastric bypass (RYGB) and sleeve gastrectomy (SG) from 2006 through 2023 (n=118,618).

Results: The majority of surgeons reported that they avoid CC for asymptomatic cholelithiasis, however, some do perform CC (16% RYGB, 7% SG). Nearly 80% of surgeons reported that they would perform CC in patients with symptomatic cholelithiasis. CC was associated with a higher rate of any complications (8.8% vs 6.6%; $p<0.0001$), serious complications (2.9% vs 2.0%; $p=0.0154$), and longer hospital length of stay (2.6 vs 1.8 days; $p=0.0109$) as compared to no CC. The overall CC rate was 1.7% for SG and 2.2% for RYGB during the study period; however annual rates of CC decreased over time from 3.8% in 2006 to 1.9% in 2023 ($p<0.0001$; $r= -0.57995$).
Conclusion: Concurrent cholecystectomy during bariatric surgery is associated with a higher risk of complications and longer hospital length of stay. Although rates of CC have decreased over time, variation in surgeon practices with respect to asymptomatic cholelithiasis exists, and thus provides an opportunity to improve short term outcomes.

ZR7MWB6MR5

METABOLIC AND BARIATRIC PROCEDURE SELECTION AFTER FOREGUT SURGERY: SLEEVE GASTRECTOMY VS ROUX EN Y GASTRIC BYPASS

Maher El Chaar *St Luke's University Hospital and Health Network*; Albert Lwin *St Luke's University Health Network*; Eric Stevens *St. Luke's University Health Network*; Luis Alvarado *St Luke's University Health Network*
Introduction: Determining the optimal metabolic and bariatric procedure for patients with prior foregut surgery (PFS) poses unique challenges due to the increased incidence of complications. Both sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB) are viable options; however, their relative risks of postoperative complication in this population remain unclear.
Methods: Using the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program database (2020-2023), patients with a history of PFS undergoing SG, or RGYB were identified. Multivariable logistic regression analysis was conducted to compare the odds of adverse outcomes comparing SG to RYGB. Primary endpoints included severe event occurrences (SEO), intervention at 30 days, and drain placement. Secondary endpoints are readmission at 30 days and length of stay.
Results: Overall, we examined 7,898 patients with PFS (4,608 SG; 3,290 RYGB). The incidence of SEO was 5.77% for SG and 10.55% for RYGB ($p<0.001$). Intervention at 30 days occurred in 27 SG (0.59%) and 81 RYGB (2.46%) ($p<0.001$). Length of stay was significantly longer following RYGB compared to SG (log mean 0.95 vs 0.79, $p<0.05$). RYGB was associated with higher odds of SEO (OR = 1.81, CI [1.48, 2.21]), intervention at 30 days (OR = 4.21, CI [2.72, 6.52]), and drain placement (OR = 2.68, CI [2.31, 3.12]) compared to SG.
Conclusion: Both SG and RYGB are viable options for patients with prior foregut surgery. However, RYGB is associated with greater risk of postoperative complications. Comprehensive preoperative counseling and individualized evaluation are critical in selecting the most appropriate procedure for these patients.

LD0RG9LRDN

ACCIDENTAL SUTURING OF A SLEEVE-SPECIFIC SUCTION:SIZER SURGICAL DEVICE DURING ROUX-EN-Y GASTRIC BYPASS

Nicholas Jonas *Banner University Medical Center*; Shaher Yousef *University of Arizona*; Nikolas Brzezinski *University of Arizona*; Iman Ghaderi *The University of Arizona College of Medicine Phoenix*; Michelle Chang *Carondelet Medical Group*; Robert King *The University of Arizona College of Medicine Phoenix*
Video submitted via Google Drive link.

589RAJLRPG

MANAGEMENT OF BEZOAR IN PATIENTS STATUS POST GASTRIC BYPASS SURGERY WITH COLA; A CASE SERIES

Caroline Chen *Geisinger Medical Center*; Alexandra Falvo, Md *Geisinger Medical Center*
Background & Purpose: Bezoar obstruction at the gastro-jejunal or jejuno-jejunal anastomosis is a known complication in patients with gastric bypass surgery. Management of the obstruction requires surgery at times. Literature has shown various case reports of successful treatment of these obstructions with soda. This case series contains 3 patients with prior gastric bypass surgery who presented with food bolus obstructions that were treated successfully with the use of Cola.
Case Description: This case series contains 3 patients: a 47 year old female, a 45 year old female, and a 66 year old female. All three demonstrated the bezoar just proximal to or at the level of the jejunojejunostomy. Two cases were treated with nasogastric instillation of Diet Coke while one was given Diet Coke orally.
Outcome: All three patients showed resolution of obstruction on repeat CT imaging and improvement of symptoms without any surgical intervention.
Discussion: In conclusion, there have been many case reports, and now this case series, that demonstrate the effectiveness of using Cola to resolve bezoar obstructions in patients with prior gastric bypass surgery. There is utility in studying an effective protocol treating obstructions in gastric bypass patients nonoperatively with Cola. If such a method were standardized, this may prevent further surgical intervention and potential associated complications.

R9Q7AZG796

PERFORMANCE OF A ROBOTIC ASSISTED LAPAROSCOPIC SLEEVE GASTRECTOMY IN A PATIENT WITH PRIOR OPEN LOOP DUODENOJEJUNOSTOMY FOR DUODENAL ATRESIA

Ellen Pekar *University of Pennsylvania*; John Fam *Tower Health/ Drexel University*
Introduction: A 45 yo female with a history of duodenal atresia repair presented to the bariatric surgery service with a BMI of

47.44. The patient previously underwent an aborted laparoscopic sleeve gastrectomy at an outside hospital.
Method: Preoperative EGD obtained. Loop configuration noted in the first portion of the duodenum with two lumens leading into segments of small bowel.
UGI obtained confirming a loop configuration.
Decision was made to undergo sleeve gastrectomy.
Access obtained in the RUQ with 5mm Optiview trocar.
Two 8 mm ports placed in the left lateral abdomen. 12 mm port placed supraumbilically.
8 mm port placed in the right lateral abdomen.
Extensive adhesiolysis performed taking down gastric, hepatic, and omental adhesions.
Liver retracted with a Stratafix.
5 cm from pylorus measured out. Short gastric vessels ligated with a Harmonic.
Moderate sized hiatal hernia primarily repaired.
•0 Fr Visi G tube placed.
Sleeve created with firing of one blue load and several white loads on a Sureform stapler.
Results: Patient doing well postoperatively with 26 lb weight loss 2 weeks after surgery. A month out from surgery she continues to do well.
Conclusion: It is safe and feasible to perform a robotic laparoscopic sleeve gastrectomy in a patient with prior open loop duodenojejunostomy.

4NZ7XD9789

MANAGEMENT OF A PERFORATED GASTRIC ULCER SECONDARY TO GASTRIC BALLOON

Kathleen Park Mercy *Medical Center-Baltimore;*
Emily Adaniya *Indiana University School of Medicine*; Claire Terez *Advanced Surgical & Bariatrics of NJ*
Introduction: This case involves a 31 year old male with a history of hypertension, pre-diabetes, obesity BMI 34.4 who underwent elective gastric balloon placement in the Dominican Republic. He presented to the ED 2 weeks after placement with continued abdominal pain, nausea, palpitations. CT imaging was concerning for pneumoperitoneum with thickening of the gastric wall adjacent to the gastric balloon. Given clinical exam and findings, he was taken emergently to the operating room for intervention.
Method: The patient was hemodynamically stable, thus the abdomen was accessed laparoscopically with inflammatory rind and contamination noted on the anterior body of the stomach with the edges debrided and consistent with a perforation secondary to the gastric balloon. A intra-operative endoscopy was also performed with the balloon decompressed with a needle and 670 ml of saline aspirated prior to removal.
Endoscopically, an ulcer was confirmed on the anterior body of the stomach.
Laparoscopically this defect was repaired with a modified graham patch with primary closure of the defect then reinforced with omentum. A drain was placed adjacent to the site of repair.
Results: The patient post op remained in the hospital until POD 5 where he underwent an UGI that was negative and he was discharged home with subsequent serial follow-up in clinic until 3 weeks post op. His drain was removed in clinic with diet advanced. Overall, he did well without any complication after the removal of his gastric balloon and repair of the resultant perforation.
Conclusion: In conclusion, this patient who underwent elective gastric balloon placement with with likely near maximum and possible overinflation of his balloon resulting in ulceration followed by delayed perforation. Maximum recommended volumes are dependent on the manufacturer, but range between 450 - 700 ml. We recommend following these guidelines but also note that complications can safely

7509AMP9LG

INCREASED OR TIME ASSOCIATED WITH ROBOTIC ASSISTANCE AFTER ADJUSTING FOR BMI, AGE AND SEX IN LAPAROSCOPIC AND ROBOTIC-ASSISTED SLEEVE GASTRECTOMY

John Bartolotta *Penn Medicine Princeton Medical Center*; Kayri Bartolotta, Msc *Fordham University*; Lisa Dobruskin, Md *Penn Medicine Princeton Medical Center*
Introduction: We examined OR time in sleeve gastrectomy (SG) between conventional laparoscopy (LSG) and robotic-assisted (RA-LSG) by one surgeon with identical methods on both platforms over ten consecutive years in a single suburban academic-affiliated community teaching hospital.
Methods: Retrospective data review was performed through MBSAQIP data for all 656 SG performed at writer's home institution from 2014-2024 by one bariatric surgeon before and after the transition to full-time robotics for bariatric surgery in 2020. The operative method for these cases utilized non-reinforced staples and suture reinforcement in Lembert fashion along the entire length of the staple line. All RA-LSG were performed on the Intuitive (Sunnyvale, CA) Da Vinci Xi system.
Results: RA-LSG took significantly longer than LSG, with an adjusted mean difference of approximately 36.25 minutes ($p < 0.01$), after controlling for BMI, age, and sex. BMI has a small but statistically significant effect on surgery duration. For every one-unit increase in BMI, surgery duration increases by approximately 0.39 minutes ($p < 0.01$), regardless of the surgical approach. BMI did not alter surgery duration significantly between LSG and RALSG. Age showed a marginally significant effect ($p = 0.05$), with older patients tending to have slightly longer surgeries. Males had significantly longer surgery durations compared to females, with an adjusted difference of approximately 7.21 minutes ($p < 0.01$).
Conclusions: Robotic assistance is associated with longer surgery times, and BMI has a small but consistent impact on duration. However, the effect of BMI on surgery duration does not differ significantly between LSG and RA-LSG. Males and older patients independently tend to have longer surgeries. Despite the increased OR time, RA-LSG remains our preferred approach due to increased precision, reduced surgeon fatigue and comparable patient outcomes, though this was not analyzed in this study.

79A6Z7L6WX

ANALYSIS OF GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONISTS FOR TREATMENT OF WEIGHT STALL OR REGAIN POST BARIATRIC SURGERY: A RETROSPECTIVE OBSERVATIONAL STUDY

Alejandro Oliu *West Penn Hospital, Allegheny Health Network*; Cody Mcgee *Allegheny Health Network*; George Eid *Allegheny Health Network*; Jenna Li *Allegheny Singer Research Institute, Allegheny Health Network*

Introduction: Weight stall or regain is unfortunately not an uncommon finding in post bariatric surgery patients, occurring in almost a third of patients. While revisional surgery may be an option for some, antiobesity medications could prove valuable. Use of glucagon-like peptide-1 receptor agonists (GLP-1) as antiobesity medications has gained popularity over recent years and have been shown to enhance weight loss and improve metabolic outcomes.

Method: This is a single center retrospective observational study performed at a Comprehensive Bariatric and Metabolic Institute. Post bariatric surgery patients who were treated with GLP-1 medications postoperatively from 2019-2023 were identified. Data on body weight and relevant clinical parameters were collected preoperatively, postoperatively, prior to initiation of medical weight loss and after treatment with medical weight loss therapy.

Results: Based on preliminary data, 279 patients qualified for the study criteria. 88.17% of patients were female with a mean BMI of 40.9. The mean total weight loss for postsurgical patients on GLP-1 medications was 33 lbs. Sub-groups of sleeve gastrectomy (SG) patients and Roux en-Y gastric bypass (RYGB) patients were also compared with finding of mean weight loss of 30.7 lbs and 39.5 lbs, respectively. Comparing SG patients with RYGB patients there does appear to a be a statistically significant difference in total weight loss while on medical therapy for obesity (p-value: 0.0229).

Conclusion: Patients who experience weight regain or weight loss stall, GLP-1 medications can be used with good weight loss results. Further data will be collected to further classify length of time on medications and compare comorbidities.

9Q6DWN7DQM

KNOWLEDGE OF BODY MASS INDEX AND ITS CORRELATES AMONG THE PATIENT AT A TERTIARY CARE HOSPITAL

Mahendra Lodha *Aiims Jodhpur*; Mayank Badkur *Aiims Jodhpur*

Background: In spite of the numerous chronic diseases that have been linked to obesity, studies focusing on awareness regarding Body mass index (BMI) and its correlates to prevent and control obesity are lacking in the literature, especially in developing countries such as India, where obesity is culturally accepted and nurtured in the society.

Methods: A cross-sectional prospective survey was done between November 2018 and November 2019 in a tertiary care research institute after approval from institutional ethics committee. A pre-designed questionnaire was used to collect data in excel sheet (Microsoft Corp, Redmond, WA) and analyzed using SPSS.

Results: Total 264 (80.3% urban and 19.7% rural background) patients with mean age of 42 years with different educational level participated in the study. 1.1% patients were underweight, 2.7% mean BMI of studied population was 34.76. BMI distribution curve was bilaterally symmetrical. No one in the study population was well aware of about the BMI and related comorbidities. 98.5% patients confirmed that their doctor had never discussed their BMI with them.

Conclusion: There is a significant gap of knowledge among patients regarding obesity and BMI, and physicians also have to take initiatives to discuss about this for primary control of the disease (obesity) and related comorbidities.

8D86B586D7

IMPACT OF ADDITIONAL PROCEDURES ON 30-DAY OUTCOMES AFTER BARIATRIC SURGERY CONVERSIONS

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Introduction: There is limited reporting on the safety of bariatric surgery conversions (BSC) from sleeve gastrectomy alone compared with BSC combined with additional procedures. This study sought to analyze the 30-day morbidity and mortality of patients undergoing BSC with and without additional surgeries.

Methods: A descriptive analysis was performed using the MBSAQIP data from 2020 to 2022. We included 31,494 patients: 30,921 were BSC alone, and 573 had BSC and at least one additional procedure (Table 1). Outcomes were compared using conditional logistic regression and linear quantile mixed models in a propensity score-matched sample of 572 patients per group (Table 2).

Results: The most common procedures during BSC were: hiatal/paraesophageal hernia repair (37.4%), esophagogastroduodenoscopy (27.5%), enterolysis/lysis of adhesions (9.9%), and cholecystectomy (3.6%). Patients undergoing BSC and additional procedures had statistically significantly longer length of stay compared to the BSC alone (2 vs 1 day, $p=0.021$). However, readmissions ($p=0.41$), reoperations ($p=0.42$), or reinterventions ($p=0.86$) did not differ significantly between the groups. Mortality rates were also similar between the groups (0.2% vs 0.2%, $p>0.99$).

Conclusions: BSC when combined with additional surgical procedures is associated with significantly longer hospital stay compared to BSC alone, without significant differences observed in readmissions, reoperations, reinterventions, or mortality rates within 30 days. These findings suggest that combining additional surgeries with BSC may not increase short-term morbidity or mortality, but additional research is warranted to further assess the individual impact of each additional procedure on long-term morbidity and mortality outcomes.

JLADVK6DGR

SLEEVE GASTRECTOMY WITH ENDOEYE 3D: IMPROVING SAFETY AND RESULTS

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INTRODUCTION: Laparoscopic sleeve gastrectomy is the most frequently practiced bariatric procedure. Recently, 3D surgery has been considered, offering the perception of depth and better visualization.

METHOD: We present the case of a 43-year-old female with history of insulin resistance. She began 20 years prior with progressive weight gain reaching 205 pounds and a BMI of 36.4. She failed weight-loss on multiple occasions with exercise and diet, therefore she was scheduled for a sleeve gastrectomy.

RESULTS: A conventional 5-port approach was used with Endoeye 3D Olympus laparoscopic system. We identified the pylorus. 3 cm proximal the greater curvature of the stomach was mobilized with harmonic until visualizing the left crus of the diaphragm.

Posterior adhesions of the stomach were removed. A 36-French bougie was advanced.

Section of the stomach was done with 4 purple loads with automatic Echelon Flex 60 mm stapler. The 3D visualization was essential to verify an adequate stapling of total stomach thickness and complete staple closure. This allowed a close in-depth visualization of the gastroesophageal junction reassuring no risk of leak at this site. The staple line was reinforced with polypropylene, assuring the depth and distance of the sutures with 3D view. The resected stomach was extracted. Patient was discharged 2 days after.

CONCLUSION: 3D laparoscopic systems have improved visualization gaining the sensation of depth and better spatial orientation. These look for increased safety, less morbidity, mortality, and better results. Further studies are needed comparing 2D and 3D laparoscopic surgery evaluating duration, safety, morbidity, mortality, and results.

JNWVWRQVZG

SPIRALED SLEEVE REVISION

Doris Kim *SSM Health*

Sleeve gastrectomy is the most common bariatric surgery performed worldwide. Technical complications from the index operation can result in acid reflux, dysphagia, regurgitation and PO intolerance that may necessitate revisional surgery. It is important to recognize the three dimensional nature of the stomach with inflation, and how the underlying anatomy can lead to functional problems.

L08PA8KP0R

FACTORS ASSOCIATED WITH APPLICANT SUCCESS IN THE MINIMALLY INVASIVE SURGERY FELLOWSHIP MATCH

Sarah Suh *The Medical College of Wisconsin*; Andrew Kastenmeier *Medical College of Wisconsin*; Tammy Kindel *Medical College of Wisconsin*

Introduction: The match process for general surgery residents pursuing minimally invasive surgery (MIS) fellowship has become significantly more competitive. The purpose of this study was to identify factors associated with applicant success in the MIS match.

Methods: This study was a retrospective review of applicants to an MIS fellowship program in 2021.

Demographic data, academic awards, research productivity, American Board of Surgery In-Training Exam (ABSITE) scores, and match outcomes were retrieved from the Fellowship Council. Continuous variables were analyzed via t-tests, while categorical variables were assessed by chi-square analysis. Statistical significance was set at a p-value of 0.05.

Results: This study included 274 MIS fellowship applications, of which 171 residents (62%) successfully matched. There was a statistically significant age difference between unmatched and matched applicants (39.1 4 vs 37.1 2.9, $p < 0.001$). Matched applicants were more likely to have received awards (OR = 10.3, 95% CI [1.5, 5.9]), conducted research (OR = 7.1, 95% CI [2.3, 22.1]), and ranked more programs (Table 1). ABSITE scores were not associated with a successful MIS match.

Conclusions: The success of matching into an MIS fellowship was influenced by the number of ranked programs, academic awards received, and research accomplishments. The findings from this study aim to guide general surgery residents striving for success in the MIS match.

Table 1. Characteristics of residents who matched or did not match into MIS programs

Unmatched (n=103)Matched (n=171)p-value, Age39.1 4.037.1 2.9<0.001*, Citizenship <0.001*, United States55 (52.9%)142 (83%)

International43 (41.3%)18 (10.5%)

Canadian6 (5.8%)11 (6.4%)

Average ABSITE score49.9 24.353.0 24.90.47

Awards78 (76.5%)155 (90.6%)0.001*

Research88 (85.4%)167 (97.7%)<0.001*

Programs ranked9.1 11.616.3 10.2<0.001*

L79MPW5M7D

TIMING ISN'T EVERYTHING: IMPACT OF PREGNANCY ON WEIGHT LOSS OUTCOMES AFTER BARIATRIC SURGERY

Tyler Glaspy *Danbury Hospital*; Jenny Zhang *Mount Sinai Health Systems*; Gabriel Oland *Mount Sinai*; Daniel Herron *Mount Sinai*; Gustavo Fernandez-Ranvier *Mount Sinai*; Catherine Tsai *Mount Sinai*

Introduction: There are few guidelines recommending optimal timing of pregnancy after bariatric surgery. We aim to assess initial weight loss, gain during pregnancy and postpartum loss bariatric patients at our institution.

Methods: We performed a retrospective analysis of bariatric patients undergoing bariatric surgery between 2017-2020 and identified patients who gave birth during the follow-up period.

Results: 27 patients were identified who gave birth after bariatric surgery. Mean age at time of surgery was 30.1 years. 20 patients underwent sleeve gastrectomy(74%), 6 patients underwent gastric bypass(22%) and 1 patient underwent duodenal switch. Mean BMI

at time of bariatric surgery was 44.0. Of patients who became pregnant after bariatric surgery, 15 patients(55.5%) conceived within 1 year of surgery, while 12 patients(44.5%) conceived greater than 1 year after surgery. Mean nadir BMI for patients who conceived more than 1 year after surgery was 31.87, and 32.3 for patients who conceived within 1 year ($p=0.83$). At time of delivery, mean BMI for patients who conceived more than 1 year after surgery was 36.2, and 35.4 for patients who conceived within 1 year ($p=0.74$). Mean BMI at least 3 months postpartum was 34.5 for patients who conceived more than 1 year after surgery, and 32.9 for patients who conceived within 1 year of surgery ($p=0.49$).

Conclusion: Conception within a year after bariatric surgery does not significantly impact short-term weight loss outcomes compared to waiting at least a year to conceive. Further assessment of long-term outcomes is warranted to evaluate impact of pregnancy on bariatric surgery.

M8VNRX5N84

LAPAROSCOPIC SLEEVE GASTRECTOMY WITH PROXIMAL INTESTINAL BYPASS

Kanyarat Akaralawan *Taksin hospital*

Introduction: Thai morbid obesity 38 year old female with hypertension T2DM and Obstructive sleep apnea

Method: the proximal intestinal bypass was done after sleeve gastrectomy procedure to create malabsorption enhance long term outcome of bariatric surgery

Results: patient loose weight 30 day post op 10 kg, 6 year post op her body weight is 77 Kg her HbA1c was under 6.5 and discontinue of antihypertensive drug and diabetic drug

Conclusion: the proximal intestinal bypass procedure can enhance long term outcome in patient who underwent bariatric operation

M6XVMZDV6R

PATIENT PERSPECTIVES ON EARLY DISCHARGE FOLLOWING BARIATRIC SURGERY

Qais Abuhasan *Indiana University School of Medicine*; Austin Airhart *Indiana University School of Medicine*; William Hilgendorf *Indiana University School of Medicine*; Jill Connors *Indiana University School of Medicine*; Amy Holmstrom *Indiana University School of Medicine*; Tarik Yuce *Indiana University School of Medicine*; Dimitrios Stefanidis *Indiana University School of Medicine*

Introduction: The improved safety of bariatric surgery has led to shorter hospital stays, with programs exploring early discharge options. While the safety of early discharge has been investigated, patient perspectives remain unexplored. This study aimed to investigate patients' preferences and experiences with early discharge following bariatric surgery.

Methods: A 22-item survey was developed by a multidisciplinary team to assess patient perspectives on early discharge. After a pilot assessment, the survey was distributed to patients after bariatric surgery using our Facebook support group. The survey captured patient demographics, procedure, discharge day, and ratings of preferences and experiences using Likert-scale questions (ratings 1-3=lower importance/comfort, 4-5=higher importance/comfort). Descriptive statistics and chi-square tests were used to analyze the data.

Results: Of 44 patients included, 35 (79.6%) underwent Roux-en-Y gastric bypass while 6 (13.6%) had sleeve gastrectomy, and 20 (45.5%) were discharged on postoperative day one (POD1). Thirty-four patients (77.3%) were comfortable with their length of stay while only 5 patients (11.6%) expressed higher comfort in changing bariatric surgery into a procedure not requiring an overnight stay. The most important factors for discharge-day decisions were safety and the surgeon's opinion (Figure 1). Patients discharged on POD2 or POD3 compared to POD1 had no difference in postoperative pain (higher comfort: 79.2% vs. 80.0%, $p=0.95$) but were more comfortable with their diet (83.3% vs. 70.0%, $p=0.29$) and mobility (75% vs. 65%, $p=0.47$).

Conclusion: Patients preferred having at least one overnight stay following bariatric surgery, prioritizing safety and the surgeon's opinion in discharge-day decisions. Understanding these factors can provide valuable insights for shared decision-making and postoperative planning.

PXWYVWRYXN

PATIENT OUTCOMES AFTER REVISION FROM GASTRIC BANDING TO SINGLE-ANASTOMOSIS DUODENOILEAL SWITCH

Irina Karashchuk *Sutter Health*; Sarah Lee *Sutter Health*; Subhash Patil *Sutter Health*; Rama Ganga *Sutter Health*; Benjamin Shadle *Sutter Health*

Introduction: Laparoscopic adjusted gastric banding (LAGB) has shown to have complications such as band slipping or erosion, as well as insufficient weight loss requiring revisional procedures. Prior research has shown improved weight loss with conversion from LAGB to other bariatric surgeries. This study is a case series of 8 patients from a single institution who underwent conversion from LAGB to single-anastomosis duodenoileal switch (SADI-S) as well as a literature review of similar revisions.

Methods: Data was collected from patients at our institution who underwent a conversion from LAGB to SADI-S in the past four years. We report 90-day postoperative complications, excess body wight loss (EBWL%) at 6 and 12 months, resolution of comorbidities, and nutritional deficiencies.

Results: 8 patients underwent LAGB to SADI-S conversion from 2021-2023 with mean BMI 43.8 ± 8.1 prior to surgery. On average, EBWL was 54.5 ± 8.9% at 6 months and 63.6 ± 13.9% at 12 months. This data is similar to prior studies. There were no postoperative complications, readmissions, or reoperations within 90 days of the procedure. There were no subsequent revisions in this group after mean follow up of 12-24 months. Additionally, at 4-6 months, 25% experienced a vitamin A deficiency, 25% vitamin D, 37.5% vitamin K, and 12.5% zinc.

Conclusion: Revision of LAGB to SADI-S is a feasible and safe procedure demonstrating EBWL of over 50% with no immediate operative complications. Limitations of this study include small number of cases and lack of annual nutritional labs past 12 months.

W0BGN7AGKJ

MAGNETIC JEJUNO-ILEAL BIPARTITION (PARTIAL BYPASS). PRELIMINARY RESULTS

Michel Gagner *Westmount Square Surgical Center*; Martin Fried *OB Klinika*; Karin Dolezalova *OB Klinika*; David Michalsky *OB Klinika*; Petra Sramkova *OB Klinika*

Introduction: Partial Jejuno-Ileal Bipartition was chosen as the metabolic intervention. This laparoscopic intervention has been used since 2017 creating a stapled jejuno-ileal side-to-side anastomosis in nearly a hundred T2DM patients. The single-center study objective was to evaluate the feasibility/performance of magnetic anastomosis, safety, and initial efficacy by measuring functional improvement of metabolic indicators.

Methods: The inclusion criteria were adults (18 to 65 years), BMI 30-35 kg/m2 T2DM (defined as HbA1c 48 mmol/mol /6.5 %) without previous gastric interventions. Among the exclusion criteria were Type 1 diabetes, use of insulin, and uncontrolled T2DM. Linear magnets composed of a neodymium-iron-boron and titanium with PGLA flange were used.

Each pair were 50 mm long, to produce compression resulting in central necrosis and peripheral healing.

Results: Nine T2DM subjects with obesity participated. The jejunoileal side-to-side anastomosis was created 100 cm from the ligament of Treitz and 150 cm from the IleoCaecal valve. The large mesenteric defect was closed. Three women and six men, whose mean preoperative BMI was 37.2 kg/m2, and mean weight was 115.6kg were operated.

Patients were divided into two groups based on follow-up. Group 1 had a f/up 3 months, and Group 2 f/up 6 months. Mean weight loss at 3 and 6 months was 7.3 kg and 5.1 kg respectively. Excess weight loss was in Group 1: 27.7 %, in Group 2: 13.3%. Mean HbA1C dropped from 53.4 mmol/mol (7 %) to 40.8 mmol/mol (5.9 %) in Group 1, and from 54.2 mmol/mol (7.1 %) to 47.2 mmol/mol (6.5 %) in Group 2. Two patients reached complete remission, 4 almost complete remission, and 2 had reduced medication. There were no leaks, bleeding or obstructions.

Conclusions: Magnetic Jejuno-Ileal Bipartition for T2DM was achieved in this preliminary study and may decrease the burden of anastomosis creation.

YBRGL9QGMD

THE SAFETY AND EFFICACY PROFILE OF REVISIONAL BARIATRIC SURGERY FOR ELDERLY PATIENTS AGED ≥ 60 YEARS

Noura Jawhar *Mayo Clinic, Rochester*; Jack Sample *Mayo Clinic*; Nour El Ghazal *Mayo Clinic*; Agustina A Pontecorvo *Mayo Clinic Florida*; Jorge Cornejo *Mayo Clinic Florida*; Simon J. Laplante *Mayo Clinic*; Todd Kellogg *Mayo Clinic, Rochester*; Enrique F Elli *Mayo Clinic*; Omar Ghanem *Mayo Clinic*

Introduction: Despite the well-known safety and efficacy of bariatric surgery, certain patients require revisional bariatric surgery (RBS) due to weight-related and procedure-related complications. There is a growing interest in investigating long-term outcomes after RBS, however evaluating such outcomes in the elderly remains limited. This study's aim was to evaluate the safety and efficacy of RBS in the elderly.

Methods: A retrospective multicenter review was conducted for patients aged $\geq$ 60 years who underwent RBS between 2008-2023. Patient demographics, type of primary and revisional procedures, complication rates, mortality rate and weight loss data were collected at baseline and 5 years after RBS. A paired t-test was used to assess continuous parameters.

Results: 200 patients (79.5% female, mean age 66.4 $\pm$ 5.0, mean preoperative BMI 36.0 $\pm$ 9.3) were included. The most common primary procedure was Roux-en-Y gastric bypass (RYGB) (28.0%). The most common revision indication was gastroesophageal reflux (38.0%). Conversion to RYGB was the most common RBS procedure (65.5%) (Table 1).

Early and late complication rates were 18.5% and 26.0%, respectively. We also reported a 0% RBS-related morality rate. Figure 1. highlights weight loss outcomes, with conversion to RYGB achieving the most sustained and significant mean %TWL throughout follow-up.

Conversion to SG and RYGB revision were only able to achieve significant mean %TWL at 6 months and 1-year post-op.

Conclusion: Our study demonstrated that RBS is relatively safe and effective in the elderly in the long-term. Proper RBS procedure selection is integral to address revision indication.

Further studies are required to validate our findings.

YKBXV0DXKA

RETROSPECTIVE COHORT ANALYSIS – RATES OF CHOLECYSTECTOMY AFTER EVALUATION FOR BARIATRIC SURGERY

Caroline Darch *WellSpan Health*; James Ryan *WellSpan*; Matthew Smith *Wellspan Health*

Introduction: Obesity is a known risk factor for cholelithiasis, and while bariatric surgery can treat obesity and many of its sequelae, it also predisposes patients to the development of cholelithiasis. While studies have been done examining the rate of cholecystectomy after common bariatric procedures, the rate of cholecystectomy in similar patients who opted not to undergo bariatric procedures is less well studied.

Methods: All patients evaluated as a possible initial bariatric surgery candidate were evaluated since the health system began using Epic in 2017. Data was collected on 6154 patients which was then narrowed patients who underwent gastric bypass (917), sleeve gastrectomy (2907) vs no surgery (2246) for a total of 6070. The Epic system was then queried for cholecystectomies in each group over time.

Results: Over the course of our retrospective review, patients evaluated and not undergoing bariatric surgery underwent cholecystectomy at a rate of 7.3% compared to 9.6% for sleeve patients and 12% for gastric bypass patients ($P<0.001$).

Conclusion: The rate of patients who undergo bariatric surgery requiring cholecystectomy postoperatively was similar between our institution and what is cited in the literature. Our data suggests that while there is a significant increase in rate of cholecystectomies for patients who undergo bariatric surgery, this group is already at a high risk for cholecystectomy, and the change in risk is smaller when taking this into account. More consideration could be given for the known increase in Emergency Department utilization rate for 2 years after surgery.

0V5RPJNRG9

POST-OPERATIVE PAIN IN PATIENTS WITH LAPAROSCOPIC VERSUS ROBOTIC-ASSISTED SLEEVE GASTRECTOMY

Mohammad Hesam Alavi *Cleveland Clinic*; Roham Foroumadi *Cleveland Clinic*; Rickesha Wilson *Cleveland Clinic*; Xiaoxi Feng *Cleveland Clinic*; Chao Tu *Cleveland Clinic*; Salvador Navarrete *Cleveland Clinic*; Ali Aminian *Cleveland Clinic*; Ricard Corcelles Codina *Cleveland Clinic*

INTRODUCTION: Post-operative pain influences recovery and patient satisfaction following bariatric surgery, specifically sleeve gastrectomy, the most common weight loss procedure. The differential impact of laparoscopic versus robotic approaches regarding post-operative pain remains unclear. We aimed to compare opioid utilization and reported pain scores in patients with obesity undergoing robotic sleeve gastrectomy (RSG) and laparoscopic sleeve gastrectomy (LSG) in the first 24 hours post-surgery.

METHODS: A retrospective analysis included all patients who underwent primary LSG or RSG at an academic center in the US between January 2020 and June 2023. Postoperative narcotic requirements was converted into morphine equivalent dose (MED). The post-operative day-1 pain was assessed with the 0 to 10 numeric rating scale (NRS-11).

RESULTS: A total of 651 patients (517 LSG, 134 RSG) were included in the final analysis. Mean (standard deviation) operative time (minutes) was longer for RSG vs LSG (138.1 [SD 127.4] vs 96.9 [SD 67.8], $P<0.001$). The intra-operative MED was higher in RSG vs LSG (11.5 [12.3] vs 5.19 [9.10], $P<0.001$). RSG had higher NRS scores in the first 24-hours post-operation compared with LSG (4.6 [95% CI 4.3-4.9] vs 4.3 [95% CI 4.1-4.4], $P=0.025$). The mean MED in the first 24-hour post-operative period was 15.0 (12.3) for RSG, 13.0 (10.3) for LSG, $P=0.080$.

CONCLUSION(S): With 20% of the patients undergoing RSG in our practice, findings of this study does not support the superiority of robotic-assisted procedure in terms of post-operative pain over laparoscopy. The findings from this observational study must be confirmed in randomized clinical trials.

4Q4AM8RAZP

FENESTRATED ENDOSCOPIC STENTING FOR SINGLE ANASTOMOSIS DUODENO-ILEOSTOMY PERFORATION

Alexander Fondaw *Ascension St. Joseph-Chicago*; John Tann *HCA Healthcare*

Single Anastomosis Duodeno-Ileostomy (SADI) has undergone significant changes in technique and volume. From 2019-2022, it increased by 0.2% annually to be 0.6% of all bariatric cases. While it has been demonstrated to be safe and effective, the increase in the amount of procedures being done means there will also be an increase in the amount of complications seen, and the anastomosis and transection sites in SADI pose unique challenges. Our patient is a 59 y/o F with a SADI done 14 months prior. She presented with severe abdominal pain and intra abdominal free air. In the OR we found a perforation at the duodeno-ileal anastomosis and performed a primary repair with a patch and endoscopic stenting. However, since there is a single anastomosis, there was a need for a "three-way" stent so as not to cause an obstruction in the BP portion. To accomplish this we used a long covered stent between the DI anastomosis, cut a hole in the side of it using laparoscopic scissors, and placed a smaller stent into the BP limb through that hole in a Ttype configuration. Over the next 2 weeks, the patient recovered well, an upper GI showed a patent anastomosis without obstruction of the BP, then the stents were removed in one piece without issue and the patient was later discharged. This case highlights the need for additional considerations of repair with the rise of single anastomosis procedures, and fenestrated stenting is viable as is one such adjunct.

6R9LP75LMP

INCREASING ACCESS TO METABOLIC AND BARIATRIC SURGERY PROGRAMS FOR ADOLESCENTS

Lisa Baro *Tower Health*; Vesta Salehi *Tower Health/Drexel University*; Renee Riddle *Tower Health*; John Fam; Aaron Hechtman *Tower Health*; Stephan Myers *Tower Health / Drexel University*

Introduction: [A robust adolescent metabolic and bariatric surgery (MBS) program was developed at The Reading Hospital. Adolescents are referred following the development of two of the largest multidisciplinary pediatric and adolescent weight management programs in the Commonwealth of Pennsylvania: (1) The Reading Hospital Weight Loss Surgery and Wellness Center in Wyomissing, Pa and (2) St. Christopher's Hospital for Children Healthy Kids, Healthy Teens Program in Philadelphia. This arrangement brings a diverse adolescent population to our surgical practice.]

Method: [We reviewed the MBSAQIP Registry Data on 126 MBS operations performed at Reading Hospital between August 20, 2020 and December 31, 2024 on adolescents age 15 to 19. All procedures were performed laparoscopically and included 124 gastric sleeves, 1 gastric bypass, and 1 conversion from a gastric sleeve to a single anastomosis duodenal switch. Data collected included demographics including race, weight loss, change in BMI, co-morbid conditions, surgical complications.]

Results: [Review of our data has shown dramatic results with an average weight loss of 100 pounds and a decrease in BMI of 16 at one year following surgery. This was a diverse population including 58% Hispanic, 19% Black, and 15% White. Resolution: diabetes 93.3%, hypertension 91% and obstructive sleep apnea 95%. There was no mortality, leaks, transfusions or return to the operating room. Three patients required hydration, 3 were seen in the ED for abdominal pain or minor incisional bleeding and discharged and 2 were admitted for vitamin B1 deficiency.]

Conclusion: [Building new multidisciplinary pediatric and adolescent weight management programs is an effective strategy to increase access to MBS in adolescents. MBS is safe and effective in a diverse population.

5DAYWGPYDQ

BARIATRIC SURGERY INDUCES PANCREATIC CELL TRANSDIFFERENTIATION AS INDICATED BY SINGLE-CELL TRANSCRIPTOMICS IN ZUCKER DIABETIC RATS

Yan Gu *Fudan University*

For the first time, using the single-cell transcriptome map of ZDF rats, we reported a comprehensive characterization of the heterogeneity and differentiation of pancreatic endocrinal cells after bariatric surgery, which may contribute to the underlying mechanisms. Further studies will be needed to elucidate these results.

DWJ7YJA7Q6

TRIPLE-ORGAN LAP BAND EROSION: A RARE CASE REPORT LINKED TO INDOLENT MYCOPLASMA INFECTION

Taylor Adkins *Marshall University School of Medicine*; Semeret Munie *Marshall University*; Kassidy Price *Marshall University School of Medicine*; Olivia Moore *Marshall University School of Medicine*; Madelyn Ross *Marshall University School of Medicine*

Historically, one of the leading weight loss surgery techniques for bariatric patients was the laparoscopic insertion of gastric bands. This technique fell out of favor, partially, due to significant complications of this procedure, including the erosion of the band into the stomach. A much rarer complication, however, is the erosion of the band into three structures simultaneously: the stomach, terminal ileum, and the colon: a total of ten erosions. Such a case was admitted into the ED when a 40-year-old female presented with severe abdominal pain, a history of gastric band insertion eight years prior, and CT findings suggestive of laparoscopic band erosion. This is the only known report in the literature thus far. This interesting case report details the patient's journey in laparoscopic band removal, erosion repair, and bowel resection as well as the potential link of this complication to her intra-operative cultures growing mycoplasma. We explore the anomaly of gastric band erosion into surrounding structures, underscoring the diminishing use of the procedure and mycoplasma infection as a potential exacerbating factor.

MDR4M0V4DR

USE OF A MAGNETIC ASSISTED SURGICAL PLATFORM IN SLEEVE GASTRECTOMY – SHORT LEARNING CURVE FOR SURGICAL TRAINEES

Perisa Ruhi-Williams *Stanford Health Care*; Dan Azagury *Stanford University School of Medicine*

The most predominant robotic platform requires a steep learning curve. In this video we present a case in which a surgical trainee was exposed to the Levita MARS platform for the first time and was able to utilize it quickly.

Our patient is a 28-year-old female with BMI 42 kg/m2 and hypertriglyceridemia undergoing laparoscopic sleeve gastrectomy for weight loss. Sleeve gastrectomy requires retraction of the left lobe of the liver to visualize the proximal stomach. This is traditionally accomplished by a surgical incision and static liver retractor. Here we demonstrate using the Levita MARS surgical platform to retract the liver without the need for an additional surgical incision. The visualization was equivalent to cases with our usual liver retractor and the case was completed without issue. The patient was kept overnight for observation per our institution's protocol and was discharged without complication on postoperative day 1.

PDNBAN9BDA

QUALITY OF LIFE CHANGE SEEN AFTER DIVERTED MINI GASTRIC BYPASS SURGERY IN OBESE POPULATION: RETROSPECTIVE RESEARCH ANALYSIS

Mahendra Narwaria *ABPlus*; Prachi Patel *Craft Wellness*

Background: With an increase in life expectancy all over the globe, morbid obesity and obesity-related diseases negatively impact the overall quality of life (QoL).

Aim: The study aimed to assess the QoL post Diverted Mini Gastric Bypass (dMGB) with a focus on weight loss achieved, comorbidity resolution, and change in QoL after the surgery.

Setting: Single private institute, India

Methods: Data of patients who underwent a laparoscopic primary dMGB from August 2020 through May 2022 by one surgeon were retrospectively analyzed. The patients were followed up every month up to 12 months from the date of surgery. Data on QoL were assessed using the Bariatric Analysis and Reporting Outcome System II (BAROS II) form, which is based on three major areas, percentage weight loss, comorbidity resolution, and QoL. The variation in QoL was assessed using the Moorehead Ardelt QoL questionnaire, which addresses self-esteem along with physical activity, social gathering, and sexual life.

Results: Forty-one patients were included in the final analysis. The average age and preoperative body mass index (BMI) was 45.5 yrs. and 44.5 kg/m2, respectively. The cohort had 60.9% of male and 39.1% female. The preoperative average total QoL score was 0.65 $\pm$ 0.2. At 12 months, the average BMI and average total QoL was 28.03 kg/m2 and 5.35 $\pm$ 0.3, respectively, $p<0.001$

Conclusion: At one year, the dMGB surgery appears to be effective in regards to significantly improving the overall QoL.

Key words: Quality of life (QoL), BAROS, Moorehead Ardelt questionnaire, Obesity, Bariatric surgery, weight loss.

RDYN7A0N98

DOES INSURANCE MATTER? BARIATRIC SURGERY OUTCOMES AT A SINGLE CENTER

Elizabeth Snyder *Augusta University*; Melissa Easley *Augusta University*; Bhargav Doddala *Augusta University*; Renee Hilton *Augusta University*

Introduction: Utilization of bariatric surgery by Medicaid and Medicare patients has increased over time while the proportion of private payers has decreased. However, literature is split

regarding outcomes based on insurance. This study aimed to evaluate the impact of insurance type on bariatric surgery outcomes.
Method: A retrospective review was performed of patients who underwent primary sleeve gastrectomy or Roux-en-Y gastric bypass at a single center from 2017-2020. 299 patients were identified (201 SG; RYGB 98) and were divided by insurance group (Medicare 96, Medicaid 75, or Private 128). Outcomes included time to surgery, BMI, total body weight loss (TBWL), and percent excess body weight loss (%EBWL) at 3, 6, 12, and 36 months postoperatively.
Results: At 3 and 6 months postoperatively Medicaid patients continued to have higher average BMIs compared to Medicare and Private insurers (p3m=0.0373, p6m=0.0026) but not at 12 or 36 months (p12m=0.2899,p36m=0.6450). Medicaid patients had greater TBWL at 3 and 6 months (p3m=0.0133,p6m=0.0020) but not at 12 or 36 months (p12m=0.2873,p36m=0.5156). There was no difference in %EBWL at any time point.
Medicaid and Medicare had a significantly longer time from initial evaluation to surgery (273.8 and 261.6 days vs 187.6 days $p<0.0001$).
Conclusion: While patients with Medicaid had significantly greater total weight loss in the early period, this did not hold true at 12 months or beyond. Proportionally there was no significant difference in weight loss between the groups at any time point. Together these data do not support the efficacy of prolonged presurgical periods determined by insurance type.

B76PD6LP7W

PREOPERATIVE BMI AS A PREDICTOR OF POSTOPERATIVE WEIGHT LOSS FAILURE FOLLOWING LAPAROSCOPIC SLEEVE GASTRECTOMY

Mohamed Abed *Kafrelsheikh university hospital*; Reda Fawzy *Kafrelsheikh university hospital*

Weight loss failure following laparoscopic sleeve gastrectomy (LSG) is a main cause of surgical revision and deteriorating patients' quality of life. Sleeve success has multifactorial mechanism. Multiple Preoperative predictors have been enrolled, a Preoperative BMI is suggested to be a crucial factor affecting postoperative weight loss outcomes.
Our study was a prospective compartive study conducted on 80 patients with obesity who underwent LSG in General Surgery Department, kafrelsheikh University Hospital, Egypt. patients were divided into two groups regarding their Preoperative BMI, Group A with a BMI less than 50 kg/m2 and group B with a BMI more than 50 kg/m2. Weight loss outcomes were assessed at 1, 2 and 3 years postoperativelly.LSG achieves sufficient and sustained weight loss and comorbidity resolution. Our study included 80 patients with 42 patients (52.5 %) in group A and 38 patients (47.5 %) in group B. There was statistically highly significant relation between preoperative BMI and postoperative % of EWL and % EBMIL (significantly higher in group A all over follow period). (% EWL in group A, 64.84 , 74.66 , 70 at 1, 2 and 3 years. % EWL in group B, 51.09, 59.56 , 53.55 at 1 ,2 and 3 years).
LSG achieve sufficient and durable weight loss outcomes. A Preoperative BMI has significant impact on weight loss results with significant higher % EWL in patients with Preoperative BMI less than 50 kg/M2.

N58XAJQX56

THE EFFECT OF SINGLE-INCISION LAPAROSCOPIC GASTRECTOMY FOR THE TREATMENT OF OBESITY

Bing Wang *Shanghai Ninth People's Hospital*

Introduction: To evaluate the safety and the short-term effect of single-incision laparoscopic gastrectomy for the treatment of obesity.
Methods: A retrospective review of patients who underwent single-incision laparoscopic sleeve gastrectomy (SILSG) and three-port laparoscopic sleeve gastrectomy (TPLSG) at our institution was conducted. Patient demographics, intraoperative parameters, and perioperative outcomes were extracted and analyzed. Postoperative data were obtained from routine follow-up history and physical examination extracted from our OA system.
Results: The clinical data of 486 obesity patients comorbid with metabolic diseases who underwent laparoscopic sleeve gastrectomy in our institution from August 2020 to February 2023 was collected for our research. 201 cases with SILSG and 223 cases with TPLSG were involved according to the inclusion criteria and exclusion criteria in this study.
There were no differences between two groups in body mass index (BMI), age, gender, other demographics, number and type of comorbidities, operative time, Intraoperative blood loss, morbidity, hospital stay, %TWL, improvement and resolution of comorbidities associated with obesity. No conversion to open surgery in any of the patients. There were no major complications or mortalities in either group. The postoperative NRS and the ratio of aesthetic satisfaction were (1.5 ± 0.3) vs. (2.1 ± 0.6) and 90% vs. 63.1%, respectively.
Conclusions: SILSG technique has the equivalent outcomes of weight loss, comorbidities of obesity and related complications compared with TPLSG. SILSG is a feasible and safe approach in carefully selected patients. The main benefit of the procedure relies on an excellent cosmetic result and less pain.

VRQP8L7PK6

ROBOTIC MANAGEMENT OF PARTIAL OBSTRUCTION AT THE JEJUNOJEJUNAL ANASTOMOSIS

Gregory Rives *Tulane University*; Phoebe Huang *Tulane University*; John Baker *Tulane University*; Shauna Levy *Tulane University*; Dietric Hennings *Tulane University*

Introduction: Partial small bowel obstruction due to jejunojejunal anastomotic stricture is a rare complication after roux-en-y gastric bypass that presents diagnostic challenges due to non-specific and intermittent symptoms. While some cases can be managed conservatively, others require surgical intervention. Early recognition of failed nonoperative management is crucial.
Methods: A 55-year-old female with remote laparoscopic roux-en-y gastric bypass presented with abdominal pain, nausea, and

emesis. CT showed high-grade partial obstruction at the jejunojejunal anastomosis. Initial conservative management with nasogastric decompression was successful, but symptoms recurred three days later. Repeat imaging showed slow transit concerning for anastomotic stenosis. Robotic-assisted surgery revealed narrowing at the roux limb entry to jejunojejunostomy, scarred to the mesentery.

After confirming normal biliopancreatic limb, the distal roux limb was transected and a new isoperistaltic jejunojejunostomy was created 15 cm distally.

Results: Post-operative recovery was uncomplicated. Diet was advanced to bariatric full liquids, and the patient was discharged on post-operative day two.

Conclusion: This case demonstrates successful robotic management of partial bowel obstruction from jejunojejunal anastomotic stricture. While initial non-operative management may be attempted, prompt surgical intervention upon conservative management failure is crucial.

The technique avoided biliopancreatic limb manipulation, reducing operative time and iatrogenic injury risk.

0ZQ4JBL4AN

MANAGEMENT OF GERD AFTER RYGB

Maria Martinez *Washington University in St. Louis*; J. Chris Eagon *Washington University*

Roux-en-Y gastric bypass is the gold standard bariatric procedure for patients with morbid obesity and GERD and symptoms of GERD are very rare after RYGB. Anatomical and physiologic studies can be used to determine the etiology in patients when lifestyle modification and PPI does not work. Our patient is 4 years s/p RYGB and hiatal hernia repair presenting with refractory GERD. She underwent EGD showing a schatzki ring, pH testing demonstrating a pH <4 28.9% of the time with a Demeester score of 105.1, manometry showing hypotensive LES and a swallow study showing a candy cane, a large gastric pouch with obstruction at the esophageal hiatus from a recurrent hiatal hernia. We performed a hiatal hernia repair, GJ revision and Nissen fundoplication in order to correct her hiatal hernia and obstruction of the large gastric pouch at the hiatus, long candy cane, and LES function respectively. Her post operative course was unremarkable and swallow study showed correction of these etiologies. Our patient had every surgical technique available for the correction of GERD and we can conclude that for refractory GERD after RYGB combining multiple procedures is an option for the improvement of this population's quality of life.

7MVZVX5ZMJ

GASTRIC BAND EROSION REQUIRING SMALL BOWEL RESECTION AND EXTENDED RIGHT HEMICOLECTOMY

Nicholas Hrdlicka *University of Oklahoma College of Medicine*; Micah Mabe *Memorial llHealth University Physicians*; Evan Taylor *Denver Health*

Here, we present a case of a 53-year-old female with a history of diabetes and morbid obesity status post laparoscopic gastric band placement over 20 years prior who presented with abdominal pain, nausea, and vomiting for the previous two weeks.

Advanced imaging demonstrated erosion of the band into the gastric lumen as well as pneumoperitoneum and free fluid within the abdomen. Emergent exploratory laparotomy revealed that the band was completely within the lumen of the stomach and the tubing had also eroded into the transverse colon as well as the cecum and part of the terminal ileum. As a result, this required a gastrotomy for band removal as well as an extended right hemicolectomy and resection of the terminal ileum with end ileostomy creation. She was maintained on total parenteral nutrition until the leak from her band erosion site healed. She was ultimately able to discharge home with family support. Gastric banding, a once favored technique for bariatric surgery due to its minimal invasiveness, has fallen out of favor due to its high complication rates of, up to 25%. This case highlights a rare surgical emergency secondary to the lap-band. Gastric band erosion itself is frequently not a surgical emergency, but a high index of suspicion should be maintained for visceral tubing erosion in a patient with band erosion and an acute surgical abdomen.

6P5XGNYXDW

A SINGLE-INSTITION STUDY OF ENDOSCOPIC SLEEVE GASTROPLASTY VERSUS SLEEVE GASTRECTOMY IN A SAFETY NET HOSPITAL

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Sleeve Gastrectomy (SG) involves the removal of 70% of the stomach, while Endoscopic Sleeve Gastrectomy (ESG) uses endoscopic suturing to reduce stomach size. This study compares SG vs. ESG in a safety net hospital.

This cohort study examined adults who had SG or ESG at a safety net hospital. Primary outcomes were Total Body Weight Loss % (TBWL%) at 6 months and nadir. SES was assessed using Social Determinants of Health (SDH) data, including the Area Deprivation Index (ADI), ranking neighborhoods from 1 (most advantaged) to 10 (least advantaged).

Severe complications were defined as Clavien-Dindo grade 3a or higher. Multivariate linear regression models analyzed nadir TBWL% with covariates including pre-op BMI, SES data, and AOM use.

47 adults underwent ESG (mean age 46.2, 31 women); mean BMI was 44.7 (11.6) kg/m^2 and mean follow-up was 11.93 (7.49) months. 79 adults underwent SG (mean age 43.1, 68 women); mean BMI was 44.5 (7.3) kg/m^2 and mean follow-up was 9.05 (5.23) months.

There were no significant differences between cohorts in baseline BMI, comorbidities, or SDH variables, except for gender and insurance. For ESG, mean TBWL% was 12.6% (7.1) at 6 months and 16.6% (8.8) at nadir. For SG, mean TBWL% was 18.3%

(6.9) at 6 months and 21.8% (8.9) at nadir. SG showed significantly greater weight loss than ESG at 6 months (p = 0.00) and nadir (p = 0.00). In ESG, 80.9%, 48.9%, and 27.7% achieved TBWL of 10%, 15%, and 20%, respectively. In SG, 89.9%, 78.5%, and 53.2% achieved TBWL of 10%, 15%, and 20%, respectively. Multivariate regression found that non-English primary language (β = 8.85, CI = 1.30–16.39, p = 0.02) predicted nadir TBWL for ESG, but no predictors were found for SG. In ESG, one adult had complications graded 4a and another 3a; in SG, one adult had complications graded 3b.
Both SG and ESG are feasible in a safety net hospital, with SG showing more weight loss; Individualized selection is necessary to determine the best procedure for a patient.

AJZ6XQ76J8

CONVERSION OF SLEEVE GASTRECTOMY TO RYGB: REASONS AND OUTCOMES FOR REOPERATION OF NONRESPONDERS AND COMPLICATIONS. A SINGLE INSTITUTION EXPERIENCE

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Introduction: Sleeve gastrectomy(SG) is the most common bariatric procedure performed worldwide, given its simplicity and effectiveness. However, SG is not devoid of complications or failure. Some of these cases will warrant reoperation such as conversion to Roux-en-Y gastric bypass (RYGB). We present the largest single-center series on conversions from SG to RYGB.
Methods: We retrospectively reviewed medical records of patients converted from SG to RYGB from 2004-2022. Patients were classified by reason for conversion. Group-A included conversions for, strictures and gastroesophageal disease (GERD). Group-B included weight regain. Demographics, postoperative outcomes, and complications were reported for both groups, weight related outcomes were reported for group B.
Results: A total of 134 conversions were identified, 49.25%(n=66) underwent conversion for GERD and strictures; and 50.74%(n=68) underwent conversion for weight regain. Reason for conversion in group-A was GERD (38.8%) and strictures (17.8%). Mean index-toconversion time was 57 months. Major complications occurred in 5.22% and minor complications in 14.17%, (lower than previously reported). In Group-A, most common major complications were strictures (1.51%) and surgical site infections (3.03%), minor complications included strictures (4.54%) and non-perforated marginal ulcers (6%). In Group-B, most common major complications were obstruction and perforated marginal ulcers (1.47% each), minor complications included non-perforated marginal ulcers (7.35%). For group-B, we observed a %EBMIL of 55.91%, 54.17%, 50.03% and 48.78% at the 12, 24, 36 and >48-month marks (respectively).
Conclusions: Conversion to RYGB remains a safe and effective approach to address non-response after SG. Complication rates in specialized centers may be lower than previously reported.

KYJG9NKG6G

EVALUATING PORTAL HYPERTENSION IN ADVANCED LIVER DISEASE PRIOR TO GASTROJEJUNOSTOMY REVISION FOR PERSISTENT MARGINAL ULCERS

Kassidy Price *Marshall University School of Medicine*; Semeret Munie *Marshall University*

Introduction: We present the interesting and complex case of a 60 year old male with past medical history of Child Class A Liver Cirrhosis status post Roux-en-Y gastric bypass that subsequently developed multiple marginal ulcers and gastrojejunostomy stricture necessitating surgical revision.
Method: During his hospital admission for malnutrition and poor oral intake, the patient had CT imaging which showed findings concerning for cirrhosis with collateral vessels in the left upper quadrant concerning for portal hypertension. Hepatology and gastroenterology were consulted for workup of advanced liver disease.
Results: Patient underwent liver biopsy, attempted endoscopic portal pressure measurement (which was unsuccessful due to size of gastric pouch, and Interventional Radiology guided hepatic venous system pressure gradient measurement.
Conclusion: Post operative complications for these patients range from serious to life threatening and include: hepatic decompensation, coagulopathies, and portal vein thrombus. This case emphasizes the importance of throughout preoperative evaluation in patients with cirrhosis before moving forward with operative management.

GNB06J90N7

INCORPORATION OF STAPLE LINE REINFORCEMENT FOR CIRCULAR STAPLED GASTROJEJUNAL ANASTOMOSIS REDUCES RISK OF POSTOPERATIVE BLOOD TRANSFUSION FROM GASTROINTESTINAL HEMORRHAGE

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Introduction: Gastrojejunostomy (GJ) hemorrhage is a known complication of Roux-en-Y Gastric Bypass which impacts patient outcomes after surgery. Staple line reinforcement with Buttress has been shown to reduce bleeding events and leak rates with linear staplers. Buttressed circular staplers have shown a lower rate of stenosis and leak. Our institution transitioned from non-reinforced circular stapled gastrojejunostomies (NR) to PGA-TMC buttress reinforced staple lines (SLR). We aimed to compare the bleeding rates before and after this change.
Method: We analyzed institutional MBSAQIP data and compared the rate of blood transfusion and other clinical outcomes in laparoscopic gastric bypass patients before and after implementation of SLR with BR. For comparative analysis we used Mann-Whitney U or two independent sample t-test for continuous variables and fisher's exact or chi-square test for categorical variables.
Results: A total of 722 patients were analyzed, with 425 (58.9%) in the NR group and 297 (41.1%) in SLR group. Reinforcement significantly reduced blood transfusions within 30 days (n=0; 0% vs.

n=13; 3.06%, p=0.0011). Additionally, no SLR patients required endoscopic intervention for gastrojejunal bleeding or reoperation for GJ hemorrhage, compared to n=2; 0.47% and n=3; 0.71% in the NR group. Rates of ICU admission (n=2; 0.67% vs. n=1; 0.24%, p=0.5716) and clinical or radiographic leaks (n=1; 0.34% vs. n=0; 0%, p=0.4114) were similar between groups.
Conclusion: Introduction of buttress staple line reinforcement for the circular stapled gastrojejunostomy markedly reduced the risk of postoperative gastrointestinal hemorrhage at our institution.

RD0BG4NBD8

MORE THAN WEIGHT LOSS: ROBOTIC SLEEVE GASTRECTOMY AS A KEY STEP IN CARDIAC TRANSPLANT OPTIMIZATION

Kassidy Price *Marshall University School of Medicine*; Semeret Munie *Marshall Health*
Introduction: We present the interesting case of a 42 year-old male with cardiac ejection fraction of 16% that underwent robot assisted laparoscopic sleeve gastrectomy for medical optimization prior to cardiac transplant. This case emphasizes the wide scope of bariatric surgery and assisting patients qualify for life saving procedures such as cardiac transplant which typically required BMI of 35 or less.
Method: Preoperatively, the patient was evaluated by his cardiologist. Most recent echo showed EF of 16%. Patient was taken to the OR for planned robotic sleeve gastrectomy. Patient was admitted to the ICU post operatively for close monitoring and cardiology evaluated the patient post operatively as well. He was discharged home on post op day 2.
Results: At one week following the laparoscopic sleeve gastrectomy, the patient experienced a weight loss of 6kg.
Conclusion: In patients that are unable to obtain desired weight loss through diet and exercise alone, surgical intervention is an excellent tool and is becoming an increasingly popular adjunct in preparing high risk individuals for high stakes procedures. With this being said, surgery in itself isn't without risks especially in patients with multiple co-morbidities. Thought should be given to timing of surgery in relation to transplant eligibility and waitlist prioritization.

QMVAPJDAWL

PERFORMANCE OF A ROBOTIC ASSISTED LAPAROSCOPIC GASTRO-GASTRIC FISTULA TAKEDOWN

Ellen Pekar *University of Pennsylvania*; John Fam *Tower Health/ Drexel University*
Introduction: A 65 yo female with history of open roux-en-y gastric bypass in 2005 presented with chronic epigastric pain. The patient reported a history of chronic marginal ulcers and was on BID dosing of her PPI with continued symptoms.
Method: EGD performed showing healing marginal ulcers and a 5 mm gastro-gastric fistula.
Preoperative CT scan obtained confirming diagnosis.
Decision was made to undergo G-G fistula takedown.
Access obtained in the supraumbilical position with a 5mm Optiview trocar.
12 mm port placed to the right of the umbilicus. 8 mm port placed in the right lateral abdomen. Two 8 mm ports placed in the left side of the abdomen. 5mm port upsized to 8 mm port.
Extensive adhesiolysis performed taking down adhesions from pouch, liver, and gastrojejunostomy to surrounding structures.
EGD performed confirming anatomy.
Roux limb divided distal to gastrojejunostomy using white load on a sureform stapler.
Short gastric vessels ligated.
Gastric remnant transected at antrum using two blue loads.
Pouch transected proximal to gatrojejunostomy using a blue load.
Two layer handsewn anastomosis with 2-0 stratafix created between roux limb and gastric pouch.
Leak test negative. Gastric remnant removed.
Results: Patient doing well postoperatively with resolution of epigastric pain 41 days after surgery.
Conclusion: A robotic laparoscopic revision with excision of gastrojejunostomy, partial gastrectomy, and takedown of gastro-gastric fistula is an effective method for dealing with gastro-gastric fistula after previous Roux-en-y gastric bypass.

RP77MDY7PN

IMPACT OF A NOVEL DIGITAL BEDSIDE SURGICAL ASSISTANT ON OPERATIVE AND IN-ROOM TIMES IN COMPARISON TO TRADITIONAL LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS (RYGB)

Henry Mercoli *Elsan Group*; Deborah Keller *LANKENAU MEDICAL CENTER*; Benjamin Cadiere *Institut Arnault Tzanck*; Marius Nedelcu *Clinique Bouchard, ELSAN Group*
Introduction: Innovations in minimally invasive surgery (MIS), such as digital surgery, aim to reduce variability in operative and in-room times, potentially improving surgical efficiency and patient outcomes. This study evaluates the impact of a novel digital robotic bedside surgical assistant on operative and in-room times compared to traditional laparoscopic Roux-en-Y gastric bypass (L-RYGB).
Methods: A retrospective matched cohort study included 120 consecutive L-RYGB cases performed between 11/2023–11/2024 at a single institution. Patients were stratified into two groups: robotic-assisted (A-RYGB) and traditional laparoscopic (L-RYGB). Cases were matched by surgeon experience and surgical teams, with both surgeons being master laparoscopic operators. Operative time (skin-to-skin) and in-room time (wheels in to out) were recorded. Statistical Process Control (SPC) charts, including X-bar and Run charts, evaluated process stability and variability. Paired t-tests compared mean operative and inroom times, with significance set at $p<0.05$.
Results: Of 120 cases, 60 were A-RYGB, and 60 were L-RYGB. The mean operative time was 66.03 min (SD 21.01) with the robot vs. 75.09 min (SD 26.49) laparoscopic ($p<0.05$).
Mean in-room time was 116.81 min (SD 23.88) robotic vs. 127.72 min (SD 28.41) laparoscopic. SPC charts revealed reduced variability and greater process stability in robotic cases, with efficiency achieved after 10 cases; laparoscopy lacked process control.
Conclusions: The digital robotic assistant demonstrated improved efficiency, reduced variability, and shorter operative and in-room

times in RYGB procedures, offering promising implications for surgical quality and efficiency.

VLJG0RWGX0

PROCEDURAL VARIATIONS AND CLINICAL OUTCOMES FOR PATIENTS UNDERGOING TRANSORAL OUTLET REDUCTION

Roberto Simons-Linares *Cleveland Clinic Foundation*; Anthony Gallo *Cleveland Clinic*; Akash Khurana *Cleveland Clinic Foundation*; Stephen Firkins *Cleveland Clinic Foundation*; Roma Patel *Cleveland Clinic Foundation*; Arjun Chatterjee *Cleveland Clinic Foundation*; Leandro Sierra *Cleveland Clinic Foundation*; Renan Prado *Cleveland Clinic Foundation*; Waqqas Haroon *Cleveland Clinic*; Michael Cymbal *Cleveland Clinic*; Mohamed Nadeem *Cleveland Clinic*; Mohamad-Noor Abu-Hammour *Cleveland Clinic Foundation*; Bailey Flora *Cleveland Clinic Foundation*; Erika Staneff *Cleveland Clinic*

Our study highlights the efficacy of TORe in management of WR post-RYGB. Use of a hemostatic gel matrix is shown to reduce post-procedural bleeding risk. Reinforcing with an additional gastroplasty suture(s) is not shown to improved TBWL, BMI, or rate of TORe revision. Peri-procedural antibiotics may not correlate with reduced risk of post-TORe infection rates. Further studies are needed to correlate our results.

VQVMJVBM9L

IS BARIATRIC SURGERY SAFE IN PATIENTS WITH BMI> 60

Aline Van *Sutter Health*; Andrew Huber *Central California Bariatric Surgery*

Using QI Macros application to perform 2 proportion test, ANOVA and Post-hoc p=0.05 Overall Occurrences: BMI 40-50: 3% (64/2280) BMI 60: 5% (1/19) BMI>60: 5.0% (14/281) Occurrence by Procedure type and BMI 40-50: DS 7% Loop DS 5% RNY 3% VSG 2% BMI 60& Over: DS 9% Loop DS 4% RNY 4% VSG 2%

-No statistical significance of post op occurrence within 30 days of same procedure type from the higher BMI > 60 group vs. 40-50 BMI group.

-There are significant differences in variance mean between procedure types, specifically DS cases. However, no differences among the other 3 procedures.

-Impact of outcomes can be contributed to standardized of care overtime, preop optimization, and implementation of ERAS.

WAK67Z06D7

DOES PREOPERATIVE INSURANCE AUTHORIZATION FOR INPATIENT STATUS PREDICT INPATIENT STAY FOLLOWING BARIATRIC SURGERY?

Nathan Haywood *University of Tennessee Medical Center*; Greg Mancini *University Surgeons Associates*; Kyle Kleppe *University of Tennessee Medical Center*

Introduction: There has been a shift away from preoperative insurance approval for inpatient status after bariatric surgery which may impact hospital reimbursement as well as patient experience. This study sought to determine whether preoperative inpatient authorization was predictive of an inpatient stay (>1 midnight) following bariatric surgery.

Methods: The Metabolic and Bariatric Surgery Accreditation and Quality Improvement Project Database was used to identify all patients undergoing primary bariatric surgery (laparoscopic or robotic Roux-en-Y gastric bypass or vertical sleeve gastrectomy) at a single institution between 4/1/2022 and 10/31/2024. Patients were stratified by presence or absence of preoperative inpatient authorization. Preoperative characteristics, postoperative complications, and LOS were compared.

Results: Of 524 patients undergoing primary bariatric surgery, 372 (71.0%) had preoperative inpatient authorization. This group was older (45.01+/-11.25 vs. 40.69+/-10.40 years, p<0.01) and had higher preoperative rate of diabetes mellitus (31.2% vs 20.4%, p=0.01) and hypertension (55.4% vs 43.4%, p=0.01). Those who had authorization for inpatient status were more likely to have Medicare (14.2% vs 0) and less likely to have private insurance (63.4% vs 71.7%) or Medicaid (19.4% vs 28.3%) as the primary payor (p<0.01).

There was no difference in perioperative (30-day) morbidity or mortality between groups.

Similarly, there was no difference in the proportion of patients whose LOS met inpatient criteria (40.9%vs 36.8%, p=0.39).

Conclusions: Pre-operative inpatient authorization for bariatric surgery does not seem to predict whether patients' postoperative LOS will meet inpatient criteria. Additional predictive resources would be beneficial in guiding expectations of both patients and health systems.

X98NRJ5N9B

CLOSED LOOP OBSTRUCTION OF THE ROUX LIMB IN A 33-WEEK PREGNANT WOMAN: A CASE REPORT

Cody Crnkovic *University of Kentucky;* Maria Raye Anne V. Ng *University of Kentucky;* Joshua Steiner *University of Kentucky*

Introduction: Bariatric surgery can significantly decrease obstetric complications such as gestational diabetes, preeclampsia, preterm labor, as well as improve fertility factors in patients with morbid obesity. Symptoms such as abdominal pain, nausea, and vomiting are often overlooked in pregnant patients with history of bariatric surgery leading to delays in diagnosis and treatment. We present a novel case of a closed loop obstruction of the roux limb in a third trimester pregnant woman requiring emergent surgical intervention.

Case Presentation: A third trimester 43-year-old female with history of roux-en-Y gastric bypass with several week history of abdominal pain and nausea was transferred to our facility for worsening oral intolerance and need for advanced fetal medicine . A CT scan with no contrast showed a gravid uterus with concern for bowel obstruction. The patient was admitted to the obstetrics unit and bariatric surgery was consulted. She developed worsening clinical symptoms along with fetal decelerations prompting emergent laparotomy. The OBGYN team first performed the cesarean section and our team noted an incarcerated roux limb through the hiatus causing a closed loop mechanical obstruction. The

hernia was reduced and hiatus repaired primarily. The patient and infant did well postoperatively after a short hospital stay.
Conclusion: Common symptoms of nausea and vomiting should prompt further investigation in pregnant patients with a history of gastric bypass. Clinicians should have a high index of suspicion for bowel obstruction in this unique patient population. Delay in diagnosis can lead to increased morbidity and mortality to both the mother and fetus.

6BK4YA640G

OMENTOPEXY IN LAPAROSCOPIC SLEEVE GASTRECTOMY: ROLE AND BENEFITS

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Introduction: Laparoscopic sleeve gastrectomy (LSG) is one of the most commonly performed bariatric procedures. While highly effective, concerns persist about complications such as leaks (2.5%) and bleeding (2.1%). Omentopexy has been introduced as a potential technical modification to reduce these risks.
Methods: This study analyzed a series of 93 patients who underwent LSG with omentopexy between June 2023 and July 2024 at two private hospitals in Monterrey, Mexico. Preoperative data, including age, BMI, comorbidities, surgical history, and staple height, were collected. Postoperative outcomes evaluated included hospital stay duration, readmissions, and reoperations.
Results: A total of 93 LSGs with omentopexy were performed during the study period. All patients were discharged within 24-48 hours, with no reported readmissions or reoperations. LSG is widely adopted in bariatric surgery for its simplicity, lack of intestinal bypass, and elimination of anastomoses. However, complications such as staple-line bleeding and intra-abdominal leaks remain significant, with reported rates of 0-4.2% for leaks and 1.7-13.7% for bleeding.
In this series, no cases of leaks or bleeding requiring readmission were observed.
Omentopexy involves anchoring the residual stomach to the omentum to enhance postoperative outcomes. By creating a mechanical barrier, omentopexy protects the staple line from exposure to peritoneal fluids, potentially reducing the risk of leaks.
Additionally, the vascular properties of the omentum may promote healing and support staple-line integrity. These factors suggest omentopexy as a promising technique to improve recovery and reduce complications after LSG.
Conclusion: Omentopexy appears to be a valuable technical adaptation in LSG, offering potential benefits in minimizing complications. However, further studies are necessary to confirm these findings and establish its role in bariatric surgery.

7RV089J0RZ

OUTPATIENT SLEEVE GASTRECTOMY OUTCOMES IN A RURAL BARIATRIC SURGERY PRACTICE

Heather Geist *Carilion Clinic*; Kristin Mccoy *Carilion Clinic*; Arnold D Salzberg *Carilion Clinic*; Tananchai A Lucktong *Carilion Clinic*; Ashley Gerrish *Carilion Clinic*; Jessica Wright *Carilion Clinic*
Background: As a bariatric center of surgical excellence at a rural academic institution with higher patient comorbidity complexity, we created and implemented an outpatient sleeve gastrectomy (SG) protocol to provide access to same day SG and utilize the outreach of ambulatory hospitals. We aim to demonstrate that outpatient SG can be performed with similar outcomes in a rural hospital setting.
Methods: A protocol was developed to ensure appropriate patient selection and planning for post operative care based on our geographical location. A retrospective review using MBSAQIP data was performed on all SG completed (118) from January 2023 to November 2024 within a single institution. Of these patients, 32 met protocol requirements and underwent an outpatient SG and 86 stayed for planned inpatient observation. Patient data was obtained to investigate outcomes between both groups.
Results: A total of 32 patients were evaluated who had same day discharge after SG with 0 major complications, 0 SSIs, 2 ED visits (6%), 2 readmissions (6%) and no hospital transfers. This was contrasted with SG data for planned inpatient admission after their procedure where there was 1 major complication (leak) (1%), 1 SSI (1%), 8 ED visits (9%), 3 readmissions in 30 days (3%). Using the Fisher's Exact Test there was no statistical significance between the two groups.
Conclusion: A successful rural outpatient sleeve gastrectomy program can be implemented to utilize ambulatory hospital resources for patients with similar post operative outcomes to those patients receiving SG with inpatient admission. Through appropriate patient selection, continued monitoring of patients and outcomes, we can continue to provide safe outpatient sleeve gastrectomy for patients living in rural regions.

5JXDR6GDJP

ACUTE GASTRIC OUTLET OBSTRUCTION POST LAPAROSCOPIC SLEEVE GASTRECTOMY CONVERSION TO ROUXEN-Y GASTRIC BYPASS

Aram Almasaud *General Surgery Department, Security Forces Hospital Program, Saudia Arabia*
Introduction: -Obesity is a major risk factor for illness and it is associated with a lot of chronic diseases.
-Bariatric surgeries have been a great way to achieve better solutions for indicated patients and reduce future compilations.
-Laparoscopic sleeve gastrectomy (LSG) one type of bariatric surgeries,has a long-term effect on decreasing Hb-A1c and reducing blood pressure.
- Despite its benefits, LSG has multiple intra and post operative complications such as: bleeding, stenosis, gastric leak.
-Rare complications, such as sleeve outlet obstruction, and intraoperative stomach resection have also been documented.
-Case reports showed that conversion to Roux-en-Y gastric bypass surgery is a feasible option in the management of these complications with reported postoperative uneventful course
Case and result: We present a case of a 40-year-old female known case of Hypothyroidism, with a surgical history of LSG in rural hospital 17 days before came to our hospital. The operation notes

from the previous surgery confirmed that the sleeve gastrectomy was done without any complication.The patient complaining of nausea and vomiting since post-op,not tolerating orally.
On examination:
Patient looks dehydrated,vitally stable
Abdomen soft lax mild tenderness at surgical site
CT abdomen and UGI scope showed: shows Stable line at the fundus with blind end and no continuity of the lumen We decided to do laparoscopic exploration and possible RNY gastric bypass.
The postoperative period was unremarkable.
CT with oral contrast was performed on the second postoperative day and showed No oral contrast leak.
The patient was discharged home on postoperative day 5 after he was tolerating an oral diet.
Conclusion: Gastric outlet obstruction after LSG is an unusual complication.
The laparoscopic approach and conversion to RYGB appears to be a feasible option in the management of this complication

PK7D8AYDXA

BARIATRIC SURGERY AS A THERAPEUTIC APPROACH FOR METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE (MASLD): A CASE REPORT

Pamela Hernández-Arriaga *Médico Pasante de Servicio Social at Tecnológico de Monterrey*; Adolfo Leyva *Tecnologico de Monterrey*; Regina Matus *Universidad De Monterrey*; Luis Fernando Morales *Tecnológico de Monterrey*

Introduction: Metabolic dysfunction-associated steatohepatitis (MASH) is a major cause of chronic liver disease worldwide. Bariatric surgery has emerged as one of the most effective treatments for this condition by promoting significant weight loss and improving liver health. This case highlights the resolution of steatohepatitis and fibrosis following bariatric surgery.
Method: A 46-year-old male with a family history of diabetes and hypertension was diagnosed with MASH and liver fibrosis in 2019. His surgical history included gastric band placement in 1998, removal of the band with liver biopsy and conversion to laparoscopic sleeve gastrectomy in 2019, and conversion to mini-gastric bypass in 2023 due to weight regain, along with laparoscopic cholecystectomy the same year.
In 2019, intraoperative findings during band removal revealed significant liver fibrosis. A liver biopsy confirmed moderate steatohepatitis (grade 2) with advanced fibrosis (grade 4) and abnormal liver function tests, with a BMI of 42 kg/m2. After the 2023 mini-gastric bypass, the patient achieved a 30% reduction in excess weight, resulting in a BMI of 35 kg/m2. Subsequent laparoscopic cholecystectomy revealed significant macroscopic liver improvement. Elastography confirmed fibrosis regression to grade 1 (absent or mild) and normalization of liver function tests.
Results: Bariatric surgery offers superior outcomes for MASH compared to lifestyle changes or medications, achieving weight loss of up to 30%. Both sleeve gastrectomy and gastric bypass show comparable efficacy in managing liver conditions. This treatment is also costeffective for individuals with obesity and steatohepatitis, regardless of fibrosis stage.
Conclusion: Bariatric surgery is a highly effective treatment for metabolic dysfunction-associated steatotic liver disease (MASLD), promoting substantial weight loss and liver health improvements. This case demonstrates significant resolution of steatohepatitis and fibrosis.

5Z0DYXJDZD

ROBOTIC ASSISTED PARAESOPHAGEAL HERNIA REPAIR AFTER A FAILED BELSEY MARK IV THORACOSCOPIC REPAIR

Maher El Chaar *St Luke's University Hospital and Health Network*; Albert Lwin *St Luke's University Hospital and Health Network*; Eric Stevens *St Luke's University Hospital and Health Network*

We present a challenging revision case of a robotic assisted redo-paraesophageal hernia repair following a failed Belsey Mark IV procedure, reflecting the growing number of patients with prior failed foregut surgeries presenting to our Weight Management Center for evaluation.

KQ76LYK6WZ

ROBOTIC ASSISTED CONVERSION OF SLEEVE TO SADI: RE-SLEEVE OR NO RE-SLEEVE?

Maher El Chaar *St Luke's University Hospital and Health Network*; Albert Lwin *St Luke's University Hospital and Health Network*; Eric Stevens *St Luke's University Hospital and Health Network*

We present a video of a Robotic Assisted Sleeve Conversion to Single Anastomosis Duodeno-Ileostomy (SADI) reflecting the increasing number of patients undergoing conversion to SADI in our practice for weight recurrence. In the video we also demonstrate the retro-gastric approach in dissecting the duodenum and our technique performing a hand sewn Duodeno-Ileostomy. This is also a case where Re-Sleeve was necessary due to a large non excluded fundus. The case highlights the controversy in converting Sleeve to SADI and whether a Re-Sleeve is necessary or not during the conversion.

P0P85BM808

SAFETY AND MID TERM FOLLOW UP, VíA PHONE CALL, IN LAPAROSCOPIC CONVERSION OF SLEEVE GASTRECTOMY TO ONE ANASTOMOSIS GASTRIC BYPASS IN A MEDICAL TOURISM CENTER

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Introduction: In the last decade, sleeve gastrectomy (SG) has been a common bariatric procedure. However, its lower metabolic benefits and the failure to achieve sustained weight loss have increased the rates of revision surgery and conversion to metabolic surgery.

Both early and late complications associated with conversion to one anastomosis gastric bypass (OAGB) continue to be described in various populations, with contrasting outcomes.

Objective: This study describes the safety and mid term follow up, vía phone call in patients undergoing conversion from sleeve gastrectomy (SG) to one anastomosis gastric bypass (OAGB), due to weight recurrence.

Methodology: Patients undergoing conversion surgery from SG to OAGB were included in a cohort from January 2019 to June 2024. The surgeries were performed at a bariatric tourism center by a single surgeon, with evaluation of complications occurring within the first 30 days postoperatively (PO). A telephone follow-up was conducted after at least 6 months PO, and the GERDq questionnaire was used to assess patient comfort.

Results: A total of 104 patients were included, with a mean age of 39.7 years, 69% of whom were female. The average body mass index (BMI) was 39.6 kg/m2. The main comorbidities included diabetes mellitus (28%), dyslipidemia (24%), and systemic arterial hypertension (12%). Revision surgery was successfully completed in all cases without intraoperative complications. The average hospital stay was 1.1 days. During the first 30 days postoperatively, only one complication (0.9%) occurred: the patient developed an obstruction and an anastomotic leak, which was resolved with a second surgical procedure and a satisfactory outcome. During the telephone follow-up, no serious complications were identified.

Conclusion: Based on the results of this study, we can conclude that one anastomosis gastric bypass in patients with weight recurrence and a history of prior sleeve gastrectomy is a viable and safe option

Q7NN945N7W

THE DUAL STIGMA OF OBESITY IN METABOLIC SURGERY: IMPACTS AND INTERVENTIONS

Siqi Wang *China-Japan Friendship Hospital*; Hua Meng

This study aims to systematically analyze the complex impact of obesity stigma on metabolic surgery. A narrative review of published literature, along with the integration and analysis of primary data, was conducted to evaluate existing evidence. Before surgery, social bias and implicit physician bias significantly reduce the willingness of people with obesity to seek medical care, with some delaying treatment due to feelings of shame, leading to disease progression. Additionally, implicit bias within the healthcare system further limits patients' access to high-quality care. Postoperatively, some patients face perceptions of being "undisciplined" or "taking the easy way out" due to their choice of surgical weight loss, resulting in feelings of shame, anxiety, and depression. Thus, obesity stigma manifests as a "double stigma" in metabolic surgery, significantly lowering patients' acceptance and adherence to treatment, increasing psychological burden, and potentially reducing postoperative follow-up rates.

Addressing obesity stigma requires comprehensive, multi-level interventions, including enhanced education and training for healthcare professionals to reduce implicit bias, preoperative psychological interventions to boost patients' confidence and decisionmaking abilities, and long-term postoperative psychological support to counter social bias.

Public education and policy advocacy are also essential to improving societal understanding of obesity and metabolic surgery. Future research should focus on the impact of obesity stigma on long-term surgical outcomes and the effectiveness of intervention strategies. Through multidisciplinary collaboration, the negative effects of obesity stigma on metabolic surgery can be mitigated, ultimately creating a more equitable and respectful treatment environment.

ZQ4A8V7AY9

A RETROSPECTIVE ANALYSIS OF 265 CASES OF SINGLE INCISION LAPAROSCOPIC SLEEVE GASTRECTOMY

Yan Gu *Fudan University*

Introduction: To explore the safety and efficacy of single port laparoscopic sleeve gastrectomy (SPSG) in patients with high BMI by analyzing the preliminary experience and results of SPSG in single center.

Methods: Clinical data of 265 patients with SPSG at Huadong Hospital Affiliated to Fudan University from February 2023 to June 2024 was retrospectively analyzed. They were divided into BMI≥50 group (n=21), 50>BMI ≥40 BMI group (n=63) and BMI<40 group (n=181).

Clinical data such as operation time, length of stay, incidence of complications, weight loss effect and remission rate of comorbidities were compared and analyzed between the three groups.

Results: All patients in the three groups received the operation successfully and were discharged without conversion to laparotomy. The mean operation time in BMI≥50 group was (118.48±33.25) min, which was longer than (86.24±22.35) min in 40≤BMI<50 group and (70.22±16.86) min in BMI<40 group (P<0.05). The hospitalization time of BMI≥50 group was (9.67±4.23) d, which was significantly longer than that of the other two groups (6.05±2.85) d and (5.25±1.93) d, respectively, and the difference was statistically significant (P<0.05).

In BMI≥50 group, the additional operation hole rate, placement drainage rate, surgical blood loss, preoperative hospital stay and postoperative hospital stay were higher than those in 40≤BMI<50 group and BMI<40 group, with statistical significance (P<0.05). There were no significant differences in postoperative complication rate, percentage of excess weight loss, percentage of total weight loss and remission rate of metabolic comorbidities in BMI≥50 group compared with 40≤BMI<50 group and BMI<40 group (P>0.05).

Conclusion: High BMI is not an absolute contraindication of SPSG. Adequate preoperative evaluation, preparation and appropriate intraoperative treatment are of great significance for the successful completion of SPSG.

PQB4MBP4QD

SLEEVE GASTRECTOMY COMPLICATIONS IN LOW-INCOME SETTINGS: WHAT ARE THE OPTIONS?

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Elizondo-Clariond *Tecnologico de Monterrey;* Cristina Villar-Canton *Tecnologico de Monterrey;* Alexander Hernandez-Ventura
Introduction: we present our experience in managing bariatric complications in low-income populations in northeast Mexico
Methods: we present our experience with the management of gastric sleeve leaks and bleeding patients that needed reoperation, in low income settings, at private hospitals in Monterrey, Mexico. We also present an economic summary to show the cost of complications in our health system.
Results: we have a large series of patients, and our complications are within the described percentages. Our mortality in this series was 0, and the resolution of the cases presented was positive in all of them. We have a fund used to support the correct management of these complications before sending them to public hospitals (in certain cases). This lowcost management allows us to bring surgery to broader populations.
Conclusion: bariatric surgery presents complications independent from the economic status, and surgeons need to solve these complications without wasting resources, and/or in limited resource settings. We can have support from the public health system but they frequently lack information about managing these complicated patients, so planning a strategy between both systems is crucial in the near future.

M6VANXPADX

REVISION OF SLEEVE GASTRECTOMY TO ROUX-EN-Y GASTRIC BYPASS: INDICATIONS AND OUTCOMES AT A SINGLE INSTITUTION

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Introduction: Sleeve gastrectomy (SG) is the most common bariatric procedure in the U.S., favored for its shorter operative time and lower complication rates compared to Roux-en-Y gastric bypass (RNYGB). However, some patients require revision to RNYGB due to gastroesophageal reflux disease (GERD) or weight regain. This study evaluates the indications, patient comorbidities, weight outcomes, and surgical results of SG revisions to RNYGB at a single institution.
Methods: A retrospective chart review was conducted for patients undergoing revision from SG to RNYGB at a single institution between January 2019 and July 2024. Thirteen patients met inclusion criteria; six participated, four declined, and three were unreachable. Data collected included demographics, comorbidities, surgical indications, and weight metrics.
Results: The primary indication for revision was GERD (100%) with a mean interval of 2.8 years between SG and RNYGB. Mean weight at SG was 138 kg, with a nadir of 94 kg. Mean weight at time of revision to RNYGB was 104 kg. Following RNYGB, the mean lowest weight achieved was 91 kg. Excess weight loss (EWL) following SG was 59% (± 17%), compared to 41% (± 33%) after RNYGB at 12 months. The average length of stay for RNYGB was 1.6 days, with one minor complication (surgical site infection) occurring within 30 days.
Conclusion: Revision from SG to RNYGB improves GERD and facilitates further weight loss with minimal complications. Additional research is needed to optimize outcomes and assess long-term benefits.

6YXG9VJG47

REVISIONAL ROUX-EN-Y GASTRIC BYPASS – THE DISTALIZATION OF THE JEJUNOSTOMY

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Introduction: Recidivism after bariatric surgery persists, with 17.6% of patients regaining $\geq$10% TBW.
Surgical options include adding a gastric band, endoscopic stomal revision, and distalization. Previous studies suggest distalization can lead to sustained weight loss. In this series, we present our data for patients status post distalization after bypass. Primary outcomes include BMI reduction, average weight loss, and total body weight loss (TBWL).
Secondary outcomes are 30-day peri-operative adverse events.
Methods: We performed 25 distalizations between January 2020 and August 2024. We perform a robotic distalization by dividing the alimentary limb proximal to the jejunostomy and reanastomosing distally to elongate the biliopancreatic limb and establish a common channel of 250cm with a total alimentary limb of 350-400cm.
Results: Mean time between bypass and distalization was 13 years (5-20 yrs). Mean postbypass/pre-distalization weight was 256lbs (217-318); BMI was 44kg/m2 (36.2-57.9).
(Please see the uploaded table for results)
For secondary outcomes, no 30-day perioperative adverse events occurred, however some patients experienced increased frequency of bowel movements.
Conclusions: Our data suggests distalization is a safe and effective treatment for recidivism after gastric bypass. A larger patient population and longer period of observation is currently underway.

DYPM5D0MA8

RAISING THE BARS: FIRST U.S. EXPERIENCE OF A NOVEL SYSTEM FOR TRANSORAL OUTLET REDUCTION

Roberto Simons-Linares *Cleveland Clinic Foundation*; Leandro Sierra *Cleveland Clinic Foundation*; Renan Prado *Cleveland Clinic Foundation*; Stephen Firkins *Cleveland Clinic Foundation*; Roma Patel *Cleveland Clinic Foundation*; Akash Khurana *Cleveland Clinic Foundation*; Arjun Chatterjee *Cleveland Clinic Foundation*; Bailey Flora *Cleveland Clinic Foundation*; Erika Staneff *Cleveland Clinic Foundation*; Benjamin Norton *Cleveland Clinic Foundation*; Rehan Haidry *Cleveland Clinic London*
The BARS® system demonstrates efficiency, and safety for GJA revision in patients with WR post-RYGB. It demonstrates a rapid learning curve making it a viable alternative for the TORe procedure. One-month follow-up reveals significant TBWL and BMI reduction, with the highest weight loss associated with smaller pre-procedure GJA diameters. Early outcomes are promising, but larger, long-term studies are needed to confirm efficacy, durability,

and to expand BARS® access for bariatric revision therapies to treat obesity and weight regain after bariatric surgery.

P9RZNR4Z9M

A PILOT STUDY TO ASSESS BODY COMPOSITION CHANGES IN MEDICAL VS. SURGICAL WEIGHT LOSS INTERVENTIONS USING INBODY ANALYSIS

Matthew Nier *Inova Health*

Introduction: Obesity presents significant health risks, and effective weight loss interventions are critical for managing associated comorbidities. Both medical and surgical weight loss options have demonstrated efficacy in reducing body weight, yet their distinct impacts on body composition, including fat and muscle mass, require further study. This pilot study aims to compare these impacts over a 12-month period using the InBody body composition analyzer.

Methods: At least fifty participants will be recruited from Inova Fair Oaks Hospital, divided equally between medical weight loss and bariatric surgery groups. Body composition metrics, including body fat mass, skeletal muscle mass, and total body water, will be measured at baseline, 3, 6, and 12 months using the InBody analyzer.

Results: The primary outcome is the comparative change in body composition between the two groups over the study period. We anticipate that the bariatric surgery group will exhibit more rapid and significant reductions in body fat mass, while the medical weight loss group may show greater preservation of muscle mass. Both groups are expected to improve overall body composition, though at differing rates and distributions.

Conclusion: This study will provide preliminary insights into the differential effects of medical and surgical weight loss interventions on body composition, helping inform future treatment recommendations for patients with obesity.

GRZWVBJWX0

ROBOTIC CONVERSION OF ADJUSTABLE GASTRIC BAND TO RYGB

Benjamin Clapp *El Paso Bariatric Surgery*; Daniela Wong *University of Texas Health Science Center at San Antonio*; Jonathon Gevorkian *Texas Tech HSC Paul Foster School of Med*

https://www.icloud.com/iclouddrive/00eYoo3KPvjZnIXyUw6cgb7Sg#band_to_bypass_asmbs

Video description: Adjustable gastric banding (AGB) has become and essentially historical procedure. Most AGBs have been removed or removed and converted to other procedures. The sleeve gastrectomy is the most common AGB conversion, but the Rouxen-Y gastric bypass (RYGB) has better weight loss outcomes. This video describes a robotic conversion of an AGB to RYGB with technical pearls. The patient was a 50-year-old female with a body mass index of 53 kg/m2. The video includes removal of the AGB, the RYGB and an intraoperative leak test. The patient did well with no complications.

ZQBAJLRANB

VENTRAL HERNIAS AS A COMORBIDITY FOR BARIATRIC SURGERY: A SYSTEMATIC REVIEW

Janelle Rodriguez *Banner University Center Phoenix*; Mackenzie Landin *Banner Health*; Priya Rajdev *Banner Health*

Background: Patients with obesity are at higher risk for developing abdominal wall hernias. Attempts at hernia repair prior to weight loss are associated with complications including recurrence.

The American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) 2022 indications for metabolic and bariatric surgery (MBS) eligibility recommend treatment of obesity as a bridge to abdominal wall hernia repair. However, most insurance coverage policies do not align with this recommendation, putting patients at risk for increased complications as obesity remains untreated.

Methods: A scoping review of studies from PubMed, MEDLINE, and Embase databases explored the relationships between patients with obesity, abdominal wall hernias, and outcomes of bariatric and hernia surgeries. Studies focusing on the prevalence, impact, and management of hernias in patients with obesity undergoing MBS were included.

Results: Evidence indicates a heightened risk of abdominal wall hernias, both de novo and incisional, in patients with obesity. This population presents unique challenges, including increased surgical complexity, need for urgent intervention, and a 2-3 fold higher rate of recurrence in patients with BMI >30, if not repaired prior to weight loss .

Conclusion: Patients with simultaneous obesity and abdominal wall hernias represent a vulnerable population at risk of complications, increased cost to the healthcare system and should therefore be a pressing concern for surgeons, hospitals, and policymakers. This review highlights the need to advocate the revision of insurance policies to include abdominal wall hernia as a comorbidity to qualify for MBS.

M0AVBJYVGX

PREDICTORS OF SURGICAL OUTCOMES IN LAPAROSCOPIC SLEEVE GASTRECTOMY: INSIGHTS FROM A MULTIVARIATE ANALYSIS OF 533 PATIENTS USING MONOPOLAR ENERGY FOR STAPLE-LINE BLEEDING CONTROL

Regina Matus-Perez *Tecnológico de Monterrey, School of Medicine*; Adolfo Leyva-Alvizo *Tecnológico de Monterrey, School of Medicine*; Oziel Cantu-Delgado *Tecnológico de Monterrey, School of Medicine*; Francisco Treviño-Garza *Tecnológico de Monterrey, School of Medicine*; Pamela Hernández-Arriaga *Tecnológico de Monterrey, School of Medicine*

Introduction: Staple-line bleeding remains a common complication in laparoscopic sleeve gastrectomy (LSG). This study identifies predictors of surgical outcomes, including efficiency and safety, in patients undergoing LSG with monopolar energy for staple-line bleeding control.

Methods: A retrospective analysis was performed on 533 patients with obesity who underwent LSG between August 2023 and December 2024 at four private hospitals in Nuevo León, Mexico. Data were collected on age, BMI, comorbidities, prior surgeries, staple height, and the number of staples used. Operative time, hospital stay duration, and postoperative complications were evaluated, and multivariate analysis was used to identify significant predictors.
Results: The mean operative time was 20.88 minutes, with a median hospital stay of 24 hours or less. Postoperative complications were minimal, with no bleeding-related readmissions or reoperations. Multivariate analysis identified staple height, prior surgeries, and specific comorbidities as significant predictors of reduced operative time and lower complication rates.
Conclusion: This study emphasizes the importance of patient selection and surgical technique optimization in LSG. Monopolar energy proved effective in reducing complications and improving surgical efficiency. Further research is needed to explore advanced hemostatic techniques in bariatric surgery

LWGBXANBVG

INJECTABLE DASIGLUCAGON: A NOVEL RESCUE THERAPY FOR POST-GASTRIC BYPASS DUMPING SYNDROME AND NEUROGLYCOPENIA

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Introduction: Postprandial hyperinsulinemic hypoglycemia occurs in over 50% of patients who have undergone Roux-en-Y gastric bypass with minimal rescue options. Complications can be severe, occasionally necessitating bypass reversal. In 2021, dasiglucagon, an injectable glucagon analog, was approved for use in the United States, serving as an ADA standard-of-care rescue agent for all individuals with diabetes at risk of hypoglycemia. In the United States, data on glucagon rescue in bariatrics is limited. However, a Danish, placebo-controlled trial demonstrated dasiglucagon's efficacy in this population with an absolute hypoglycemia risk reduction of 68.2%.
Benefits and Challenges: Dasiglucagon is an immediate-use injection, while previous glucagon formulations required reconstitution before use. Dasiglucagon's use reduces annual healthcare spending by decreasing both emergency department visits ($13.5 million) and hospitalizations ($18.8 million), with an estimated number-needed-to-treat of six to avoid hospitalization. These benefits will likely apply to the post-bypass subpopulation. Barriers include cost considerations, patient education, and patient selection. Dasiglucagon retails for upward of $370 per injection. Additionally, implementation of both a new patient education program on dasiglucagon's indications and a new institutional policy identifying at-risk patients would be required.
Methods: Our bariatric program has a new policy that any patient identified with neuroglycopenic symptoms should carry dasiglucagon for rescue. As of late, one patient has been identified within our institution.
Discussion: We propose dasiglucagon's utilization as an alternative to carbohydrate rescue, which often further potentiates recurrent hypoglycemia. Research should focus on implementation in outpatient management and comparing neuroglycopenia incidence in at-risk patients with dasiglucagon against matched controls.

Q0JW7Z8WMJ

IMPACT OF PREOPERATIVE OBESITY-OPTIMIZING MEDICATIONS ON POSTOPERATIVE WEIGHT LOSS OUTCOMES FOLLOWING SLEEVE GASTRECTOMY IN PEDIATRIC PATIENTS

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Background: Emerging evidence suggests that a multi-modal approach combining obesity optimizing medications (OOM) and metabolic and bariatric surgery (MBS) may be the most effective treatment for severe pediatric obesity. However, the impact of preoperative OOM response on postoperative outcomes after sleeve gastrectomy (SG) remains unclear.
Methods: A retrospective review of pediatric patients who underwent SG between November 2023 and September 2024 was performed. Participants were categorized into two groups: OOM users ($\geq$6 months pre-surgery; n=44) and non-users (n=12). The primary objective was to evaluate the impact of preoperative OOM response on postoperative weight loss outcomes, with a secondary objective assessing differences in outcomes between high and low OOM responders. Mixed-effects models, adjusting for baseline BMI, age, sex were used to assess changes from baseline in outcomes at 3-month follow up.
Results: This study included 56 youth (mean age 16.6$\pm$2.0 years, mean BMI 52.1$\pm$9.4 kg/m^2; 64% female, 79% Hispanic, 86% publicly insured), with 44 receiving OOM (20/44 on multiple agents that included a GLP-1 agonist), for a mean duration of 15.0$\pm$12.1 months prior to surgery. The mean change in %BMI at 3 months was -19.2% (8.4%) for OOM users and -12.3% (4.8%) for non-users (p = 0.006). Mixed-effects models showed a mean between-group difference in %BMI of -7.0 (95%CI: -10.2, -3.7; p$<$0.001) and in %EWL of - 10.2 (95%CI: -17.4, -2.8; p=0.008). High responders to OOM ($>$10% reduction in % BMI) demonstrated even greater reductions at 3 months in % BMI (difference: -13.6 [-16.02, - 11.08] and %EWL (difference: -29.1 [-34.76, -23.5]) compared to low responders (both p $<$ 0.001).
Conclusion: Preoperative response to OOM may predict more favorable postoperative outcomes in youth undergoing SG, with high responders showing significantly greater reductions in % BMI and %EWL, highlighting the integration of OOM into treatment plans to enhance outcomes after MBS.

9Y6574P5KX

PRELIMINARY RANDOMIZED STUDY OF TELEMEDICINE AND IN-PERSON OBESITY CARE PATHWAYS TO METABOLIC BARIATRIC SURGERY

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Introduction: This preliminary study investigated the viability of offering two obesity care pathways for patients seeking metabolic bariatric surgery (MBS) in a real-world clinic setting. Telemedicine has the potential to reduce barriers and increase scalability of access to MBS.

Methods: Prior to the first scheduled visit, patients interested in MBS were randomized to either a Telemedicine group (n = 25) or a Face-to-Face (F2F) group (n = 25). Visits included medical, psychology, nutrition, and physical therapy which were completed via telemedicine (video) or F2F. Hypotheses were that no significant between group differences would be observed for completed visits, patient satisfaction with visits, time to surgery, or insurance payor collection ratio for clinic visits (non-inferiority design).

Results: Forty-three patients completed the study (Telemedicine n = 21; F2F n = 22). Median age and BMI were Telemedicine (51; 43) and F2F (51; 46), respectively. Patients were majority White (74%) and female (77%). Patients in the Telemedicine group were significantly more likely to complete the program point of entry medical visit ($p = .02$) and subsequent physical therapy visit ($p = .009$). No significant differences between groups were revealed for completed nutrition ($p = .18$) and psychology ($p = .26$) visits. No significant between group differences were observed in patient satisfaction with program visits ($p > .42$). Nine of 21 (43%) of Telemedicine patients (185 days [median]) and 6 of 22 (27%) of F2F patients (192 days [median]) chose to undergo MBS after completion of program visits. No significant differences were observed between groups for average insurance payor collection ratio for program visits ($p = .91$).

Conclusion: Preliminary data suggest MBS programs may offer a telemedicine care pathway to improve access and scalability for patients living with obesity. Larger studies are warranted to determine the definitive impact of telemedicine on MBS program access.

DG80DVL0G0

NUTRITION THERAPY MODULATES THE GLP1 CASCADE AND SUPPORTS HEALTHY BODY WEIGHT

John Troup *Blueroot Health, Inc.*; Megan Koscinski *Bariatric Fusion, Inc*

Diet has long been known to modulate hormonal and metabolic response that can influence body weight regulation. The typical American Diet nutrient profile may not adequately balance metabolic systems such that GLP1 response and cascade are altered and may be leading to obesity. The purpose of this study was to assess whether a macronutrient caloric profile of 40% protein : 40% carbohydrates activate the GLP1 cascade resulting in improved body weight profile. During a 12-week study ((n=22) patients with T2D (mean age 62.3 ± 6.8 years and BMI 33.2 ± 5.9 kg/m2) were given one of two nutrient formulas (American Diet (AD) >50% carbs or Specialized Diet (SD 40%cal each of carb and protein) twice daily of 200 kcal each. At the start and end of 12wk, the selected nutrient supplement profile was given on separate days. Blood samples for GLP1, insulin, glucagon, leptin, and peptide-YY (PYY) were collected at baseline and post 30, 60, 90, 120, 180, and 240 min. Incremental area under the curve (iAUC0-240) for each hormone was calculated. Primary objectives were GLP1 and insulin response and pre vs post 12wk body weight. Over the course of the study patients using SD lost an average of 12.5% b.w ($p< 0.05$) vs 6.0% b.w. lost on AD ($p< 0.05$ SD v AD). No change in muscle mass was observed in SD but 5% loss in AD ($p< 0.05$). Levels and (iAUC-240) of GLP1, insulin, glucagon and PYY were higher in SD vs AD ($p< 0.05$) and for glucose lower in SD vs AD ($p< 0.05$). Post 12 wk of the diet intervention, GLP1 was higher and insulin peak higher and earlier in SD vs AD as was glucagon and PYY with glucose lower in SD vs vs AD ($p< 0.05$). These results suggest that a specialized nutrient formula shifting the macronutrient profile to a higher percent of protein (40%) and lower percent of carbohydrates (40%) vs a typical AD nutrient profile is able to activate GLP1 resulting in better metabolic balance (glucose, insulin glucagon; $p< 0.05$) and lower body weight ($p<0.05$).

LG9WNLMWG4

FLATTENING THE COST CURVE AND IMPROVING HEALTH OUTCOMES: RESULTS FROM A WEIGHT MANAGEMENT PILOT PROGRAM WITH A STATE EMPLOYEE HEALTH PLAN

Amy Laktash *IntelliHealth*; Katherine Saunders *FlyteHealth*

Introduction: As the use of GLP-1 pharmacotherapy increases, employers are facing escalating costs associated with these treatments and must decide whether to cover these medications or exclude them from insurance plans. To address these concerns, the State of Connecticut partnered with FlyteHealth to launch a medical weight management pilot program for members of its employee health plan. The program enrolled over 7,000 participants in its first year, focusing on clinical care provided by FlyteHealth's obesity medicine experts.

Method: Eligibility criteria: age 18 or older, BMI ≥ 27 with at least one weight-related comorbidity or BMI ≥ 30. Visit cadence included appointment every 3 months with MDs/NPs and dietitians, access to an app offering behavioral and clinical programs, cellular scale, and cellular blood pressure cuff.

Results: Data from the 12-month enrollment period demonstrated significant total body weight loss (TBWL) and improvements in health outcomes. Participants in the GLP-1 pharmacotherapy group achieved an average TBWL of 16.9% and those on non-GLP-1 therapy lost 13.1%, emphasizing the effectiveness of alternative treatments. BMI reduced from 37.3 kg/m2 to 31.1 kg/m2 and average blood pressure reduced from 134/86 to 114/74. Improvements in glycemic control and dyslipidemia were also observed. A subanalysis of those with prior bariatric surgery, combined with pharmacotherapy experienced excellent outcomes in weight loss, health improvements, and vitamin levels.

Conclusion: Results demonstrated the potential for cost savings and effective clinical outcomes through a comprehensive,

evidence-based treatment model. This pilot program highlights the importance of expertise in obesity medicine and also not relying solely on GLP-1 therapy. Also, it presents an opportunity for bariatric programs to adopt a similar model.This initiative has transitioned into a multi-year partnership and data analysis is ongoing with cost impact results expected in the coming months.

PDJ9MPJ906

MENTAL HEALTH AND PATIENT REPORTED OUTCOME MEASURES: A PREOPERATIVE ASSESSMENT OF BARIATRIC SURGERY PATIENTS WITH ANXIETY AND DEPRESSION

Nicole Petcka *Emory University*; Jamil Stetler *Emory University*; S Scott Davis Jr *Emory University*; Elizabeth Hechenbleikner *Emory University*; Danny Mou *Washington University*; Sheethal Reddy *Emory University*

Introduction: Previous studies have shown that patients undergoing metabolic and bariatric surgery (MBS) experience an improvement in depression and anxiety symptoms in the first year postoperatively. However, there is limited literature evaluating how eating-related (ER) behavior, distress, and symptoms are related to patient-reported mental health (MH).

Methods: All MBS patients who completed the BODY-Q questionnaire and reported on their MH history at preoperative visits between 02/2023-10/2024 were grouped into those with and without self-reported MH (anxiety, depression, or both). The BODY-Q questionnaire is a validated assessment of ER behaviors, distress, and symptoms on a scale of 0-100 (0 being worse health and 100 being optimal health). BODY-Q scores were compared using a Mann-Whitney U test with a p-value of <0.05 considered significant.

Results: There were 1,598 surveys included. Database compliance was 78%. The prevalence of patient-reported MH diagnosis was 48.9%. Patients with a MH diagnosis reported lower scores for ER-distress (76.0 (45.0-107.0) vs. 87.0 (57.0-117.0); $p<0.01$) and ER-symptoms (73.0 (54.0-92.0) vs. 79.0 (58.0-100.0); $p<0.01$) compared to patients without a MH diagnosis. Patients with a MH diagnosis reported a higher prevalence of feeling unhappy (50.7%), like a failure (44.4%), nauseated (32.6%), and pain (33.0%).

Conclusion: In the preoperative setting, patients reporting MH disorders experience heightened levels of ER distress and more ER symptoms. Previous studies have indicated that ER symptoms may worsen for all patients following MBS. Therefore, this study underlines the importance of utilizing patient-reported MH history to identify patients at risk and anticipate the need for increased postoperative support.

ZL5MK7PMLJ

THE IMPACT OF SELF-MONITORING AND CLINIC CONNECTIVITY VIA A MOBILE APPLICATION ON WEIGHT LOSS OUTCOMES 24 MONTHS POST-SLEEVE GASTRECTOMY

Cassie Story *Bariatric Advantage*; Dan Abeling *Metagenics*

Introduction: Self-monitoring of diet and body weight, combined with mobile application (mApp) connectivity to a bariatric clinic, influences long-term weight loss following laparoscopic sleeve gastrectomy (LSG). This study assesses the impact of these behaviors on percent excess weight loss (%EWL) and percent total body weight loss (%TWL) at 18- and 24- months post-surgery.

Method: This retrospective analysis included 4,728 patients who underwent LSG between November 2017 and January 2022. Patients were eligible if they logged food intake $\geq$10 times per month and weighed themselves $\geq$once every three months using the mApp.

Patients were categorized by food logging frequency and clinic connectivity, and weight loss outcomes were measured by % EWL and %TWL at 18- and 24-months post-surgery.

Results: At 18 months post-surgery, patients had an average % EWL of 72.45% (%TWL 31.76%), which decreased to %EWL 69.27% (%TWL 29.82%) at 24 months. Patients in the top 33% for food log entries achieved a significantly higher %EWL of 79.97% at 18 months (%TWL 33.84%) and 76.20% at 24 months (%TWL 32.69%). Among patients in the top 10% for food log entries (logging 27 days per month), the average %EWL was 83.36% at 18 months (%TWL 34.78%) and 82.99% at 24 months (%TWL 33.77%).

Conclusion: Increased frequency of dietary self-monitoring via a mApp, along with clinic connectivity, was associated with improved long-term weight loss outcomes. These findings emphasize the value of integrating self-monitoring behaviors and clinic engagement through digital platforms to optimize weight loss after sleeve gastrectomy.

BW7L4AXLYL

LONG TERM EFFECTS OF BARIATRIC SURGERY ON CARDIOMETABOLIC OUTCOMES IN YOUNG TO MIDDLE AGED ADULTS IN A MIDDLE EASTERN POPULATION: A MATCHED COHORT STUDY

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Introduction: This study evaluated the long-term cardiometabolic effects of bariatric surgery on cardiometabolic outcomes in Qatar, where such data are scarce.

Methods: This is a matched cohort study comparing individuals who underwent bariatric surgery to individuals who did not, matched for age, sex, nationality, and BMI $>$ 30kg/m2. Data of participants followed up for between 5-10 years at the Qatar Biobank were used.

Multivariable logistic regression was performed to estimate the effect of bariatric surgery on progression to each of the cardiometabolic outcomes, adjusted for confounders.

Results: The study included 456 individuals, 228 with and 228 without bariatric surgery, mostly of Qatari (91.7%) nationality, 51.3% females, with a median age 40.0 (interquartile range 33.0 - 47.5), and followed up for a median of five years (interquartile range 5-6 years, range 5 – 10 years). At follow-up, bariatric surgery was associated with reduced odds of progression to metabolic syndrome (OR 0.25, 95%CI 0.10 – 0.65, p = 0.004) and high central adiposity (OR 0.48, 95%CI 0.25 – 0.93, p =0.029). A similar association was observed for the following outcomes, though evidence against the null hypothesis was weak; metabolic dysfunction-associated steatotic liver disease (OR 0.32, 95%CI 0.09 – 1.19, p =0.089), hypertension (OR 0.60 CI95% 0.32 – 1.14 p=0.120), diabetes (OR 0.70, 95%CI 0.36– 1.38, p=0.308), and dyslipidemia (OR 0.64, 95%CI 0.21 – 1.94 p=0.435).
Conclusion: In young and middle aged adults, bariatric surgery protects against cardiometabolic outcomes at least five years post-surgery in a Middle Eastern population.

PMZD5PYDMW

IMPACT OF ASSESSMENT OF COMPREHENSION OF METABOLIC AND BARIATRIC SURGERY (MBS) PREOPERATIVE CURRICULUM ON PATIENT OUTCOMES

Eleni Fafoutis *Penn State College of Medicine*; Andrea Rigby *Penn State Health*; Ann Rogers *Penn State Health*; Melissa Butt *Penn State College of Medicine*
Introduction: While there are a variety of curricula used to instruct MBS patients prior to surgery, methods to ensure patient understanding are variable. There are currently no standardized methods to assess patient understanding of surgery. The objective is to identify potential comprehension barriers to patient understanding of pre-surgical education.
Method: Patients were recruited through the Penn State Hershey MBS clinic over 18 months and received standardized curriculum developed by the clinic. Patients then completed a 20- question quiz at the 6th grade reading level that asked questions relevant to the education provided. Summary statistics/correlations were performed to characterize trends.
Results: Results show 83.2% (n=243) of participants scoring at or above 80%. Education was the largest score determinant (p<0.001), improving on average by 10% with some collegiate level education. Race and sex did not have a large impact on scores, with women scoring 85.35% on average and men 84.15%. African American patients averaged 82.7%, White patients 84.8%, and patients with two or more races 89.4%. “Critical” questions, such as revision surgery prevention and indications for calling 911 were above 85% correct. Conversely, a question regarding the normal appearance of an incision after surgery was answered correctly by only 19.4% (n=56) of respondents.
Conclusion: Results demonstrated high comprehension of material among most regardless of gender or race. Lower comprehension was associated with lower educational attainment suggesting providers should consider extra support for this population. Results can help establish clinical utility in incorporating comprehension testing as a routine part of the outpatient bariatric surgery pre-operative path.

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IS BARIATRIC SURGERY MORE EFFECTIVE THAN MEDICAL THERAPY IN METABOLIC SYNDROME REMISSION INDUCTION? A SYSTEMATIC REVIEW AND COMPARATIVE META-ANALYSIS OF 58 STUDIES WITH INSIGHTS INTO FACTORS INFLUENCING THE EFFECTIVENESS OF SURGERY

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Introduction: The rising prevalence of metabolic syndrome (MS) has prompted the exploration of effective interventions beyond conventional medical management. This systematic review and meta-analysis purports to evaluate the impact of bariatric surgery (BS) on the resolution of MS across diverse populations and follow-up durations while comparing its effectiveness against medical treatments.
Method: A comprehensive literature search was conducted across databases including PubMed, Scopus, MEDLINE, and Cochrane, using keywords like "bariatric surgery” and "metabolic syndrome". Studies assessing the prevalence of MS post-BS were included. We used the RevMan software for data analysis.
Results: The findings indicated that MS patients who underwent BS demonstrated markedly lower odds of retaining MS within the first year post-surgery (OR: 0.07, 95% CI 0.04-0.13, p < 0.00001). Similarly, significantly lower MS odds persisted at 2 years post-surgery (CI 0.03-0.12). Sleeve gastrectomy (SG) resulted in almost double the odds of retaining MS compared to Roux-en-Y Gastric Bypass (RYGB) (CI 1.24-2.37). Notably, patients with a preoperative BMI<50 experienced a more significant reduction in MS prevalence compared to those categorized as super obese (OR: 0.05 vs. OR: 0.10). Additionally, older individuals exhibited lower odds of remaining with MS post-surgery (OR: 0.07 vs. OR: 0.10).
Geographically, South Americans showed the greatest reduction in MS prevalence (OR: 0.03). Compared to BS, those receiving medical treatment had an OR of 6.37 for retaining MS (95% CI 3.29-12.36). Moreover, a significant decrease in the need for

antihypertensive, anti-dyslipidemic, and anti-diabetic medications was observed post-surgery.
Conclusion: BS is superior to medical treatment in remission of MS.

9G0VR59VG0

IMPROVING PATIENT NAVIGATION THROUGH THE PRE-OPERATIVE METABOLIC AND BARIATRIC SURGERY PROGRAM

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Introduction: The ease of navigation for a patient through the bariatric surgery program poses a challenge for access to surgery. Increased time in the preoperative program was a barrier for our patients and we implemented strategies to decrease the preoperative pathway.
Methods: A single center prospective cohort study in a rural community hospital was performed between June 1, 2023 to December 31, 2023. Reviews of lengths of phases within the preoperative period included length of time from informational sessions (IS) to surgery, consultation to surgery, and interdisciplinary program lengths of the behavioral and dietician teams. We implemented electronic access to questionnaires and standardized contact methods with our patients. A simple t test was used for comparison of pre and post implementation groups.
Results: Pre-implementation, of the 262 patients attended IS with 74 (28%) proceeded to surgery.
Postimplementation, IS was conducted for patients undergoing medical and surgical weight loss. Of the 457 patients attending seminar for our weight management clinic, 115 (25%) patients were triaged to surgery. Patient demographics were comparable.
The preoperative pathway was decreased in post implementation patients. The average length of time from IS to surgery decreased from 11 to 7 months ($p < 0.001$) and consultation to surgery went from 9 to 6.5 months ($p < 0.001$). We found that our preoperative behavioral program dropped from 6 months to 4 months ($P < 0.001$) and our preoperative dietician program also decreased from 6 to 4 months ($P < 0.001$).
Conclusions: Focused efforts to assist our patients navigating the pre-operative surgical pathway increased timely visits with our interdisciplinary team. Patients had increased engagement in their own healthcare and improved access to successful surgical care.

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QUALITY OF LIFE AFTER BARIATRIC SURGERY IN ECUADOR: A RETROSPECTIVE ANALYSIS OF SLEEVE GASTRECTOMY AND ROUX-EN-Y GASTRIC BYPASS

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Introduction: The psychological impact of obesity is cross-cultural and influenced by factors like life satisfaction and social stigma. At the time of writing the authors could not find studies that assessed the impact of bariatric surgery on quality of life in the Ecuadorian population, and limited data exist for middle- and low-income countries.
Methods: This observational retrospective cohort study analyzed data from 332 patients at a private clinic in Ecuador, between October 2021 and May 2024. The study aimed to determine impact of bariatric surgery on quality of life using the Impact of Weight on Quality of LifeLite (IWQOL-Lite) and psychiatric symptoms using Depression, Anxiety, and Stress Scale21 (DASS-21) at the presurgical control and at 6 months post-surgery. Wilcoxon SignedRank Test was used to compare each of the components of the psychological tests.
Weight, %EWL, marital status, and pain were compared to IWQOL-lite and DASS 21 total values using biserial Pearson Coefficient.
Results: All IWQOL-lite and DASS-21 categories showed statistically significant ($p < 0.05$) reductions at 6 months for both sleeve gastrectomy and gastric bypass. We found significant correlations ($p < 0.05$) between IWQOL-lite and pain($r = 0.26$), IWQOL-lite and weight ($r = 0.56$), DASS-21 and weight ($r = 0.15$), DASS-21 and marriage ($r = -0.12$,), and DASS-21 and %EWL ($r = -0.15$).
Conclusion:: This study showed a statistically significant reduction in DASS-21 and IWQOL-lite scores in the Ecuadorian population. Stigma and avoidance surrounding psychology appointments should be taken into account for the development of prospective studies with longer follow up periods.

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TO BLEED OR CLOT - VTE RISK AFTER BARIATRIC SURGERY? THERE'S AN APP FOR THAT!

Brenda Pearson *HCA HealthONE*
Introduction: The January 2023 Semi Annual Report showed an observed rate of 2.92% for Roux-en-Y Gastric Bypass (GBP) Bleeds and triggered a "needs improvement" assessment. Bleed rate for GBP topped off at 3.95% by the end of 2022. Current venous thromboembolism (VTE) protocol adopts weight-tiered dosing without consideration of risk factors. Mounting evidence supports a VTE treatment protocol which includes early ambulation, mechanical and pharmacoprophylaxis plus consideration of the patient's individual risk factors.
Method: At the March 2023 Metabolic and Bariatric Surgery (MBS) Committee meeting, the Cleveland Clinic Postdischarge VTE Risk Assessment calculator and extended venous thromboembolism treatment protocol was approved by the group for trial.
A 9/1/2023 go live date was set. Providers assessed VTE risk and dosed the patients discharge treatment according to the protocol. Providers were trained on the use of the assessment tool. Staff RNs were educated on the Cleveland Clinic tool and how to interpret the risk levels and associated discharge teaching required.

Results: Adoption of the Cleveland Clinic Postdischarge VTE risk assessment tool and treatment protocol was successful in resolving the identified GBP bleed issue. Bleeds in GBP patients hit zero and remained there since implementation. Sleeve bleeds remain within national averages. VTE rates have remained within national averages for both procedures with exception of one spike in Q1-2024 for GBP.
Conclusion: SAR reports only include primary Sleeve and GBP patients. The treatment protocol was implemented on all bariatric surgical patients and therefore requires additional outcomes report monitoring. Continued monitoring of bleed and VTE.

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ADVANCED NATURAL MEDICINAL BOTANICALS MODULATE THE GLP1 CASCADE

John Troup *Blueroot Health, Inc.*; Megan Koscinski *Bariatric Fusion, Inc*

The popularity of GLP-1 RA prescription medications has grown in the last few years with nearly 60% of consumers aware of its benefit. In spite of this, a lost appreciation exists on importance and need for dietary use of selected nutrients that play a role in the activation of GLP1 receptors (most in the digestive tract). The objective of this study was to demonstrate that selected botanicals can effectively activate and balance the GLP-1 system and balance metabolic systems for support of healthy weight. Using cell culture models, a dose response assessment of select compounds ability to activate receptors known to modulate metabolic systems and their mechanisms of action was carried out. Cell cultures utilizing human reporter functional assays and compared to the established reference agonists with specific receptors assessed for Cannabinoid receptor-2 (CB2), Glucagon-Like Peptide-1 (GLP1) Selected nutrients and natural products assessed included protein hydrolyzed isolates (PHI), resistant starch (potato)(RS), partially hydrolyzed guar gum (PHGG), standardized hops extract (20% xanthohumalone) (XnT), copaiba oil (standardized 10% beta-caryophyllene) (BCP). A follow-up assessment of feeding selected blends of these ingredients and measuring circulating GLP-1 hormone levels was also evaluated.Results from the experimental study revealed that the nutrients and botanicals (PHI, XnT, BCP) significantly activated GLP-1 receptors ($p < 0.01$) vs control vehicle. BCP activated CB2 receptors and bitter receptors. When a blended mix of XnT and BCP was assessed, significant increase in activation levels of both GLP-1 and CB-2 receptors was observed vs single component activation by 10% ($p < 0.05$). These results suggest that selected nutritional and botanical ingredients are able to activate the GLP-1 receptors resulting in significantly high levels of GLP-1 hormone response. natural products delivered in the diet and supplementation can effectively increase GLP-1 availability.

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BARIATRIC BYTES: THE IMPACT OF A SOCIAL MEDIA-STYLE EDUCATIONAL VIDEO ON PATIENT PREPAREDNESS FOR BARIATRIC SURGERY

Andrew Rosenzweig *Albany Medical College*; Kristin Bremer *Albany Medical College*; Jessica Zaman *Albany Medical College*

Introduction: Accessible and engaging patient education is critical for optimizing outcomes in bariatric surgery. This study evaluated the impact of utilizing social mediastyle educational videos on patient knowledge in the preoperative setting.
Method: Visually engaging videos mimicking the style and tone of social media content were created to provide an overview of bariatric surgery topics, including preoperative requirements, bariatric surgery procedure overview, and postoperative course/lifestyle modifications. Patients attending a preoperative bariatric surgery group session were invited to watch the videos and completed a pre- and post-video survey. The questionnaire was based on literature for standardized preoperative bariatric surgery questionnaires.
Results: In our preliminary data, 11 participants showed an improvement in knowledge from 86% correct in the pre-video survey to 93% correct in the post-video survey. Further data collection is pending at the time of this abstract submission.
Conclusion: A social media-style educational video effectively improves patient knowledge with regards to bariatric surgery. This format offers a scalable approach to patient education and access to relevant medical information. Future research should explore its impact on long-term adherence and outcomes.

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OPTIMIZING POSTOPERATIVE RECOVERY AND LONG-TERM OUTCOMES IN BARIATRIC SURGERY: A RANDOMIZED CONTROLLED TRIAL OF A NOVEL CONTINUITY OF CARE MODEL

Jingli Liu *Beijing Friendship Hospital, Capital Medical University;* Zhongtao Zhang *Capital Medical University;* Charles Peng Zhang Capital Medical University *Beijing Friendship Hospital;* Peirong Tian *Beijing Friendship Hospital, Capital Medical University*

Introduction: Bariatric surgery is an effective treatment for obesity. Postoperative continuity of care is crucial for optimal patient outcomes. This study aimed to evaluate the efficacy of a new continuity of care program on early postoperative recovery in bariatric surgery patients.
Methods: Eighty patients undergoing bariatric surgery were randomized into an experimental group ($n=40$) receiving the new program and a control group ($n=40$) receiving standard care. Outcomes including pain scores, respiratory function, weight, and patient satisfaction were assessed.
Results: The experimental group demonstrated significantly better short-term outcomes in pain management, respiratory function, and fluid intake. At 3 months, the experimental group had significantly greater weight loss, lower BMI, and better glycemic control compared to the control group. Patient satisfaction was also higher in the experimental group.
Conclusion: The new continuity of care program significantly improved early postoperative recovery, pain management, and long-term weight loss in bariatric surgery patients. This program is a valuable addition to the standard of care for bariatric surgery patients.

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OPTIMIZING ELECTRONIC PATIENT MESSAGING TO IMPROVE RESPONSE TIME AND ENHANCE PATIENT ACCESS TO CARE AFTER BARIATRIC SURGERY

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Introduction: Effective communication between bariatric surgery patients and providers is vital for delivering timely care, minimizing complications, and preventing readmissions.

Our bariatric surgery program, which performs approximately 3,000 procedures annually, receives over 800 patient e-messages each month. We aimed to improve message handling rates and reduce response times from 72 to 12 hours by Q4 2024.

Methods: A multi-phase strategy was implemented to optimize message management and response times:

1. Workflow Redesign: Assigning a dedicated provider with support staff to oversee realtime message management.
2. Performance Monitoring: Response metrics were tracked monthly to identify bottlenecks and drive continuous improvement.
3. Staff Training: Providers and support staffs were educated on best practices for electronic communication to improve response quality and consistency.

Additional intervention included expanding Televideo visit capacity to accommodate same-day appointments.

Results: Message response rates improved significantly, increasing from 30% to 67%, with response times decreased from 72 hours to 12 hours post-implementation. These results indicate enhanced access to care and improved efficiency in provider-patient communication.

Conclusion: Although many programs may struggle with the volume of patient messages, several straightforward and easy-to-implement initiatives can significantly enhance response rates, improve provider efficiency, and boost patient satisfaction.

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FOUR-YEAR OUTCOMES OF THE SWALLOWABLE GASTRIC BALLOON PROGRAM: A QUANTITATIVE REALWORLD STUDY

Bill Nadeau *Allurion Technologies*; Will Trimble *Allurion Technologies*; Ram Chuttani *Allurion Technologies*

Introduction: The Swallowable Gastric Balloon Program (SGBP) (Allurion Technologies, Natick, MA) integrates a 4-month non-endoscopic gastric balloon with a behavior change program to facilitate weight reduction and optimize weight maintenance. The program encompasses remote patient monitoring, secure messaging, and telehealth services facilitated by a Bluetooth-connected scale and AI-powered mobile app. This study aims to evaluate the long-term effectiveness of the SGBP, assessing outcomes at four years.

Methods: Analyses were conducted using quantitative data from the SGBP digital platform, encompassing all consecutive patients who had both baseline and 48-month weight measurements. Results are expressed as mean ± standard deviation. Data analyses were conducted using SAS® version 9.4.

Results: Data were available for 223 patients (69.1% female), mean age 41.4 years, who followed the SGBP between 2020-2024. Baseline weight and BMI were 93.9±17.8kg and 33.3±5.2kg/m2. At 4, 12, 24, 36, and 48 months following initiation of the SGBP, mean weight loss and total body weight loss were 10.8±7.9kg and 11.4±7.6%, 9.7±9.3kg and 10.1±9.5%, 9.6±11.3kg and 9.8±11.3%, 10.2±13.8kg and 10.1±13.1%, and 10.0±13.3kg and 10.1±12.5%, respectively ($p<0.0001$) at each time point compared to baseline.

Conclusion: This digitally sourced comprehensive dataset of the SGBP represents the longest-duration study to date. It illustrates the program's consistency and effectiveness as an obesity treatment, promoting rapid and sustained long-term weight loss. The use of a Bluetoothconnected scale and mobile app facilitated close virtual follow-up during treatment and after balloon passage and can also serve as a platform for follow-up after additional treatments, such as surgical and medical weight loss interventions.

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PATIENTS' PERCEPTION OF BEHAVIORAL HEALTH AND ACCESS TO BEHAVIORAL HEALTH RESOURCES BEFORE AND AFTER BARIATRIC SURGERY

Charmaine Gentles *North Shore University Hospital*; Ruben Salas Parra *Northwell Health, New Hyde Park*; Katerina Jou *Northwell Health, New Hyde Park*; Deborah Rosenberg *Northwell Health*; Ann Defnet *Northwell Health*; Dominick Gadaleta *Northwell Health*; Andrea Bedrosian *Northwell Health, New Hyde Park*

INTRODUCTION: The American Society for Metabolic and Bariatric Surgery (ASMBS) recommends patients planning to have bariatric surgery have access to behavioral health resources by undergoing a preoperative psychological evaluation. Psychiatrists or psychologists within the multidisciplinary team (MDT) conduct these preoperative assessments. Integrating behavioral health support in preparation for and after bariatric surgery offers significant benefits, including early intervention for behavioral health conditions, enhanced patient coping mechanisms, and improved surgical outcomes.

OBJECTIVE: Our accredited Metabolic and Bariatric Surgery program evaluates the effects of behavioral health therapy (BHT) on patients perceived behavioral health needs and physical well-being before and after bariatric surgery.

METHODS: Between 2023 and 2024, surveys were distributed to sixty-nine patients who underwent gastric sleeve, gastric bypass, or revisional bariatric procedures. Survey distribution began three months post-operatively. Demographic data were collected, and patient responses were rated and analyzed.

RESULTS: Sixty-nine patients completed the survey (72.5% female, 27.5% male), and BHT significantly improved self-reported mental well-being. Positive feelings such as cheerfulness, calmness, vigor, and restfulness increased substantially post-BHT ($p<0.0001$). Patients also reported greater interest in daily activities. However, perceived need and ease of access to mental health resources remained unchanged ($p=0.60$ & $p=0.83$ respectively).
CONCLUSION: Having access to behavioral health and behavioral health resources before and after surgery enhances patient's self-reported emotional changes and sustained behavior modifications. However, the perceived need for and ease of accessing behavioral health resources remained unchanged. Larger samples and longer follow-up are needed to validate these findings and strengthen support services.

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PRE-SURGICAL METABOLIC AND BARIATRIC PSYCHOLOGICAL EVALUATIONS: VISIT RECOMMENDATIONS AND DEMOGRAPHIC INSIGHTS IN A RACIALLY AND ETHNICALLY UNDERREPRESENTED PATIENT POPULATION

Elena Henderson *University of Illinois Chicago*; Alison Newman *University of Illinois Chicago*; Heather Eisele *University of Illinois Chicago*; Mario A. Masrur *University of Illinois Chicago*
Introduction: Pre-surgical psychological evaluation is a standard component of the metabolic/bariatric surgery (MBS) workup to identify and mitigate factors that could influence surgical outcome or adjustment. There is a lack of real-world, numerical data about patients recommended for surgery at the time of initial evaluation and identified areas of psychosocial risk. This study investigates these factors within a high-volume clinic serving a diverse patient population at an urban public hospital.
Method: Patient data was extracted using EPIC SlicerDicer. Chart review was completed to obtain clinical information and double coded for validity. Frequency analyses were conducted.
Results: 290 patients completed their pre-surgical psychological evaluation between 8/5/2024 and 12/31/2024 (59.65% African American/Black, 19.66% Hispanic/Latinx, 1.38% Multiracial, 2.07% Native American/Pacific Islander, and 17.24% White Non-Latinx). Of 290 patients, 147 patients (50.69%) were recommended for surgery at the initial psychological evaluation appointment and an additional 74 patients (25.52%) were recommended after 2+ visits with the evaluating psychologist. 69 (23.79%) had not been recommended to proceed after subsequent evaluation and ongoing workup to mitigate psychosocial risk factors was advised. Primary areas of identified risk included psychopathology (49.27%), substance use disorders (39.13%), dysregulated eating (23.19%) and psychosocial stressors (11.59%).
Conclusion: Prominent psychosocial risk factors related to surgery progression within a diverse population included psychopathology, hazardous substance use, dysregulated eating, and significant life stressors. While significant psychosocial risk factors were often present among racially and ethnically diverse groups seeking MBS, 76.21% of patients were recommended for surgery with minimal or no additional psychological support.

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DECREASING HOSPITAL RE-ADMISSIONS DUE TO NAUSEA AND VOMITING : A SINGLE-SITE EXPERIENCE

Gabrielle Wagner *Pennsylvania Hospital*; David Wernsing *Penn Medicine*; Leslie Okorji *Penn Medicine*; Linda Gallagher *Penn Medicine*; Maria Altieri *Perelman School of Medicine, University of Pennsylvania*
Introduction: Nausea and vomiting (N/V) are a frequent cause for emergency department (ED) visits and hospital readmissions following bariatric surgery. The aim of this study was to investigate the effects of initiation of a new protocol in order to decrease rates of readmission due to N/V.
Methods: All patients between 2020-2024 were included in the analysis. In December of 2023, we initiated a new protocol including further pre-operative education and 10 Zofran tablets at discharge with instructions provided to patient regarding use. The MBSAQIP database and EPIC were utilized to abstract the following data: readmission due to nausea and vomiting readmission treatment plan, primary surgeon, reason for admission, days readmitted.
Results: There were 141 patients who had bariatric surgery between Jan - September 2024.
During 2024, there were 7 patients with all cause readmissions, 3 readmissions due to nausea and vomiting, 2 of these were treated with IV fluids only. The percentage of patients readmitted due to N/V treated with only IV fluids decreased from 42% in 2023 to 29% so far this year (Jan-September 2024).
Conclusions: Nausea and vomiting after bariatric surgery can be due to a multitude of factors, though by providing additional preoperative nutrition education and post operative nausea medication upon discharge, our readmissions for receiving IV fluids alone has decreased our 30-day readmissions for bariatric surgery patients at Pennsylvania Hospital.

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A MULTIDISCIPLINARY APPROACH TO REDUCING DEHYDRATION RELATED HOSPITAL ENCOUNTERS IN THE POSTOPERATIVE BARIATRIC SURGERY POPULATION

Bethany E. Mulone *Yale New Haven Hospital*; Tegan Dugue *Yale New Haven Hospital*; John Morton *Yale University School of Medicine*
Introduction: Dehydration is a common postoperative complication after bariatric surgery and a leading cause of emergency department (ED) visits and readmissions.
Method: In 2023, Yale New Haven Hospital's (YNHH) inpatient team conducted general discharge phone calls within 48 hours postoperatively, without specifically addressing dehydration in bariatric patients. 2023 data collected revealed that

ED visits and readmissions peaked between POD 10 and POD 14. In 2024, outpatient surgical clinics implemented targeted discharge calls during this postoperative period, using trained personnel and scripts specific to dehydration. If dehydration was suspected, cases were escalated to a multidisciplinary team for same-day visits and outpatient IV fluids.
Results: In 2023, YNHH had 31 ED visits and readmissions related to dehydration following bariatric surgery. After the implementation of multidisciplinary outpatient clinic phone calls in 2024, dehydration related ED visits and readmissions decreased by 51.6%, dropping to 15.
Conclusion: Bariatric surgery patients are particularly susceptible to dehydration during the postoperative period, especially between POD 10 and POD 14. Targeted follow-up phone calls by a multidisciplinary team, offering same-day appointments and outpatient fluids can significantly reduce ED visits and readmissions. These findings indicate that tailored support systems can enhance postoperative outcomes for bariatric patients.

ZVBWAMJWP5

LEAN BODY MASS PRESERVATION FOR SUSTAINABLE, HEALTHY WEIGHT LOSS: FAVORABLE BODY COMPOSITION CHANGES DURING THE SWALLOWABLE GASTRIC BALLOON PROGRAM

Bill Nadeau *Allurion Technologies*; Will Trimble *Allurion Technologies*; Ram Chuttani *Allurion Technologies*
Introduction: Preserving lean body mass during weight loss promotes health and reduces the risks of weight regain. This study evaluated body composition changes during the Swallowable Gastric Balloon Program (SGBP) (Allurion Technologies, Natick, MA), highlighting its distinct advantage in promoting sustainable, healthy weight loss.
Methods: Quantitative data from the SGBP digital platform (2020-2024) were analyzed. The mobile app provided remote monitoring support and guidance on preserving lean body mass. An at-home scale with bioelectrical impedance analysis measured weight and body composition parameters, including weight loss (WL), total body weight loss (TBWL), fat mass (FM), visceral fat index (VFI), muscle mass (MM), and lean body mass (LBM).
Results: The analysis included 19,946 patients who followed the SGBP for at least 4 months. Mean age was 40.3±10.7 years, 76.4% were female, and mean starting BMI was 34.5±5.4kg/m2. After 4 months, average WL was 11.9±6.5kg and TBWL was 12.4±6.0%. Initial FM, VFI, MM, and LBM were 34.3±10.8kg, 13.7±3.4, 55.2±9.8kg, and 58.2±10.7kg, respectively.
Participants reduced FM, VFI, MM, and LBM by 22.4%, 12.3%, 6.7%, and 7.2%, respectively ($p<0.0001$) at each time point compared to baseline. By month four, 28.7% of patients with excess VFI achieved a healthy level ($\leq$12).
Conclusion: This large study shows the SGBP achieves significant TBWL of 12.4% at 4 months and preserves LBM with primarily FM losses. This contributes to sustainable weight loss and overall health. These findings support prioritizing LBM preservation in weight management for a healthier and lasting impact.

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AN EVALUATION OF STRUCTURED NUTRITIONAL PROGRAM ON PATIENTS PERCEPTION OF HEALTHY EATING BEHAVIORS BEFORE AND AFTER BARIATRIC SURGERY

Charmaine Gentles *North Shore University Hospital*; Ruben Salas Parra *Northwell Health, New Hyde Park*; Katerina Jou *Northwell Health, New Hyde Park*; Imran Syed *Northwell Health North Shore University Hospital*; Ann Defnet *Northwell Health*; Dominick Gadaleta *Northwell Health*; Andrea Bedrosian *Northwell Health, New Hyde Park*
Bariatric surgery is considered for weight loss and management of weight-related conditions when medical interventions are unsuccessful (Yumuk et al., 2015; Agua et al., 2017; Douglas et al., 2019). Obesity treatment involves diet, exercise, behavioral therapy, and psychological support. The ASMBS recommends pre-surgical nutritional counseling with a registered dietitian to assess patient understanding of and commitment to required lifestyle changes, essential for determining surgical readiness.
OBJECTIVE: This initiative examined the effects of a structured nutritional program on patients' perceived eating attitudes, dietary habits, nutritional knowledge, physical activity levels, utilization of dietary counseling services, and overall health before and after bariatric surgery.
METHOD: Sixty-eight patients who underwent gastric sleeve, gastric bypass, or revisional bariatric procedures completed the survey between April 2024, and December 2024. Data were collected via a survey administered three or more months postoperatively. Responses were then analyzed.
RESULTS: Sixty-eight patients completed the survey (82.7% female, 17.2% male). Prior to enrollment in the nutritional program (NP), most rated their health as poor and diet as unhealthy. Post enrollment, these figures shifted to 88.2% reporting good/excellent health and 94% healthy dietary habits ($p<0.0001$). Nutritional knowledge and frequency of healthy eating also increased significantly ($p<0.0001$). Physical activity levels improved, with more patients engaging in exercise 2-3 times/week ($p<0.0001$). Most patients (80.8%) who received prior dietary counseling found NP very useful (83.8%). The nutritional program significantly improved self-reported health and dietary habits.
CONCLUSION: A structured nutritional program improved healthy lifestyle understanding and overall wellbeing in bariatric surgery patients. Continued nutritional support is essential for long-term weight loss and success.

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CONDITIONS OF COVERAGE IN MEDICAID POLICY FOR METABOLIC AND BARIATRIC SURGERY

Tracy Zvenyach *Obesity Action Coalition*; Christine Gallagher *George Washington University*
Introduction: Most state Medicaid plans provide coverage for metabolic and bariatric surgery (MBS) and require conditions of

coverage with limitations and restrictions. This study analyzed the frequency and types of conditions of coverage for MBS.
Methods: Data was aggregated and extracted from Medicaid manuals, fee schedules, statutes, regulations and preferred drug lists. Plan year 2023 was analyzed for adults in Medicaid Fee for Service and top Medicaid Managed Care plans. Documents were reviewed for conditions and exclusions from coverage for MBS. We defined a limitation as a criterion that must be met at the patient level, usually a clinical parameter or provider decision, and a restriction as an administrative barrier that does not align with evidencebased care.
Results: Forty-nine state (96%) Medicaid programs provided coverage for MBS. The remaining two states (4%) had established coverage exclusions. Seventeen types of coverage limitations and restrictions were identified. The most common limitations were body mass index (BMI) requirement (20 states, (41%)) and qualifying comorbidities (23 states, (47%)), followed by requiring a comorbidity regardless of BMI (13 states, (27%)). The most frequent restriction was for revisions and corrections after MBS with postoperative non-compliance (29 states, (59%)). Other restrictions included documentation of weight loss attempt (24 states, (49%)), documentation of the number of weight loss attempts (24 states, (49%)), and the requirement to participate in a weight loss program (24 states, (49%)). Twenty-one states required 1-5 limitations and/or restrictions, fifteen states required 6-10 limitations and/or restrictions, and nine states required 11 or more limitations and/or restrictions to access MBS. Only four states provided open access to MBS.
Conclusion: Almost all Medicaid plans require several limitations and restrictions in coverage making access to MBS a challenge.

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COMPARING THE EFFECT OF SELF-DIRECTED AND INTERACTIVE ONLINE EDUCATION TO REDUCE OBESITY BIAS IN NURSES IN THE HOSPITAL SETTING

Marcia Gamaly *Drexel University*; Nancy Sharts-Hopko *Villanova University*; Evelyn Lengetti *Villanova University*
ABSTRACT: A review of the literature reveals the most effective online teaching method for registered nurses in hospital setting is unknown. However, there is no known study that compared the effect of various online education methods among nurses in hospital settings. The specific gap in nursing is that there is no research that has been identified that compared the effect of self-directed and interactive online education to reduce obesity bias in RNs in the hospital setting.
MAIN OBJECTIVE: A study was conducted that examined whether there are differences on nurses' Attitudes Toward Obese Persons (ATOP) scores before and immediately after, and 30-days after self-directed and interactive online obesity awareness/sensitivity education.
The effect of the teaching method was measured by examining the change in the ATOP score at the (3) time intervals in the study.
METHODS USED: The analysis of data used:

- A 2 x 3 mixed ANOVA – this design analyzed differences in the questionnaire responses at the three assessment times,
- Compared the between and within group comparisons, and
- Included a post-hoc analysis

RESULTS:
- There between groups p-value was not statistically significant.
- Prior research demonstrated inconsistent results on the effect of sensitivity education on a variety of healthcare professionals, including nurses. However, the findings from this study provide evidence that both interventions – self-directive and interactive online education – were effective in decreasing obesity bias scores over 30-days.

CONCLUSION: Based on the results from this study, both online education modalities could be useful in decreasing obesity bias among nurses in the hospital setting.

LK0M7PXM9B

THE MID-TERM EFFECTS OF TRANSIT BIPARTITION WITH SLEEVE GASTRECTOMY ON GLYCEMIC CONTROL, WEIGHT LOSS, AND NUTRITIONAL STATUS IN PATIENTS WITH TYPE 2 DIABETES MELLITUS: A RETROSPECTIVE ANALYSIS OF A 2 YEAR FOLLOW-UP

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Background: Metabolic surgery is an effective treatment method for Weight loss and glycemic control in obese patients with type 2 diabetes mellitus (T2DM). This study aimed to present the midterm metabolic effects and weight loss results of the patients with T2DM who underwent transit bipartition with sleeve gastrectomy (TB-SG).
Methods: A total of 15 obese patients with T2DM who underwent TB-SG were included in the study.
The T2DM remission status after surgery was evaluated. The postoperative glycemic variables, weight loss, lipid profile, and nutritional profile were also compared with the baseline values.
Results: At 24 months after surgery, T2DM remission occurred in 12 patients (80%) and the mean BMI decreased from 41 to 29.75 kg/m2. The percentage of total weight loss (TWL) and excess weight loss (EWL) was 33.84% and 77.19%, respectively. The mean LDL values significantly decreased compared to baseline; however, the mean HDL did not significantly differ. No significant difference was observed regarding the mean albumin, vitamin B12, and folic acid levels.

Conclusion: TB-SG procedure seems promising in terms of T2DM remission and weight loss with less malnutrition and vitamin deficiency in treating obese patients with T2DM.

LNR0L9R0NQ

A PILOT STUDY EVALUATING VIBRATIONAL GASTRIC STIMULATION FOR WEIGHT LOSS IN ADULTS WITH OBESITY

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Introduction: Obesity remains a major cause of morbidity and mortality. Current treatments often fail to integrate physiological and behavioral interventions. A swine study showed vibrational stimulation at 80 Hz induced gastric stretch receptor-mediated distention, reducing food intake by 40%. In humans, external vibrational sound waves were visualized endoscopically and measured in a pig tissue model, confirming attenuation in the target range of 50–100 Hz.

Methods: Ten patients aged 47–60 with BMIs 31.9–54.0 received external vibrational stimulation (Buzzy Personal, MMJ Labs) during meals combined with a healthy diet plan for 4 weeks and underwent remote patient monitoring (RPM). Daily weight measurements and compliance logs were collected. 5 females and 2 males completed the study (70% compliance). Two withdrew claiming device noise. A cohort of seven consecutive, demographically and statistically matched individuals aged 54–66 with BMIs 32.0–50.0 undergoing RPM served as a control group, treated with the same dietary plan without vibratory stimulation. Weight loss comparisons were assessed using paired and independent t-tests.

Results: The intervention group achieved a mean weight loss of 6.74 ± 5.89 lbs ($p = 0.023$, Cohen's $d = 1.14$). Individual changes ranged from a loss of 18.1 lbs to a slight gain of 1.4 lbs. The control group lost 0.37 ± 1.23 lbs ($p = 0.030$ for between-group comparison), with no participant losing more than 3 lbs.

Conclusion: External gastric vibrational stimulation significantly enhanced short-term weight loss compared to diet alone. Further research is needed to evaluate long-term efficacy and adherence when paired with digital health tools.

MXJYGZRY08

PSYCHOSOCIAL AND ANTHROPOMETRIC CORRELATES OF WEIGHT CHANGE OVER FOUR WEEKS: INSIGHTS FROM A STEPPED-CARE WEIGHT MANAGEMENT PROGRAM

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Introduction: Psychosocial factors influence weight management outcomes. This study explores correlates of weight and waist circumference changes over four weeks in a stepped-care weight management program.

Method: Participants (n=34) completed baseline and four-week follow-up surveys. Demographics included age, race, and gender. Psychological variables included anxiety, depression, substance use, distress, and PTSD symptoms. Anthropometric measures included weight change, waist circumference change, and percentage of total body weight loss (%TBWL).

Responders were defined as those with weight loss $\geq$0.5 lbs. Analyses included chi-square tests and correlations ($p<0.5$, $p<.01$).

Results: Participants were predominantly female (74.2%), White non-Hispanic (67.7%), with a mean age of 49.48 ± 11.04 years. Mean weight change was -2.29 ± 3.82 lbs, mean % TBWL was -1.29 ± 1.88%, and mean waist circumference change was -0.38 ± 2.06 inches.

Responders (n=20) achieved greater weight loss ($x = -3.90 \pm 3.09$ lbs; %TBWL, $x = -2.06 \pm 1.64$%) than non-responders (n=8; $x = 1.72 \pm 2.13$ lbs; %TBWL, $x = 0.64 \pm 0.66$%). Chisquare results linked response type with obesity class ($\chi^2(3, n=25) = 7.84$; $p = .049$).

Weight loss correlated with baseline BMI (r=.391), depression (r=-.472), and overall PTSD symptoms (r=-.016) at the $<.05$ level, and anxiety (r=-.531), and PTSD-related avoidance (r=-.579) at the $<.01$ level. Waist circumference changes were significantly associated with alcohol use (r=.576) at the $<.05$ level.

Conclusion: Psychological distress, particularly anxiety and PTSD-related avoidance (PCL Cluster E), is associated with short-term weight loss outcomes, while alcohol use is associated with waist circumference changes. These findings underscore the importance of addressing psychosocial factors in weight management interventions. Future studies should investigate mechanisms underlying these relationships to optimize intervention effectiveness.

N0BRLJ7R0Z

IMPACT OF INDIVIDUALIZED NURSING CARE ON ADOLESCENT BARIATRIC SURGERY PATIENTS

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Introduction: Bariatric surgery in adolescents is a growing field. This study aimed to evaluate the effectiveness of an individualized specialized nursing care model for adolescent bariatric surgery patients.

Methods: Twenty adolescent patients (12-18 years old) undergoing bariatric surgery were randomly assigned to either an intervention group (n=10) receiving individualized specialized nursing care or a control group (n=10) receiving standard care. Outcomes included patient satisfaction, knowledge of postoperative care, and quality of life as measured by the SF-36.

Results: The intervention group demonstrated significantly higher levels of satisfaction, knowledge of postoperative care, and better quality of life scores compared to the control group.
Conclusion: An individualized specialized nursing care model significantly improved patient outcomes in adolescent bariatric surgery patients. This model can enhance patient knowledge, adherence, and overall quality of life.

N9RK8VGK0P

OPTIMIZING POSTOPERATIVE ANTICOAGULATION MANAGEMENT IN BARIATRIC SURGERY PATIENTS ON LONG-TERM WARFARIN THERAPY: A STANDARDIZED ENOXAPARIN-TO-WARFARIN PATHWAY

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Introduction: Managing bariatric surgery patients on warfarin during the first 30 days postoperation is challenging due to dietary changes affecting INR levels. Enoxaparin is often used for thromboprophylaxis following bariatric surgery but is not FDA-approved for specific indications such as mechanical heart valves. We therefore aim to evaluate the feasibility and benefits of a standardized anticoagulation protocol for postoperative bariatric surgery patients on warfarin.
Method: A retrospective review of 7 bariatric surgery patients on warfarin (October 2023–December 2024) included those with hypercoagulability disorders or mechanical heart valves undergoing minimally invasive LSG or RYGB. Postoperative anticoagulation strategies involved either enoxaparin alone or enoxaparin bridging with warfarin on postoperative day 2.
Results: Among 7 patients, 2 had hypercoagulability disorders, 3 had double mechanical valves, 1 had a mechanical MVR, and 1 had a mechanical AVR. Hypercoagulability patients received enoxaparin for 30 days, the MVR patient received prophylactic enoxaparin and warfarin, and double/AVR patients were bridged with therapeutic enoxaparin and warfarin.
Among those bridged therapeutically, one required reoperation for hemorrhagic shock following sleeve, and another needed warfarin adjustments for supratherapeutic INR post sleeve. There were no bleeding complications among the patients who received only enoxaparin for 30 days. No patients suffered strokes.
Conclusion: Although enoxaparin is not FDA-approved for mechanical valve thromboprophylaxis, the decreased oral intake and absorption variability of warfarin immediately following bariatric surgery suggest that a 30-day regimen of enoxaparin monotherapy may provide more reliable and consistent anticoagulation than early bridging.

WMN95BW90Z

REDUCING STIGMA FOR PEOPLE WITH OBESITY WITHIN AN ACADEMIC MEDICAL CENTER THROUGH SELFASSESSMENT, REFLECTION AND KNOWLEDGE

Mae Zoltowsky *Robert Wood Johnson University Hospital*; Kyala Hayes *Robert Wood Johnson Barnabas Health*

Introduction: Obesity stigma exists everywhere but can be extremely problematic within healthcare settings. Often individuals are not aware of their own underlying attitudes and beliefs, and as a result perpetuate these stigmas. As an Academic Medical Center located in an urban setting, we identified that obesity stigma and sensitivity need to be proactively addressed.
Method: In a collaborative effort between education and our bariatric programs clinical leadership we expanded beyond our sensitivity education for newly employed nurses. Nurses being onboarded were encouraged to take an Implicit Association Test during orientation to identify underlying values and beliefs regarding weight biases. They were then broken into groups and given questions to discuss about their assumptions and how this could be impacting care and to encourage self-reflection. Lastly, they received education on the disease of obesity, its contributing factors and impact on health, as well as education on weight-loss surgeries, treatments and the process that those seeking surgery go through.
The goal was to encourage nurses' self-assessment, reflection and to increase knowledge related to obesity and obesity treatment.
Results: Participants reported improvement in their understanding of the disease of obesity and more favorable understanding of obesity treatment. Nurses also reported more awareness of their personal bias and potential impact on care.
Conclusion: Based on the results we are considering expanding this project to include designing a formalized assessment tool or survey to capture nurse self-assessment before and after training and help quantify the impact of this initiative and if effective expand this project to other disciplines within the organization.

6QPVD5JVQD

SYSTEMATIC REVIEW AND META-ANALYSIS IN PROGRESS: IMPACT OF CANNABIS USE ON WEIGHT REGAIN AND BINGE EATING IN POST-BARIATRIC SURGERY PATIENTS

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Introduction: Weight regain after bariatric surgery remains a critical challenge, often influenced by behavioral factors such as binge

eating disorder (BED). Cannabis use, known to alter appetite and emotional regulation, may further complicate postoperative outcomes in bariatric patients.

Method: This ongoing systematic review and meta-analysis follows PRISMA guidelines. A comprehensive search of PubMed, Scopus, and Cochrane Library was conducted for studies published between 2010 and 2024. Inclusion criteria focused on peer-reviewed studies reporting cannabis use patterns and their association with weight outcomes or binge eating behaviors in bariatric surgery patients. Data extraction is in progress, targeting study design, sample size, variables, and outcomes. Preliminary analyses use randomeffects models to assess pooled associations.

Results: From an initial pool of 200 studies, 15 have met inclusion criteria so far ($n \approx 3{,}500$ patients).

Early findings suggest:

- Cannabis use is linked to higher rates of weight regain in observational studies ($p < 0.05$).
- Binge eating behaviors are more prevalent among cannabis users, potentially mediated by emotional eating patterns.
- Limited data indicate no significant differences in early postoperative outcomes, such as complication rates or initial weight loss.

Conclusion: Preliminary results suggest a significant association between cannabis use, weight regain, and binge eating in bariatric surgery patients. Further analysis is underway to strengthen these findings. This meta-analysis aims to provide robust evidence to inform postoperative care and support long-term success in weight management.

8QXX80VXQM

ENHANCING BARIATRIC SURGERY FOLLOW-UP THROUGH REMOTE MONITORING AND DIGITAL HEALTH INNOVATIONS

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Introduction: Long-term success in bariatric surgery depends on effective follow-up care, yet traditional in-person visits face challenges like accessibility, non-compliance, and resource constraints. Remote monitoring and digital health solutions offer promising alternatives, enhancing adherence, managing complications, and improving patient satisfaction. This study examines the role of these technologies in optimizing bariatric follow-up care.

Methods: A systematic review evaluated clinical trials and real-world applications of remote health tools in bariatric care. Key performance indicators included adherence to dietary and physical activity recommendations, weight loss maintenance, early complication detection, and patient satisfaction. Technologies assessed were wearable activity trackers, biometric devices, mobile health applications for dietary and behavioral support, and telemedicine platforms for virtual consultations.

Results: Remote tools improved dietary adherence by 30% and physical activity by 20%.

Telemedicine reduced follow-up attrition rates by 45%, particularly in underserved areas.

Wearables enabled early detection of complications like weight regain, enhancing compliance and clinical outcomes. Patient satisfaction was high, with 88% preferring a hybrid model combining virtual and in-person care.

Conclusion: Digital health tools and remote monitoring technologies transform bariatric follow-up care by improving accessibility, adherence, and clinical outcomes. They provide scalable, personalized solutions, but further research is needed to standardize protocols, assess cost-effectiveness, and ensure equitable access for all patients.

JZ7BG9JBXD

ENHANCING RECOVERY: PREVENTING POSTOPERATIVE COMPLICATIONS IN BARIATRIC PATIENTS

Stephanie Shaw *Ascension Healthcare*

Introduction: 34% of total post operative hospital re-visits were related to nausea, vomiting and abdominal pain. Review of records revealed a knowledge deficit related to post operative expectations and lack of preparedness on how to alleviate symptoms. Based on research into evidence-based practice related to the post operative bariatric surgery education pathway, a pre-procedure educational class was designed and implemented to help manage patient expectations and initiate early discharge preparedness.

Method: An RN Coordinator worked directly with patients to register them and complete their preoperative bariatric education related to their surgery. Content related to potential complications, ways to reduce risk of complications, and what to expect after surgery were covered. Data was trended for one year and compared to historical patient outcomes prior to these educational offerings.

Results: One year post initiation of this innovative approach, our team looked at the percentage of ER visits on a monthly visit over the course of one year and provided comparisons to previous data prior to education implementation. Prior to implementation of education data showed an 18% occurrence rate postoperative complications in our bariatric patients. After the launch of the Bariatric Surgery class to pre-operative patients the occurrence of post operative complications decreased to 7%.

Conclusions: The addition of an interactive extended educational course to preoperative patients in addition to already provided preop education in the clinical setting lead to an 11% drop in post-operative complications in this patient population thus decreasing the incidents of ER visits and readmissions.

WVGAKDWAVR

AN INTEGRATED MULTIDISCIPLINARY APPROACH FOR HIGH-RISK MBS PATIENTS

Breanna Juda *UCHealth University of Colorado Hospital*; Akshay Chauhan *University of Colorado*

Introduction: Revisional surgery plays a crucial role in managing weight regain and complications after primary bariatric procedures. In order to ensure an appropriate evaluation of bariatric surgery patients, national guidelines recommend multidisciplinary approaches. This study outlines an interdisciplinary team (IDT) model for evaluating surgical candidate status for bariatric patients, especially those at high risk. A collaborative approach ensures that the patient's needs and health are considered, resulting in better surgical decisions.
Methods: Over a one-year period, we reviewed clinical records to identify patients over 18 years of age who were classified as "high risk" for bariatric surgery. We analyzed demographic factors and pre-established risk factors to compare patients who proceeded to surgery with those who did not. We calculated weight changes after surgery for 1 year. This comprehensive study aims to improve our understanding of bariatric surgery in high-risk populations.
Results: An interdisciplinary teams assessed 110 patients during the study period. Psychological factors (n = 32), dietary factors (n = 55), and medical factors (n = 18) were found to be the most frequently identified risk factors among the patients evaluated. After the IDT intervention, 86 patients underwent surgery. Moreover, age, gender, or number of risk factors did not influence the likelihood of advancing to surgical intervention. Among patients who underwent surgery, the percentage of total body weight loss was 26.0% ± 13.7% at the end of the year.
Conclusions: Based on the results of this study, the IDT has been effective in evaluating and guiding patients towards surgery, leading to weight loss.

4NZQ0VLQ8G

ENDOBARIATRIC COLLABORATIVE CARE PATHWAY: A MULTIDISCIPLINARY MODEL TO OPTIMIZE TREATMENT OF OBESITY

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Introduction: Endoscopic Bariatric and Metabolic Therapies (EBMTs) are an expanding group of minimally invasive procedures for primary weight loss and weight recurrence following metabolic and bariatric surgery that have been adopted globally over the last 10 years.
Endoscopic Sleeve Gastroplasty (ESG) has grown in popularity as it is more effective and durable than lifestyle interventions and many pharmacological treatments. The receipt of a Category 1 CPT code from the American Medical Association last year is expected to drive improved insurance coverage and increase ESG volumes nationally. Durable weight loss following ESG has been reported from centers with robust follow-up programs. However, these pathways are often resource intensive and can be challenging to execute as Endobariatric programs grow. Herein, we describe the evolution of our multidisciplinary follow-up program for EBMT patients.
Method: Description of the multidisciplinary pathway for EBMT patients at John Hopkins Hospital from 2022 to present.
Results: Over the last 3 years, the Endobariatric team partnered with Obesity Medicine specialists at the Johns Hopkins Healthful Eating, Activity, & Weight Program (HEAWP) to provide comprehensive follow-up of all EBMT patients. Between 2022-2024 EBMT procedure volume increased by 45-60% annually. Group visits are also being arranged to accommodate medical weight management support for more patients in this pathway.
During this period, the medical complexity of the cohort grew and Behavioral Health, Anesthesia, Nutrition, Hepatology, Endocrinology, and Surgical assessments were incorporated, as necessary.
Conclusion: Patient selection and dedicated multidisciplinary follow-up after EBMTs is essential for longitudinal success and remains feasible in expanding Endobariatric programs. Digital health interventions and artificial intelligence may simplify these pathways in the future.

47YKJXVK76

IMPROVING THE PEDIATRIC BARIATRIC PATIENT EXPERIENCE & SURGERY COMPLIANCE: IMPLEMENTING A COMPREHENSIVE PATIENT WORKBOOK

Alisha Reynolds *Children's Hospital of Richmond at VCU*
Introduction: The adolescent bariatric surgery program is a rigorous pathway with an average of 13-months to reach surgery readiness. The volume of information can be overwhelming, difficult to comprehend, and cause uncertainty with recall for families. The current study describes the implementation of a comprehensive patient workbook to provide a consolidated resource utilized through the course of the pathway with integration of easy-to-understand health literacy-validated education, and the absence of written weight stigma and bias.
Method: Data collection methods varied based on individual Key Performance Indicators (KPI) and included blind surveys, data obtained from national dashboards, and semistructured focus-group interviews. Special consideration was taken during the development of the blind survey and the bariatric focus group questionnaire(s) to ensure the use of patient-first language and free of written weight stigma and bias.
Results: Similar themes emerged during patient surveys to include: 1) need for streamline education, 2) incorporation of health literacy and readability, 3) parental support for optimal adolescent postoperative outcome(s), 4) retained education for enhanced adherence, and 5) need to evaluate and remove written weight bias. The anticipatory findings after final data collection are expected to show enhanced patient satisfaction, improvement in surgery compliance, and increased surgery throughput.
Conclusion: The comprehensive patient workbook is a tool utilized to enhance parent and patient education and improve patient outcomes. Findings suggest that patients and families respond well to easy-to-understand streamline education and the ability to have a sense of ownership in their own surgery journey.

4GXPNAXPG8

EVALUATING THE SAFETY AND EFFICACY OF DIFFERENT TYPES OF INTRAGASTRIC BALLOONS IN WEIGHT LOSS MANAGEMENT

Winni Mathur *Mohak Bariatrics and Robotic Surgery Centre, Sri Aurobindo University, Indore*; Susmit Kosta *Mohak Bariatrics and Robotic Surgery Centre, Sri Aurobindo University, Indore*; Manoj Reddy *Mohak Bariatrics and Robotic Surgery Centre, Sri Aurobindo University, Indore*; Mohit Bhandari *Mohak Bariatrics and Robotic Surgery Centre, Sri Aurobindo University, Indore*

Introduction: Intragastric balloons (IGBs) are increasingly used as a minimally invasive approach for weight loss in patients with obesity. However, variations in safety profiles and weight loss outcomes between different IGBs warrant comprehensive evaluation. To compare the safety and efficacy of four intragastric balloon systems Allurion, Medicone, Orbera, and Spatz based on removal rates and weight loss outcomes.

Method: A retrospective analysis was conducted on patients undergoing IGB placement.

Safety was assessed by the removal rate of the balloons, and efficacy was evaluated based on the total weight loss percentage (% TWL). The removal rates and %TWL were calculated separately for each system.

Results: The Allurion balloon demonstrated the lowest removal rate (0.8%) and a mean %TWL of 15.2 ± 2.1% at 4 months. Medicone had a removal rate of 1.5% with a %TWL of 15.8 ± 2.3%. Orbera reported a removal rate of 1.7% and a %TWL of 16.1 ± 2.4%. Spatz showed the highest removal rate (2.2%) but also achieved the highest %TWL of 16.5 ± 2.6% at 4 months. All systems contributed to significant weight loss, with safety profiles varying across systems, suggesting the need for individualized patient selection.

Conclusion: Intragastric balloons provide an effective non-surgical option for weight loss, with significant differences in safety profiles and weight loss outcomes. Allurion showed the lowest removal rate, indicating higher tolerability, while Spatz achieved the highest %TWL despite having the highest removal rate. These findings underscore the importance of tailoring IGB selection to patient-specific needs, tolerance, and risk factors.

4V096K498X

EVALUATION OF THE BARITEST IN THE MORBIDLY OBESE POPULATION; UPDATED FINDINGS

Johnny Wen *Providence Hospital*; Amy Wen *Neuropsychology Laboratory/Clinic*; Lena Wen *Neuropsychology Laboratory/Clinic*; Carolina Mocellin Ghizoni *Universidade Federal do Paraná, Surgical Clinic - Curitiba (PR), Brazil*; Houman Solomon, Md *Associates of Southbay Surgeons* (Medical Director)

Intro: The BariTest (developed in Brazil) was used in our study. We report updated details in this current study. Bariatric candidates undergo multidisciplinary medical work up, including psychological examinations prior to and after bariatric surgery. The methodology and process however, can vary among clinics.

Methods: We administered the Baritest to our culturally diverse population in the Western Region and studied the 6 constructs (emotional state, eating behavior, quality of life, relationship with body weight, alcohol consumption, and social support).

Results: In this prospective study, 63 patients were analyzed who were undergoing bariatric surgery. The study participants were 24-68 years of age, females (80.0%) > males, Hispanic 55%, Asian 3%, Caucasian 15%, African American 17.2%, and other 8.0%. Mean education 13.76, sd 2.31 and total group BMI = 50.33 kg. In order to compare the two measures, the BariTest construct scores were first converted to z scores using published data and then z scores were transformed to T scores.

Discussion: We found strong relationships between our obtain construct scores vs. the Brazilian study.

We find that the BariTest is a reliable instrument measuring psychological readiness of our diverse patient population. While BariTest is a shorter measure and requires less time for patients to complete the test, this lends itself to parsimonious assessment, incorporating efficiency and simplicity in examination.

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FACTORS INFLUENCING POSTOPERATIVE LENGTH OF STAY AFTER A LAPAROSCOPIC SLEEVE GASTRECTOMY

Alia Ishtiaq *Richmond University Medical Center*; Alex Barkan *Richmond University Medical Center*; Andrea Bivona *Richmond University Medical Center*; Ayushi Sen *Richmond University Medical Center*; Ahmad Bahay *Richmond University Medical Center*; Olga Markovic *Richmond University Medical Center*

Introduction: The aim of this study is to determine factors that contribute to a patient's postoperative length of stay (LOS) after Laparoscopic Sleeve Gastrectomy (LSG).

Method: Retrospective analysis using the MBSAQIP database was conducted for patients who underwent LSG from 2022 - 2023. Patients with LOS between 2 – 4 days were included in this study.

Result: 78 patients met the inclusion criteria. 34 completed phone surveys, of which 32 stayed 2 nights, 2 stayed 3 nights, and 1 stayed 4 nights. No significant correlation was noted between BMI and LOS. Among major comorbidities, GERD significantly influenced LOS. Combinations of comorbidities including GERD consistently exhibited incremental increases in LOS, ranging 2.5 - 3 days, compared to similar combinations without GERD, averaging 2.14 - 2.38 days. Female respondents (29%) were more likely to complain of pain than males (3%). Patients with Medicaid had a greater LOS (avg 2.24) than those with private insurance or Medicare (avg 2.0). No significant difference was observed in LOS amongst those who required additional procedures (avg 2.17 days) than those undergoing LSG exclusively.

Conclusion: The average BMI of our patient population was 50.07. We determined no relationship between LOS and BMI or additional surgeries (hiatal hernia repair/cholecystectomy). A direct correlation was identified between those with GERD and increased LOS. Female patients were more likely to cite pain as reason for staying longer. Patients with private insurance and Medicare had shorter LOS compared to those with Medicaid.

8Q9BM9KBAV

RD VIRTUAL EVALUATION: AN ACCESS IMPROVEMENT PROJECT

Maia Routly-Mansfield *Children's Healthcare of Atlanta*; Bailey Mcintire *Children's Healthcare of Atlanta*

Introduction: Childhood obesity increases the risk of co-morbidities and poor health outcomes. Rural and underserved populations are disproportionately affected with higher obesity rates and less likely to have access to specialized pediatric obesity treatment. Virtual technologies are an effective means of delivering specialized healthcare. This project aimed to decrease wait times, debulk the waitlist, begin early treatment and increase family satisfaction in a pediatric obesity program with an extensive waitlist.

Method: Registered Dietitians (RD) contacted waiting list families to conduct virtual visits to determine level of severity and provide lifestyle change counseling. Families were triaged into three levels for follow-up, 1) Tier 1-Pediatrician, 2) Tier 2-RD visits, or 3) Tier 3-Full obesity clinic program. Families then received a survey after the virtual visit.

Results: RDs screened 284 waiting list patients; 40% of families contacted scheduled an appointment and 50% of appointments were completed. 70% of patients were triaged as Tier 3 (Full obesity clinic program). In after-visit surveys, 85% of families Strongly Agreed or Agreed they planned to make the lifestyle changes and 88% of families Strongly Agreed or Agreed they were satisfied with the visit. Wait times for appointments after the virtual visit averaged 2 months, versus 9 to 20 months for those not participating in a virtual visit.

Conclusion: Wait times for patients who participated in a virtual visit with the RD were greatly reduced, however there were significant barriers to scheduling and completing the visits. The severity of patients on the waitlist was greater than anticipated and the project did not largely reduce the number of patients to be seen in the program. Most families who participated in the virtual visits were satisfied with the visit and planned to implement lifestyle changes prior to their full program appointment.

V87KGBPK8N

STANDARDIZING POST OPERATIVE BARIATRIC PATIENT EDUCATION ACROSS CAMPUSES

Amber Cutone *Monmouth Medical Center*; Denise Fitzgerald *Community Medical Center*

Introduction: Surgical weight loss candidates can be overwhelmed with the preparation and implementation of the changes that are necessary when going through the process of having Bariatric surgery. Culture, language, and educational preference can affect how patients perceive the large amount of information they need to comprehend prior to surgery. Since this education has some influence on the safety, and success of their surgery in the post-operative phases, this project will focus on developing new educational tools for nutritional education in English and Spanish.

Methodology: To find the current post-operative diet compliance rates, a survey was created and utilized at all locations. This survey was given to all post-operative surgical patients who stayed on our designated post-operative units after bariatric surgery. We did not exclude patients by surgery type. The survey was administered by Bariatric RN's and RD's to patients during the first week post-surgery, either in person, or via telephone. There were no electronic versions of the survey.

Results: After completing the initial survey of current practices for all 5 sites 121 bariatric surgical patients were surveyed from 6/1/2024 to 9/30/2024 and found 89.94% to be compliant with their post-operative diets.

Conclusion: The standardized survey used prior to implementing the new educational tools will be utilized again by all sites starting from January through June 2025 with regular data reviews to again measure post-operative diet compliance since we all will be using our new educational tools. Utilizing our newly developed tools, we aim to increase post op nutrition compliance rate.

XYJAKZJA7P

ASSOCIATIONS OF INTERNALIZED WEIGHT BIAS WITH SENSORY PAIN CHARACTERISTICS PRIOR TO METABOLIC BARIATRIC SURGERY

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Introduction: Pain is a common symptom among patients undergoing metabolic bariatric surgery (MBS).

Research in non-MBS populations suggests that greater internalization of negative weight stereotypes and self-devaluation because of body weight (i.e., internalized weight bias [IWB]) can negatively influence sensory pain experience. Whether IWB influences sensory pain experience in the MBS context is unknown. We evaluate associations of IWB with sensory pain characteristics in MBS patients preoperatively.

Methods: Participants completed the Pain Burden Inventory (PBI) and Modified Weight Bias Internalization Scale (WBIS-M) preoperatively. The PBI assessed pain locations, frequency, intensity, and duration over the past 2 weeks. The WBIS-Modified assessed IWB on a 7- point Likert scale with higher scores indicating greater IWB. Multivariate regression models analyzed associations between WBIS-M scores and pain outcomes.

Results: Of 15 participants assessed, 12/80% (83.3% female; Age=42.5±8.3 years, BMI=48.6±13.4 kg/m2) reported pain. On average, these participants experienced pain at 4.1±3.5 distinct body locations (lower back and right hip being the most common sites) on 7.1±5.4 days for 2.3±1.8 hours/day at an intensity level of 5.0±2.4 out of 10. Higher WBIS-M scores (Mean=42.6±14.1) were associated with greater number of pain locations (β=0.53;

p=.014) and days with pain (β=0.61; p=.034), but not with pain intensity or duration.

Conclusion: This study is the first to show that IWB is associated with multi-site pain and pain frequency before MBS. As pain hinders weight loss after MBS, research to understand whether these relationships persist after MBS and if intervening on IWB helps alleviate pain experienced by MBS patients is warranted.

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INCREASING ORAL INTAKE AFTER BARIATRIC SURGERY

Mae Zoltowsky *Robert Wood Johnson University Hospital*; Kyala Hayes *Robert Wood Johnson Barnabas Health*

Introduction: Transitioning to oral intake after bariatric surgery impacts a patient's hydration status and return of bowel function and is a critical measure in criteria for readiness of patient discharge. Patients with obesity have more difficulty with hydration and this is accentuated after bariatric surgery, potentially leading to dehydration. Hospital readmission costs can be significant and can negatively impact quality metrics and outcomes including constipation, hydration, LOS and ED visits.

Method: Our goal was to increase the oral intake of patients after bariatric surgeries including gastric sleeves, gastric bypass, and any other related bariatric procedures by increasing the frequency of oral intake documentation and overall average intake volume. Utilizing PDCA methodology our multidisciplinary quality improvement team established a SMART goal and implemented a plan to increase documentation of oral intake and improve the patient oral intake volume. Education was created for both nursing and patients to understand the importance of hydration. Additionally, to empower our patients, a tracker was made to support and reinforce the fluid intake goal. The tool also supports nursing staff to provide more accurate documentation of oral intake volume and frequency.

Results: Since implementation we have realized a 70% increase in the oral intake documentation, a 250% increase in the average oral intake and anticipate a reduction in hydration related emergency department visits.

Conclusion: Oral hydration is essential for optimizing outcomes after bariatric surgery. Utilizing tools that empower patients to be proactive in their post operative hydration positively impacted overall oral intake and supported nursing documentation. Our goal is to further reduce the time from surgery to oral intake and establish a best practice on oral hydration/fluid management after bariatric surgery to optimize patient outcomes.

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OUTCOMES ASSOCIATED WITH GLP1 AGONIST WITHDRAWAL WITHIN A UNIVERSITY-BASED CLINICAL SETTING

Andrea Stark *University of Texas Health Science Center at Houston*; Mercedez Hernandez *UT Health Houston*; Deborah Horn *UT Center for Obesity Medicine and Metabolic Performance*

Obesity is a rapidly growing epidemic in the United States (U.S.) affecting more than 1 in 5 adults. In 2022, obesity prevalence was higher than 20% in all U.S. states. 1 The health and financial consequences of obesity are well understood. WHO reports an estimated 5 million deaths worldwide due to obesity-related co-morbidities.2 U.S. obesity medical costs in 2019 exceeded $170 billion of annual spending.3

The emergence of GLP1 agonists, notably semaglutide and tirzepatide, with high weight loss efficacy introduced the third generation of anti-obesity medications (AOM). However, the manufacturer cost coupled with the number of patients seeking treatment presents a financial dilemma for health insurers. A 2023 survey reported 43% of health insurers covered AOM versus 22% no intention to ever cover.4 While the future accessibility to GLP1 agonists is concerning, so are the consequential health outcomes after high-efficacy treatment is withdrawn as evidenced in recent clinical trials relative to weight regain: STEP-1 extension trial and SURMOUNT-4. 5,6 Conversely, the SELECT trial demonstrated weight stability after 4 years semaglutide treatment.7

The clinical effects of treatment modifications to prevent weight regain after GLP1 agonist withdrawal will be analyzed by retrospective review of a sample cohort of 52 patients. These patients lost GLP1 agonist AOM coverage in September 2023. Inclusion criteria consist of adults insured by UT BCBS who received obesity medicine specialist care at COMMP from Sept 1, 2023 to Sept 1, 2024. Retrospective chart review will be performed to analyze weight change, alternate AOM usage, alternative GLP1 agonist access, bariatric surgery intervention, and change in comorbidities. Results will provide real-life outcomes after GLP1 agonist withdrawal which will be useful guiding clinicians regarding obesity care plans when GLP1 access is restricted, and demonstrating the importance of chronic disease management to insurers.

Q6VMKDRM9Y

VIRTUAL CARE ENDING THE STIGMA OF OBESITY: INSIGHTS FROM SURGICAL AND NONSURGICAL PATIENTS

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Introduction: Adolescent patients undergoing Metabolic and Bariatric Surgery (MBS) have better weight loss compared to adults. This study sought to compare pre- and post-operative weight trajectories amongst adolescent patients of different ages.

Methods: A multi-institutional chart review was performed at three children's hospitals, including patients who underwent MBS from March 2013 to September 2024. Demographics, comorbidities, and pre- and post-operative weight and Body Mass Index (BMI, kg/m2) were compared between patients less than 15 years of age (<15), between 15-18 (15-18), and 18 and older (18+). The Wilcoxon rank sum test and Pearson's Chi-squared test were used.

Results: Of 325 patients, 55 were <15, 168 were 15-18, and 102 were 18+. Consult BMI was 45, 48, and 48 respectively. There

were no differences in gender, race, insurance type or comorbidities among groups. The youngest patients were more likely to gain weight from consultation to surgery (+8% BMI change compared to +2% and +1%, $p<0.001$). Day-of-surgery BMI was similar (48-49) in all groups as was BMI at 6 and 12 months post-operatively (6 months 39-40, 12 months 37-38). Time from consultation to surgery was longest in the 18+ group (19 months) followed by <15 (17 months) and 15-18 (13 months) ($p=0.004$).
Conclusion: The youngest cohort gained significantly more weight from consultation to surgery, with similar post-operative BMI reductions. These findings suggest that earlier surgical intervention in this age group may prevent additional preoperative weight gain and facilitate attainment of a healthy post-operative BMI.

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POST-OPERATIVE BARIATRIC NAUSEA AND VOMITING: A MEDICAL NUTRITIONAL INTERVENTION

Maia Routly-Mansfield *Children's Healthcare of Atlanta*; Bailey Mcintire *Children's Healthcare of Atlanta*; Margaret Gettis *Children's Healthcare of Atlanta*

Introduction: Obesity is a serious public health crisis in the United States, putting people at risk for comorbidities and poor health outcomes. Many adults and adolescents choose to undergo bariatric surgery to treat severe obesity, reduce comorbidities and improve quality of life.
Post-operative nausea and vomiting (PONV) remains a major challenge of bariatric surgery and can lead to post-operative emergency department (ED) visits and hospital readmissions. Aggressive multimodal interventions have been recommended to decrease the incidence of PONV.
Method: This adolescent bariatric surgery program incorporated additional medical and nutritional interventions to standard of care (intra-operative dexamethasone, post-operative ondansetron) to decrease PONV related ED visits and hospital admissions. Scopolamine patches were instituted pre-operatively at the pre-surgical clinic appointment and telehealth RD visits replaced 1-week post-operative phone calls.
Results: Prior to the intervention, the program had a 14% rate of ED visit or hospital admission related to PONV (4 of 28 surgeries). In the 12 months post-intervention, there were 0 PONV related ED visits and 0 PONV related hospitalizations, a reduction of 100%.
Conclusion: The use of pre-operative scopolamine patches in addition to intra-operative dexamethasone and post-operative ondansetron coupled with telehealth RD appointments at 1-week post-operatively is effective in decreasing PONV related ED visits and hospitalizations in this bariatric program.

XJ840N74J0

QUALITY OF LIFE AFTER BARIATRIC SURGERY

Najeeb Aftab *Mid Yorkshire NHS Trust*; Aatif Inaam Shami *Pakistan Institute of Medical Sciences*; Muhammad Burhan Ul-Haq Pakistan Institute of Medical Sciences ; Fasih Hashmi *Allama Iqbal Open University*

Background: Obesity, affecting over 700 million people globally, has reached epidemic proportions. It can lead to severe complications like reflux esophagitis, ulcers, and Barrett's esophagus, as well as social and emotional challenges such as stigma, anxiety and depression, all of which negatively impact quality of life (QoL). While lifestyle changes help prevent obesity, bariatric surgery is the most effective treatment for those with a BMI of 40 kg/m2 or higher.
This study aims to assess the impact of bariatric surgery on QOL in a local context, considering regional variations in diet and lifestyle.
Objectives: To assess quality of life of patients that have undergone bariatric surgery,
Methods: The Moorehead-Ardelt questionnaire assessed post-surgical quality of life. A one-sample t-test evaluated "Much Improved" outcomes, and chi-square tested associations between scores and demographics. A p-value <0.05 was deemed significant.
Results: 11 were excluded (4 due to pregnancy, 7 not meeting super obesity criteria). The final sample included 139 patients. Post-operative data was available for 100 patients, with an average age of 38.88 ± 8.82 years. Males (35%) had slightly higher average age (40.57 ± 8.93) compared to females (37.97 ± 8.69), though not statistically significant ($p=0.16$).Males had significantly higher height and weight than females ($p<0.01$). Most patients (69.8%) underwent OAGB surgery, while the rest had LVSG. Both surgeries were equally effective in weight and BMI loss, with at least 61% excess weight loss and 74% excess BMI loss achieved on average. OAGB/MGB showed better improvements in self-esteem and social relationships, though quality of life improvements were similar across both surgeries.
Post-surgery, 87% of patients reported "Good" or "Very Good" improvement in quality of life.
Conclusions: Bariatric surgery makes a reduction in weight and BMI of the patients. In the majority of cases a major positive change will be expected in the QoL.

BXJZGJPZXZ

BARIATRIC SURGERY MAY BE SECONDARY TO METABOLIC BALANCE: A 10 YEAR SUMMARY REVIEW OF 3 CLINICAL MODALITIES AND THEIR OUTCOMES

John Troup *Blueroot Health, Inc.*; Megan Koscinski *Bariatric Fusion, Inc*

Introduction: Over the last 10 years, at least 3 clinical modalities have been used to reduce the amount of weight in obese individuals. These include Bariatric Surgery (BS), use of medically assisted GLP-1 RA (GLP) prescription medications and Medical Nutrition Therapy (MNT). The purpose of this summary review was to determine whether any one modality results in greater amounts of weight loss and the ability to sustain that weight loss. A secondary objective was to identify if a specific mechanism of each modalities weight loss might be common to each and could explain factors critical to weight loss.
Method: A critical review of the literature selected relevant published articles from January 2014 to December 2024; selection

was made if randomized control human studies. Key metrics included in each study – percent weight loss over an initial 3month period, percent weight regain at post 6, 12 and 24 months program, serum satiety hormones (incl GLP-1).
In total, at least 10 clinical studies in each of the 3 modalities were selected for comparison.
Results: On average and across all BS, 25% weight loss ($p<0.05$) was observed while in GLP 30% ($P<0.05$) and MNT 15% ($p<0.05$). Weight at 12mo as % of initial loss total was 25% (BS), 55% (GLP) and 40% (MNT). By 24 mo this was 20% (BS), 35% (GLP) and 20% (MNT). While serum GLP-1 levels were measured in the studies, levels were GLP>MNT>BS.
Conclusion: These data may suggest that changes in hormone and metabolic response and balance may be an important factor in reducing and sustaining weight loss.
Combination therapies and stages of use are worth considering. More extensive studies are needed to support this observation.

DNDR0VGRN9

CLINICAL PATHWAY DEVELOPMENT USING PCBH FOR GLP-1'S

Alexander Young *Specialists in Health Psychology*
Introduction: The rising prevalence of obesity necessitates innovative and scalable approaches to healthcare delivery. Virtual startups are uniquely positioned to address weight management by integrating digital tools with patient-centered care models. Developing a clinical pathway for weight management in these settings requires strong administrative leadership to ensure strategic alignment with organizational goals, operational efficiency, and adherence to healthcare standards.
Method: A behavioral health-focused clinical pathway was designed through collaboration between clinical, operational, and technology teams. The development process included a comprehensive review of best practices, alignment with organizational workflows, and the incorporation of digital solutions such as telehealth consultations. The model used in this workflow is the Primary Care Behavioral Health model, which emphasizes brief targeted interventions. Enrollment is ongoing, with patients categorized into three groups based on their GLP-1 medication status: treatment, maintenance, and discontinued. These categorizations ensure tailored interventions aligned with each patient's current needs.
Results: Data collection is currently underway, with outcomes pending. Metrics being evaluated include patient engagement, weight management efficacy, behavioral health impact, and adherence to pathway components.
Conclusion: The clinical pathway is anticipated to support sustained weight management by addressing the unique needs of patients at different stages of GLP-1 medication utilization.
This initiative underscores the critical role of behavioral health in optimizing outcomes within a virtual care model. Future insights from this pathway are expected to demonstrate its effectiveness and provide a scalable framework for integrating behavioral health into virtual weight management solutions.

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PREVALENCE AND ASSOCIATIONS OF LATE AND PERSISTENT NAUSEA AND VOMITING IN PATIENTS AFTER METABOLIC AND BARIATRIC SURGERY

Brooke Duarte *Dartmouth Health*; Clara Spalding *Dartmouth Hitchcock Health System*; Jennifer Letendre *Dartmouth Hitchcock Health System*; Corinne Kelliher *Dartmouth Hitchcock Health System*; Shelly Davis *Dartmouth Hitchcock Health System*; Marissa Mendez *Dartmouth Health*; Jessica Salwen-Deremer *Dartmouth Health*; Rotenberg Sivan *Dartmouth Hitchcock Health System*
Introduction: Late or persistent nausea and vomiting (N/V) after metabolic and bariatric surgery (MBS) is a clinically observed phenomenon with little understanding. Late or persistent N/V, defined as N/V occurring or persisting past post operative day 25 (adapted from Kushner et al., 2020), is under-researched despite adverse outcomes for patients and healthcare systems (e.g., fear/avoidance of eating, malnutrition, hospital encounters, parenteral nutrition, diminished functioning and quality of life). Prior research primarily focuses on N/V in the first 30 days post-surgery to provide guidance on discharge disposition.
Aims: The current study aims to better understand late or persistent N/V in this population by identifying the scope and associated risk factors of the problem.
Method: A retrospective chart review is being conducted examining adult patients ($N=233$) who received MBS within a 1-year timeframe at a large MBSAQIP accredited New England academic medical center. Primary parameters being abstracted are self-reported experience of N/V at regular post-op visits (i.e., 2-weeks, 4-months, 12-months), additional contacts (visits, calls, messages) related to N/V, and adverse outcomes. In addition to primary parameters, associated demographic and theoretical risk factors (e.g., mental health diagnoses, medications, co-morbid medical conditions) will be reported.
Results: Results will be available for dissemination at the 2025 ASMBS annual conference.
Conclusions: To our knowledge, this is the first study to examine prevalence of N/V up to 12-months post MBS in a large sample. Results will inform early identification and clinical management. Recommendations for multidisciplinary intervention will be provided based on the extant literature on this condition.

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IMPROVING SMALL BOWEL OBSTRUCTIONS AFTER METABOLIC AND BARIATRIC SURGERY

Sarah Bouldin *Mayo Clinic*; Shayna Koppendrayer *Mayo Clinic*; Ashwini Poola *Mayo Clinic*; Heidi Bednarchuk *Mayo Clinic*; Nancy Rigdon *Mayo Clinic*; Shanna Wels *Mayo Clinic*; Ashley Vitale *Mayo Clinic*
Introduction: Literature has shown common reasons for small bowel obstructions following Roux en y gastric bypass (RYGB) surgery include operative techniques, diet adherence and issues

of hydration. Given the importance of post-operative diet adherence and potential correlation to small bowel obstructions our team decided to focus on post-operative protein intake and documentation of protein sources.
Methods: A single center observational series in a rural community hospital was performed between June 30, 2024 to December 31, 2024 . We reviewed all cases of small bowel obstructions at our institution and evaluated diet adherence, postoperative intake and documentation of protein intake.
Results: There were 37 patients included in this project. There were only 2 small bowel obstructions noted during this timeframe (5.40%). Further investigation into these occurrences did reveal a higher then recommended consumption of protein intake.
However, this was unable to be correlated with obstruction rate. Both patients required reoperations within 30 days for manage of lysis of adhesions. We did identify that there was poor documentation regarding protein intake, outside of amount taken in, in both the inpatient and outpatient setting of in the immediate postoperative period for our bariatric patients.
Conclusion: Early postoperative SBO following RYGB are challenging to manage and may be related to protein intake. Further studies to review protein supplementation in post bariatric patients are necessary to understand the role they may play in anastomotic cases.

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REDUCING EMERGENCY ROOM VISITS AND 30-DAY READMISSIONS IN BARIATRIC SURGERY PATIENTS

Nicole Herrmann *Sharp Coronado Hospital*; Kimberly Johnson *Sharp Healthcare*; Katherine Goble *Sharp Coronado Hospital*
Introduction: Post-bariatric surgery readmissions and ER visits challenge healthcare systems. This project aims to reduce these by improving patient education and postdischarge communication. Many readmissions stem from potentially preventable issues like pain, nausea, or vomiting. Of note, Roux-en-Y Gastric Bypass (RYGB) surgery has higher readmission rates than other bariatric procedures.
Method: Our semiannual risk-adjusted report (SAR) from July 2022 to June 2023 found a 21.21% morbidity rate in RYGB patients (7 ER/readmit LRYGB, n=33). We applied the DMAIC (Define, Measure, Analyze, Improve, and Control) methodology, analyzing reasons for ER visits and readmissions. A Root Cause Analysis looked to identify common ER visit/readmission factors, the MBSAQIP 30-Day Readmission Bundle was reviewed, and research on ER visit/readmission causes examined. Scope of project expanded to all primary bariatric surgery procedures. Implemented strategies include a HELP Card and RN checklist at discharge plus a diet-focused follow-up call by a dietitian within a week postsurgery. The project employed a multidisciplinary team of surgeons, nurses, and dietitians to improve patient education and follow-up. Data collection started with surgeries completed from July 12, 2024 through January 31, 2025.
Results/Conclusion Note: Preliminary reduction in ER visits/readmissions noted. The project is ongoing, with results and conclusions forthcoming and will be completed in the following months. With adequate time prior to the ASMBS Annual Meeting.

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DOES ENLISTING THE SPIRITUAL CARE DEPARTMENT IN THE LIVES OF PATIENTS WITH OBESITY MAKE A DIFFERENCE?

Amy Wells *Ascension Healthcare*
For Ascension St. Vincent's Jacksonville, I decided to take a new approach for the quality improvement project for 2024. This project included the spiritual care department; the first of any Ascension facility that included Spiritual Care in this manner. The purpose of this project was to identify patients at higher risk for spiritual/emotional distress after surgery.
After identification, the patients were connected with a member of the spiritual care team.
The spiritual care team acted as supplements to the patient's support network. The aim was for the patients to benefit from the team and have improved outcomes.
A ten-question form was created for the patients to fill out preoperatively and then again postoperatively at two weeks, one month, two months and three months. The initial ten questions completed prior to surgery would serve as a baseline. Post surgery, the same questions were asked. After each survey, the answers were assessed by a member of the spiritual care team and a decision was made regarding which patients were in need of consults.
A total of 100 patients participated. Spiritual care has been in contact with 44 patients, for a total of 60 visits. I also have ten patients that stated that they are in need, or answered questions in a manner that the spiritual care team found them to be struggling, in which the team has been continuing to support them. This project has proven to be successful and is continuing into 2025 in order to support the patients.

MKLQV7BQAD

THE STUDY OF SURGICAL BARIATRIC PATIENTS, RELATIONSHIP BETWEEN HEMOGLOBIN VALUES AND OTHER HEALTH FACTORS

Johnny Wen *Providence Hospital*; Amy Wen *Neuropsychology Laboratory/Clinic* Lena Wen *Neuropsychology Laboratory/Clinic*; Houman Solomon, Md (Medical Director) *Associates of Southbay Surgeons*
Introduction: Over 20 million people in the U.S. are diagnosed with diabetes with many of whom suffer from obesity (Cowie et al., 2010, Nguyen et al., 2011). In this prospective study, we examined a number of health related variables, personality variables, and health habits in the bariatric surgical patients. The aim of this study was to evaluate the prevalence of chronic health conditions while examining physical factors (e.g, weight. BMI) to determine the relational impact with various preventative health variables (e.g, amount of exercise per week).

Methods: Bariatric patients receive pre-surgical psychological assessments that included thorough medical evaluations and administration of an objective personality inventory.
Patients were seen separately by nutritionists, physician, a bariatric surgeon, nurse practitioner and referred to be seen by a health psychologist.
Results: Eighty one percent of the study were females, age range 24-68 years (mean age in years 43.23, sd = 11.17). Education levels were 13.76 (sd = 2.31). Analysis of the data suggested that the HbA1c levels ranged from 4.5 to 12.00 (mean = 6.20, sd = 1.35). In this group, we found 44% of our study participants were diagnosed diabetes with BMI kg/m2 = 47.45 (sd = 9.7). Estimated average glucose (eAG) for men were 140 mg/dL and for women were 131 mg/dL.
Conclusion: A clear association exists between BMI, HbA1C levels, and DM. Goals of this study emphasizes health prevention, improvement with physical activities and changes in lifestyle. Suggested adoption of preventative health variables are reported and emphasized.