BARIATRIC SURGERY CONVERSION FROM SLEEVE GASTRECTOMY IN PATIENTS 65 YEARS AND OLDER: AN ANALYSIS OF THE 2020-2022 MBSAQIP DATABASE

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Introduction

- Bariatric surgery conversion (BSC) has become more common for patients with prior sleeve gastrectomy due to GERD or weight regain.
- BSC in patients ≥65 years has not been well-researched.
- We assess 30-day morbidity and mortality for patients 65 years and older undergoing BSC from sleeve gastrectomy (SG-BSC).

Methods

- **Retrospective study** of the 2020-2022 MBSAQIP database was performed of patients who underwent SG-BSC to:
  - Roux-en-Y gastric bypass (RYGB).
  - Biliopancreatic diversion with duodenal switch (BPD/DS).
  - Single-anastomosis duodenal-ileal bypass sleeve (SADI-s).
  - Roux-en-Y distal gastric bypass (RYGB-d). One-anastomosis gastric bypass (OAGB)
- Descriptive analyses were utilized to evaluate morbidity by age (≥65 years vs. <65 years)

Results

30-Day Complications	Patients ≥65 years (N = 1,523)	Patients <65 years (N = 29,970)	p-value
Intraoperative/postoperative occurrences	125 (8.21%)	1699 (5.67%)	<0.001*
Surgical Site Infections (SSI) and Wound-Specific Complications			
Superficial SSI	16 (1.05%)	226 (0.75%)	0.386
Deep SSI	3 (0.20%)	52 (0.18%)	0.752
Organ space SSI	23 (1.51%)	265 (0.88%)	0.039*
Anastomotic leak	15 (0.98%)	153 (0.51%)	0.04*
Wound disruption	2 (0.13%)	27 (0.09%)	0.803
Pulmonary Complications			
Pneumonia	18 (1.18%)	103 (0.34%)	<0.001*
Unplanned intubation	4 (0.26%)	49 (0.16%)	0.59
Pulmonary embolism	4 (0.26%)	51 (0.17%)	0.34
Ventilator use >48 hours	7 (0.46%)	45 (0.15%)	0.012*
Critical Illness Complications			
Sepsis	11 (0.72%)	77 (0.26%)	0.005
Septic shock	10 (0.66%)	40 (0.13%)	<0.001*
Unplanned ICU admission	34 (2.23%)	225 (0.75%)	<0.001*
Gastrointestinal (GI) Complications			
GI bleed	12 (0.79%)	216 (0.72%)	0.755
Bowel obstruction	25 (1.64%)	423 (1.41%)	0.012*
C. difficile colitis	1 (0.07%)	17 (0.06%)	0.59
Other Complications			
Transfusion needed	32 (2.10%)	368 (1.23%)	0.005*
Urinary tract infection	10 (0.66%)	146 (0.49%)	0.346
Reoperation	52 (3.41%)	846 (2.82%)	0.177
Readmission	109 (7.16%)	2127 (7.10%)	0.924
Reintervention	39 (2.56%)	661 (2.21%)	0.374
ED visit	149 (9.78%)	3651 (12.18%)	0.005*

Figure 1. 30-Day postoperative complications comparing patients ≥65 years versus <65 years *Statistical significance, p<0.05

Results (cont'd)

- SG-BSCs in patients ≥65 years (n=1,523) included:
  - 1,304 RYGB (85.6%).
  - 65 BPD/DS (4.3%).
  - 55 RYGB-d (3.6%).
  - 50 SADI-s (3.3%).
  - 14 OAGB (0.9%).
- SG-BSC trended 26.6% to 42.4% among patients ≥65 years from 2020-2022.
- Preoperative BMI was significantly lower in patients ≥65 years (37.3±7.14 vs. 40.57±8.14, p<0.0001).
- Lower return to ED among patients ≥65 years (p=0.005).
- No significant differences (p>0.05) observed for:
  - Reoperation
  - Readmission
  - Reintervention

Conclusions

- More patients ≥65 years started to undergo SG-BSC with lower preoperative BMI.
- **Patients ≥65 years had significantly higher rates of postoperative occurrences and complications but lower return to ED than patients <65 years**
- Longer follow-up is needed to further validate the reliability of these findings and establish a confirmed safety profile of BSC in this population.