EMERGENCY DEPARTMENT VISITS DURING THE POST-OPERATIVE PERIOD AFFECT BODY MASS INDEX REDUCTION IN BARIATRIC SURGERY PATIENTS

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Introduction

The purpose of this study is to investigate whether an emergency department (ED) visit or readmission after bariatric surgery affects BMI reduction in the 12-month postoperative period. Patients who choose to undergo bariatric surgery often have other comorbidities that can affect both the outcomes of their procedures and the post-operative period. Complications within this postoperative period may affect the rate of weight reduction. We hypothesize that patients who visit the ED due to bariatric complications or were readmitted to the hospital will have a slower rate of weight reduction than those who did not visit the ED.

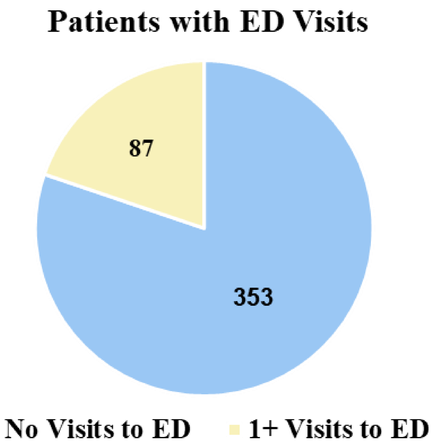
Methods and Procedures

Data points were retrospectively collected from the charts of 440 patients from March 2012 – December 2019 who underwent a sleeve gastrectomy or gastric bypass surgery. Of the 440 patients, 87 patients had a visit to the ED, while 353 patients did not. Data collected included patient demographics, baseline BMI, overall BMI reduction, emergency department visits, and readmissions in the first year after surgery. Specifically, bariatric-related ED visits were defined as patients presenting with symptoms including, but not limited to, abdominal pain, nausea, and/or vomiting. A readmission was defined as any admission to the hospital, whether from the ED or direct admission.

Results

Patients who had at least one ED visit in the first year after surgery due to bariatric complications had a slower rate of weight loss as measured by BMI change than those who never visited the ED ($p = 0.01$). Whether a patient was readmitted or not during the postoperative period had no impact on overall BMI reduction ($p = 0.615$).

Postoperative Time	Visit to ED	Mean BMI
Baseline	No	46.9449
	Yes	49.7162
3 mos	No	39.3036
	Yes	41.6637
6 mos	No	35.8489
	Yes	37.8191
12 mos	No	33.4631
	Yes	34.8395



Conclusion

Patients who visit the ED following bariatric surgery had a slower rate of BMI reduction following in the year following surgery. This finding could suggest, intuitively, that a more complicated postoperative period can hinder total weight reduction. However, the level of care the patient required, as measured by readmission, does not have an impact on the rate of weight reduction. One possible reason to explain the discrepancy between these findings could be that patients who are readmitted are under watchful monitoring of nursing staff and physicians and are more likely to have a controlled diet while in-patient.