Staying On Track: Identifying Predictors of Follow-up after Metabolic and Bariatric Surgery (MBS)

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Introduction

- Setting a solid foundation of multidisciplinary care before and after metabolic and bariatric surgery (MBS) is of the utmost importance for effective weight loss and management of obesity-related comorbidities.[1]
- Attrition to follow-up persists, which leads to worse weight loss outcomes.[2]
- This study sought to identify factors associated with the total number of follow-up visits during the first year after bariatric surgery.

Methods

- Review of a prospectively maintained quality database was performed. Patients who underwent MBS for morbid obesity from 2020 to 2022 were included.
- The primary endpoint: total number of follow-up visits one year after surgery. The dates for follow-up with a medical doctor/advanced practice provider (MD/APP) and registered dietician (RD).
- Univariable and multivariable linear regression analysis was used to evaluate the relationship between pre and postoperative factors and the total number of follow-up visits at twelve months, with a statistical significance of $p<0.05$.

Results

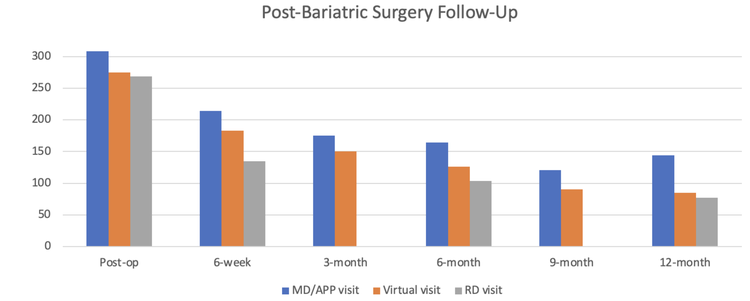
- 316 patients (241 females, 76.3%) had MBS with a preoperative mean body mass index (BMI) of 43.6±17.4 kg/m^2 and age of 48.7±12.1 years.
- Sleeve gastrectomy was performed in 199 (63%) patients, roux-en-Y gastric bypass in 98 (31%) patients, and other in 19 (6.0%) patients. Seventy (22.2%) of these operations were revisional.
- Most patients (N=200, 63.3%) lived within 20 miles of the clinic.
- On univariable linear regression, female ($\beta = 1.24$, $p<0.001$), other race ($\beta = -1.22$, $p=0.001$), distance per 20-mile increase ($\beta = -0.42$, $p=0.001$), revisional procedure ($\beta = -0.94$, $p=0.003$), and percentage of virtual visits ($\beta = -1.60$, $p=0.001$) significantly predicted the total number of follow-up visits.
- On multivariable linear regression, female ($\beta = 1.42$, $p<0.001$) remained a positive predictor, while other race ($\beta = -1.28$, $p=0.001$), distance per 20-mile increase ($\beta = -0.32$, $p<0.001$), revisional procedure ($\beta = -0.89$, $p=0.014$), and percentage of virtual visits ($\beta = -1.43$, $p=0.003$) indicated a negative relationship with the number of total follow-up visits. Insurance payor, preoperative BMI, and type of primary bariatric operation were not predictors.

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Results

- There was a decreasing number of visits for MD/APP and RD as the year progressed (Figure 1). The total number of visits (median [interquartile range]) with MD/APP was 4 (2-5), RD 2 (1-3), and virtual 3 (2-4).



Conclusion

- A higher percentage of virtual visits, revisional MBS, and further commute to clinic predict total number of follow-up visits within the first postoperative year.
- These factors highlight important discussion points during pre-and post-surgical care.

Rferences

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