Safety and Efficacy of Geriatric Bariatric Surgery

S Zhan-Moodie; M Forester; B Stadsvold; E Mannon; M Schlafly; T Lee; G Moore; K Marino; V Sapkalova; H Ghiathi; J McClain; A Bolduc; LR Hilton

Medical College of Georgia at Augusta University, Department of Surgery, Augusta, Georgia

INTRODUCTION

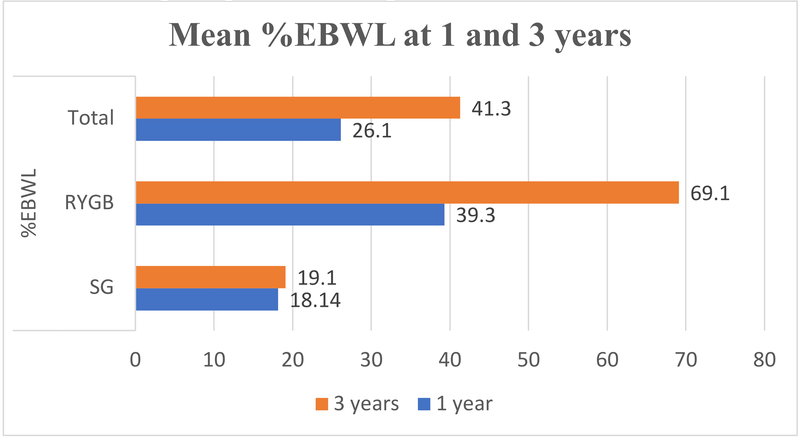
Obesity affects around 40% of adults ages 60 years and older in the United States. Geriatric obesity is associated with many comorbidities, polypharmacy, decreased functional capacity and quality of life, institutionalization, and death. Bariatric surgery can effectively treat obesity and reduce its associated morbidity and mortality. There is increased utilization in those ages 35-54, but it has been performed in those as old as 80 years old. The purpose of this study is to evaluate the safety and efficacy of bariatric surgery among geriatric patients.

METHODS

A retrospective review was performed of geriatric patients (>65 years old) who underwent sleeve gastrectomy (SG) or Roux-en-Y gastric bypass (RYGB) between 2019 and 2022 at a single institution. Data collected included demographics, pre-operative and post-operative total body weight and BMI, percent excess body weight loss (%EBWL), comorbidities, and perioperative complications. Descriptive analytics was performed.

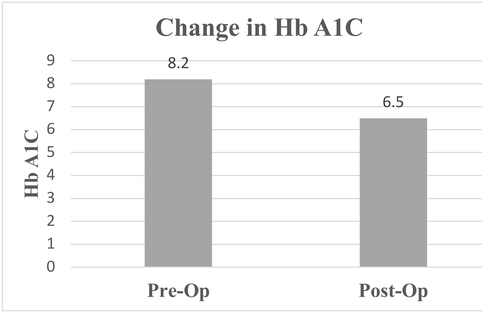
RESULTS

- 11 patients were analyzed
  - 7 patients (63.6%) received SG
  - 4 patients (36.4%) received RYGB
- Of the 11 patients: age ranged from 65-78 with a mean of 67.5. 10 (90.9%) were female and 1 (9.1%) was male.
- Comorbidities pre-operatively: hypertension (90.9%), obstructive sleep apnea (72.7%), diabetes mellitus (54.5%), hyperlipidemia (45.5%), congestive heart failure (27.3%), coronary artery disease (9.1%), history of cerebral vascular accident (9.1%), COPD (9.1%), and chronic kidney disease (9.1%)
- There were no perioperative complications.



- Mean %EBWL at 1 year was 26.1% with a range from 13.1% to 50.5%.
- Mean %EBWL at 3 years was 41.3% with a range from -4.8% to 142.5%. Two patients did not follow up at 3 years.

RESULTS



- Diabetes mellitus:
  - 100% improvement with resolution in 1 patient
  - Mean pre-op Hb A1C was 8.2% and mean post-op was 6.5%.
- Hypertension:
  - 46% improvement with resolution in 1 patient

CONCLUSIONS

Even though obesity affects the geriatric population with a similar prevalence to that of younger adults, bariatric surgery is less commonly performed in this population. Possible explanations include disinterest in surgery later in life, lack of support, or concern for increased risk of surgery due to advanced chronic comorbidities and physiologic changes. Our results show that bariatric surgery is safe and effective with improvement in weight loss and comorbidities such as hypertension and diabetes in the geriatric population when appropriate medical risk stratification and optimization are performed.

REFERENCES

Batsis JA, Zagaria AB. Addressing Obesity in Aging Patients. Med Clin North Am. 2018;102(1):65-85. doi:10.1016/j.mcna.2017.08.007