OUTCOMES OF CONCOMITANT CHOLECYSTECTOMY IN BARIATRIC SURGERY AT AN ACADEMIC CENTER

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Background:

Obesity and gallstones have a close association. The timing for cholecystectomy in bariatric patients is still controversial.

Aim:

To evaluate the outcomes between concomitant laparoscopic cholecystectomy and bariatric surgery (LC + BS) compared to bariatric surgery (BS) alone at an academic center.

Methods:

Retrospective observational cohort study includes all patients who consecutively underwent primary bariatric surgery (sleeve gastrectomy and Roux-en-Y gastric bypass) from 2016 to 2022 at an Academic Center in Santiago, Chile.

Patients were allocated in two groups: LC + BS versus BS alone.

Patients with other types of concomitant surgeries were excluded from the analysis.

Demographic analysis and intraoperative variables were considered. 30-day follow-up were reported, including morbidity and mortality.

PARTICIPANTS

A total of 2073 patients were included. All surgeries were performed laparoscopically.

	LC + BS	BS
Patients, n	148	1925
Age, median (IQR)	39.7 (20-69)	37.7 (13-72)
Sex, female (%)	108 (73%)	1367 (71%)
Type of surgery, n (%)		
RYGB	72 (48.6%)	998 (51.8%)
Sleeve	76 (51.4%)	927 (48.2%)

RESULTS

The overall morbidity rate was 4.1% in the LC + BS group and 1.8% in the BS alone group; no statically significant differences were observed between groups (p=0.122).

No mortality was reported in both groups.

	LC + BS	BS	p
Morbidity, n (%)	6 (4.1%)	35 (1.8%)	0.122
Mortality, n (%)	0	0	-

CONCLUSIONS

Concomitant cholecystectomy is safe when concomitant with bariatric surgery. Cholecystectomy should be considered at the time of bariatric surgery.