PERIOPERATIVE OUTCOMES AMONG CONVERSIONS FROM SLEEVE GASTRECTOMY

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Background

- **Sleeve Gastrectomy (SG) is the most common bariatric surgery performed in the United States[1]**
- **Despite its ubiquity, complications associated with SG include insufficient weight loss, weight recidivism, and development or exacerbation of reflux. [2]**
- **The most frequently performed conversion is the SG to RYGB, but other conversions are being increasingly utilized.[3]**

Objectives

- **To evaluate for differences in outcomes when converting from SG to other bariatric surgeries**

Methods

- **Conversions from SG to other procedures were compared utilizing the 2020 MBSAQIP PUF data registry.**
- **SG conversions were compared utilizing the 2020 MBSAQIP PUF data registry.**
- **Primary outcomes for this study include extended length of stay (LOS), operative length, total morbidity, major complication (per MBSAQIP definitions), 30-day readmission, 30-day reoperation, and 30-day intervention.**
- **7016 patients were included.**

Results

Extended Length of Stay (≥3 days)

Procedures (From SG)	OR*	95% CI	p-value
BPD-DS	1.215	0.917 - 1.608	0.175
Distal RYGB	1.141	0.825 - 1.578	0.427
SADI-S	0.575	0.371 - 0.892	**0.013**
SAGB	0.932	0.517 - 1.682	0.816

*SG to RYGB conversion used as reference

Major Complications – Multivariate Analysis

Procedures (From SG)*	OR*	95% CI	p-value
BPD-DS	1.482	0.76 - 2.889	0.248
Distal RYGB	1.202	0.521 - 2.775	0.666
SADI-S	1.96	0.951 - 4.04	0.068
SAGB	2.637	1.019 - 6.829	**0.046**

*SG to RYGB conversion used as reference

Key Findings

- **SG conversions to Single Anastomosis Duodenal-Ileal bypass with Sleeve (SADI-S) were associated with lower risk of an extended length of stay, despite the longest operative time among procedures**
- **A significant increase in major complications was seen with conversion to single anastomosis gastric bypass (SAGB) despite shorter operative length**
- **No significant differences were found in total morbidity, 30-day reoperation, readmission, or intervention.**

Conclusion

- **SG conversions to SADI take longer, but have a lower risk for an extended hospital stay**
- **SG conversions to SAGB were associated with faster operative times but this may be potentially offset by a small increase in major complications.**
- **Overall, there appears to be a negligible difference in perioperative outcomes between conversion surgeries.**

References

- **1. Matar R, et al. *Obesity Surgery*. 2021**
- **2. Gerges, et al. *Surgical Endoscopy*. 2022**
- **3. Hefler J, et al. *SOARD.* 2019**

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