Is suboptimal weight loss after index bariatric surgery predictive of similar response after revisional weight loss surgery.

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Background

- There has been an uptrend in revisional weight loss surgery (rWLS). In 2020, 11% of all bariatric procedures performed in the United States were revisional procedures.
- Studies suggest about 50 % of rWLS are performed due to inadequate weight loss or weight regain. Although this is the most common indication, there is no known prognostic factor to help target the individuals who will likely require rWLS due to unfavorable weight loss after index bariatric operation.
- This study aims to evaluate if there is a relationship between poor weight response after index bariatric surgery to a poor response after rWLS.

Study Design

Single hospital system retrospective cohort study of all rWLS patients from 2016 – 2018

Inclusion criteria; Indications included weight stalling, inadequate weight loss and weight regain.

exclusion criteria; all other indications.

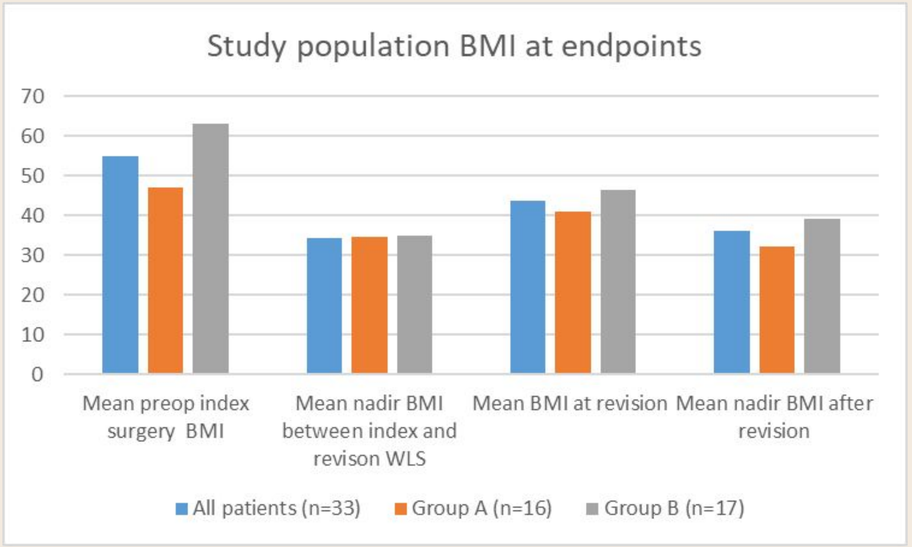
Primary endpoint; Nadir BMI after index WLS and after revision.

Group B: patients with nadir BMI change after index surgeries greater than the median.

Group A: patients with nadir BMI change after index surgeries less than the median.

Results

- 33 patients underwent rWLS for the indication of weight regain or inadequate weight loss after index bariatric surgery
- 94% patients were female.
- Index procedure distribution consisted of 48.5% sleeve and 51.5% bypass.
- Mean BMI points drop after index surgery was 20.4 with a median of 18.1.
- Nadir BMI occurred at an average of 26.8±45.5 months from the date of index bariatric surgery.



- The unpaired t-test comparing the nadir BMI change of group A (Mean=8.8, SD=5.6) and B (Mean=7.3, SD=3.6) after rWLS was not statistically significant ($p>0.05$ for 95% confidence interval).

Conclusions

- There is no statistically significant difference in post-operative rWLS weight reduction as it relates to prior weight loss following index bariatric surgery.
- These results support the current recommendations to continue to offer revision weight loss surgery to patients while they being optimized with dietary, lifestyle or pharmacologic measures.

References

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