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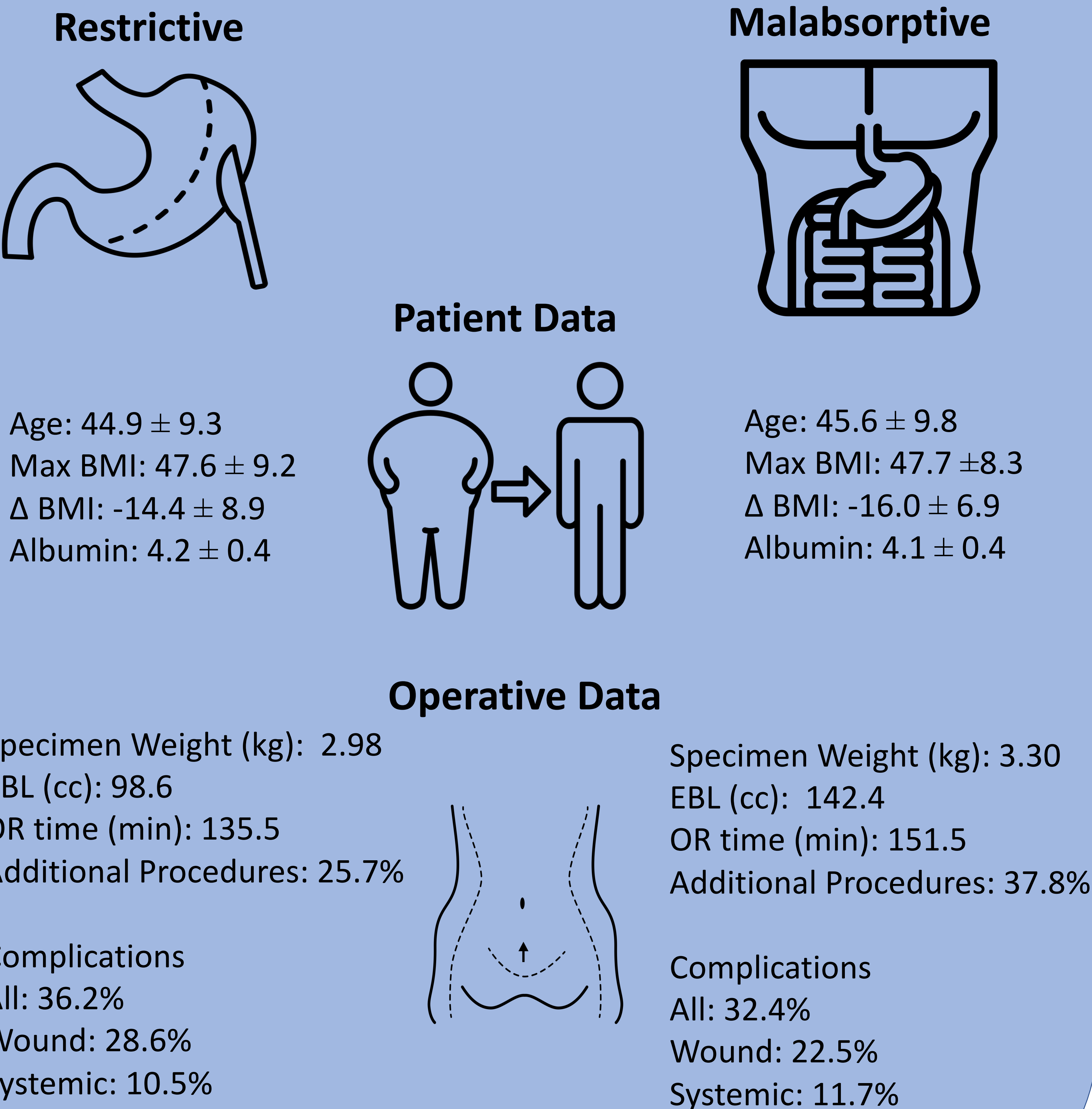
STUDY PURPOSE

Over 250,000 bariatric surgeries are performed annually in the United States. Post-bariatric abdominoplasty patients are known to have higher risk of complications after panniculectomy (32-60%). Malnutrition is more common among those who receive malabsorptive as compared to restrictive surgery. No study to date has evaluated differences in post-bariatric panniculectomy by weight loss surgery type.

METHODS

A retrospective chart review of prospectively collected patient data for patients who underwent post-bariatric panniculectomy was performed. A total of 216 patients were stratified into two groups based on malabsorptive (Roux-en-Y gastric bypass) or restrictive (laparoscopic sleeve gastrectomy) procedures. Operative dictations, lab data, postoperative visit notes and data were reviewed. Complications were graded using the Clavien-Dindo system. Logistic regression and multinomial regression were performed.

Patient Characteristics



Results

Adjusted Regression evaluating complication risk among post-bariatric panniculectomy patients (ref=malabsorptive)

Outcome	OR (95% CI)	p-value
Any complication	1.15 (0.47-2.85)	0.76
Systemic complication	0.26 (0.05-1.28)	0.10
Wound complication	2.31 (0.83-6.41)	0.11
Clavien-Dindo I vs 0	0.74 (0.24-2.35)	0.61
Clavien-Dindo II vs 0	2.33 (0.62-8.72)	0.21

CONCLUSIONS

Complications are high following bariatric surgery and predominantly related to wound healing. No association between type of bariatric surgery and complication risk was found. Surgeons should consider that traditional targets used to reduce postoperative morbidity such as serum albumin are likely insufficient among this population.