THE IMPACT OF BARIATRIC FELLOWSHIP TRAINING ON OUTCOMES AFTER BARIATRIC SURGERY: AN ANALYSIS OF THE MBSAQIP

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BACKGROUND

- Differences between complication rates of bariatric surgeries performed by general surgeons versus those performed by accredited bariatric surgeons are poorly understood
- The objective of our study was to assess patient trends and outcomes across these two groups for elective gastric bypass and sleeve gastrectomy procedures

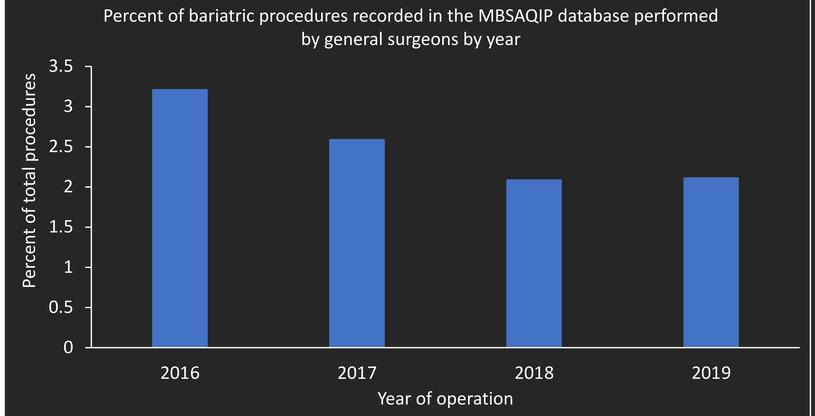
METHODS

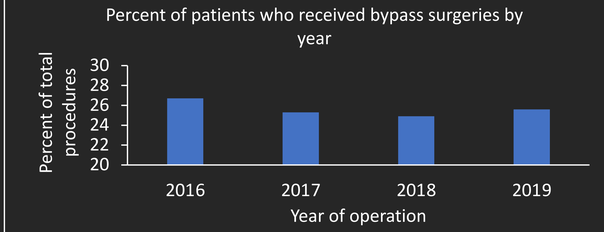
- Retrospective cohort study of 622 079 patients who received sleeve gastrectomy or gastric bypass between 2016 and 2019
- Patients were stratified by whether their procedure was performed by a general surgeon or accredited metabolic and bariatric surgeon
- Multivariable logistic regression to determine across group differences in serious complications and 30-day mortality

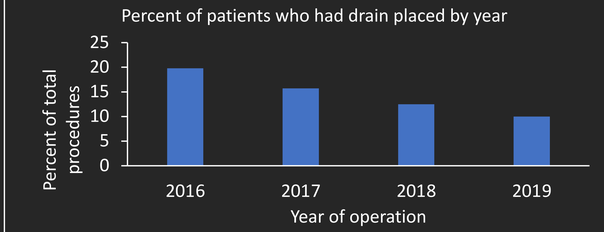
KEY RESULTS

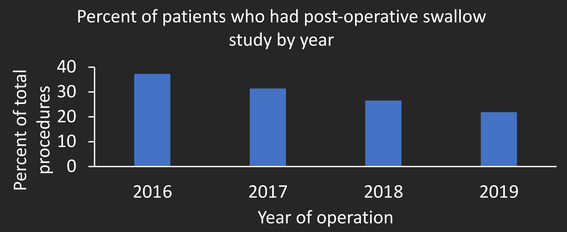
- Most bariatric procedures are performed by fellowship trained, accredited, metabolic and bariatric surgeons
- The number of bariatric procedures performed by general surgeons is decreasing
- Patients operated on by accredited metabolic and bariatric surgeons had a greater number of comorbidities
- There were no differences in the rate of serious complications (OR=0.97, 95% CI=0.89-1.06, p=0.554) or 30-day mortality (OR=1.26, 95% CI=0.67-2.38, p=0.467) based on accreditation status

Accredited metabolic and bariatric surgeons performed 97.5% of the bariatric procedures recorded in the MBSAQIP database between 2016 and 2019









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DISCUSSION

- The vast majority of bariatric procedures are being completed by accredited metabolic and bariatric surgeons
- The proportion of bariatric procedures being performed by general surgeons continues to decrease with time
- General surgeons performing bariatric procedures have similar rates of serious complications and 30-day mortality when other factors are accounted for

ADDITIONAL TABLES

	Generalist (n=15485)	Metabolic specialist (n=606594)	
Complication			p-value
Leak	84 (0.5)	2016 (0.3)	<0.001
Bleed	170 (1.1)	5476 (0.9)	0.011
Reoperation	197 (1.3)	7002 (1.2)	0.176
Reintervention	181 (1.2)	6613 (1.1)	0.352
Readmission	656 (4.2)	21503 (3.5)	<0.001
ED visit outpatient	1102 (7.1)	42725 (7.0)	0.725
Cardiac	6 (0.04)	364 (0.06)	0.284
Pneumonia	27 (0.2)	1089 (0.2)	0.881
VTE	28 (0.2)	1664 (0.3)	0.027
Serious complication	548 (3.5)	19260 (3.2)	0.011
Mortality (30 days)	10 (0.06)	511 (0.08)	0.404

Table 1. Post-operative complications of patients receiving bariatric surgery from a general surgeon in comparison to an accredited metabolic and bariatric surgeon. Data obtained from MBSAQIP database from 2016-2019. ED = emergency department, VTE = venous thromboembolism

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