BARIATRIC SURGERY: IMPROVING ACCESS WITHOUT COMPROMISING OUTCOMES

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Background

- Bariatric surgery has been proven to reduce mortality from obesity related disease, yet less than 1% of eligible patients undergo surgery.
- Bariatric surgery preoperative workup mandates many multidisciplinary visits demanding patient's sacrifice in time and travel.
- At our institution, due to the COVID pandemic, our entire bariatric clinic transitioned to telemedicine both for pre- and post-operative care.
- **The aim of this study was to determine how this shift impacted access as well as outcomes.**

Methods

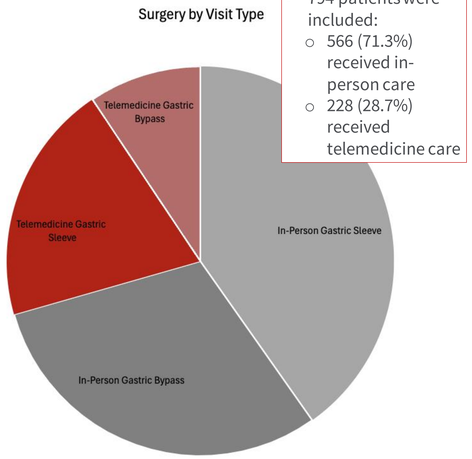
Study population

- Patients 18 years and older who underwent gastric bypass or sleeve gastrectomy at a single US academic hospital between 2018-2022.

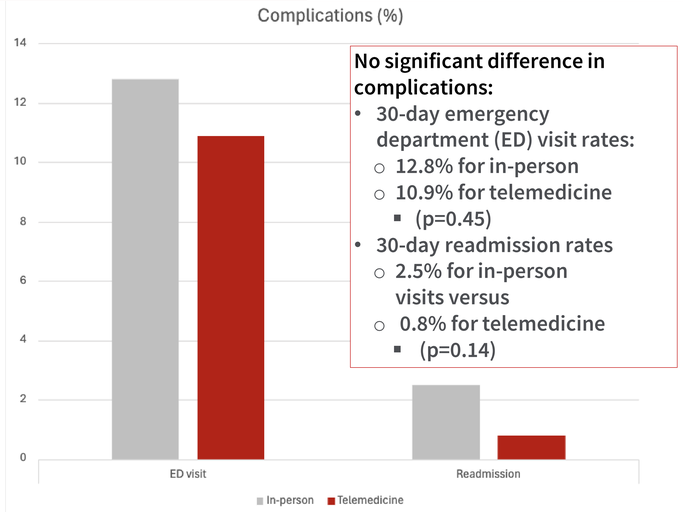
Study Design: Retrospective Cross-sectional Study

- Analysis
  - Impact of telemedicine on age, race/ethnicity, gender, insurance type, days from consultation to surgery, length of hospital stay, surgical procedures, BMI, and complications.
  - Statistical tests were conducted using $\chi 2$ tests for categorical variables and t-test for continuous variables as well as logistic regression.
  - Analyses were conducted using Stata-18 software.

Results



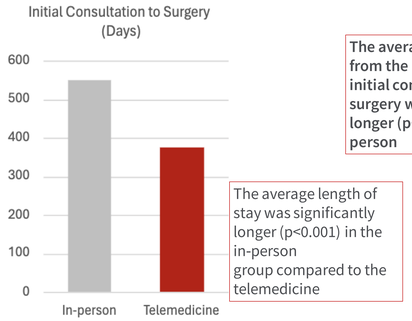
- 794 patients were included:
  - 566 (71.3%) received in-person care
  - 228 (28.7%) received telemedicine care



No significant difference in complications:

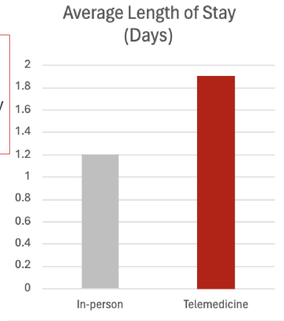
- **30-day emergency department (ED) visit rates:**
  - **12.8% for in-person**
  - **10.9% for telemedicine**
    - **(p=0.45)**
- **30-day readmission rates**
  - **2.5% for in-person visits versus**
  - **0.8% for telemedicine**
    - **(p=0.14)**

- **There was no significant difference between race, ethnicity or gender.**
- **The mean preoperative BMI was higher for the in-person cohort versus telemedicine (45.5; SD:8.0 vs. 43.9; SD:6.7; p<0.001) but there was no statistically significant difference in percent weight loss at 12 months.**



The average duration from the initial consultation to surgery was significantly longer (p<0.001) for in-person

The average length of stay was significantly longer (p<0.001) in the in-person group compared to the telemedicine



Conclusions

- Improving access to bariatric care is critical.
- When comparing telemedicine to an in-person model, we found:
  - shorter time to surgery
  - shorter length of stay
  - non-inferiority in outcomes with no difference in weight loss, 30-day readmissions nor ED visits

Telemedicine may be a useful way to improve access for patients seeking bariatric surgery.

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