EXPLORING THE ROLE OF PROPHYLACTIC CHOLECYSTECTOMY IN SELECT PATIENTS PRIOR TO BARIATRIC SURGERY: A RETROSPECTIVE STUDY

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Introduction

Biliary disease is a well described complication of bariatric surgery. It had previously been the practice of many centers to routinely perform prophylactic cholecystectomy during the patient's index bariatric operation. More recently, this pattern has changed, and routine concurrent cholecystectomy is rarely performed. In this study, we aimed to identify specific characteristics more frequently found in patients who develop biliary complications postoperatively as this population may benefit from prophylactic cholecystectomy

Methods

Using the OR case log at a single, high-volume bariatric center we identified every initial bariatric operation occurring between 1/1/2014 and 12/31/2015

Exclusion criteria: previous/concurrent cholecystectomy, death within 4 years of index operation, age <18 and >89

Characteristics reviewed: age, gender, preop BMI, Sleeve vs Bypass; presence of the following: diabetes, hypertension, hyperlipidemia, GERD; postop biliary complications: gallstone pancreatitis, cholecystitis, choledocholithiasis, biliary colic

Results

681 charts reviewed, 150 patients excluded. Of 531 patients included, 43 underwent postoperative cholecystectomy (incidence 8.1%) during the 5-7 years surveilled

No significant differences in age, sleeve vs bypass, or rate of DM, HTN, HLD, GERD

Patient populations differed significantly in gender (biliary population 97.6% female vs 76.1% overall; P.001) and BMI (37.2% of biliary population BMI >50 vs 22.7 overall; P.033)

Female patients with BMI >50 had 16.7% incidence of postoperative biliary complications vs 8.1% overall

Conclusions

While the incidence of postoperative biliary complications in all bariatric surgery patients in this study is relatively low (8.1%), the characteristics of female gender and BMI >50 were found to correlate with an increased risk of postoperative cholecystectomy. When we analyzed only female patients with BMI >50, the incidence of postoperative cholecystectomy was 16.7%, around 1 in 6, during the immediate 5-7 years following bariatric surgery. When considering the increased difficulty that postoperative adhesions add to performing a cholecystectomy, we believe that this number is sufficiently high to warrant consideration of prophylactic cholecystectomy during bariatric surgery in this patient population.

	Biliary Complication	No Biliary Complication	P Value
Bariatric Operation	R (13.9%); S (86.1%)	R (13.1%), S (86.9%)	.876
Gender	**F (97.6%); M (2.4%)**	**F (76.5%), M (23.5%)**	**.001**
Age >50	25.5%	34.6%	.229
BMI >50	**37.2%**	**22.7%**	**.033**
Diabetic	32.5%	36%	.64
Hypertension	51%	60%	.24
Hyperlipidemia	63%	67%	.55
GERD	34.8%	38.7%	.62