# Concomitant Laparoscopic Cholecystectomy with Bariatric Surgery: Current Insights from the 2015-2021 MBSAQIP Database

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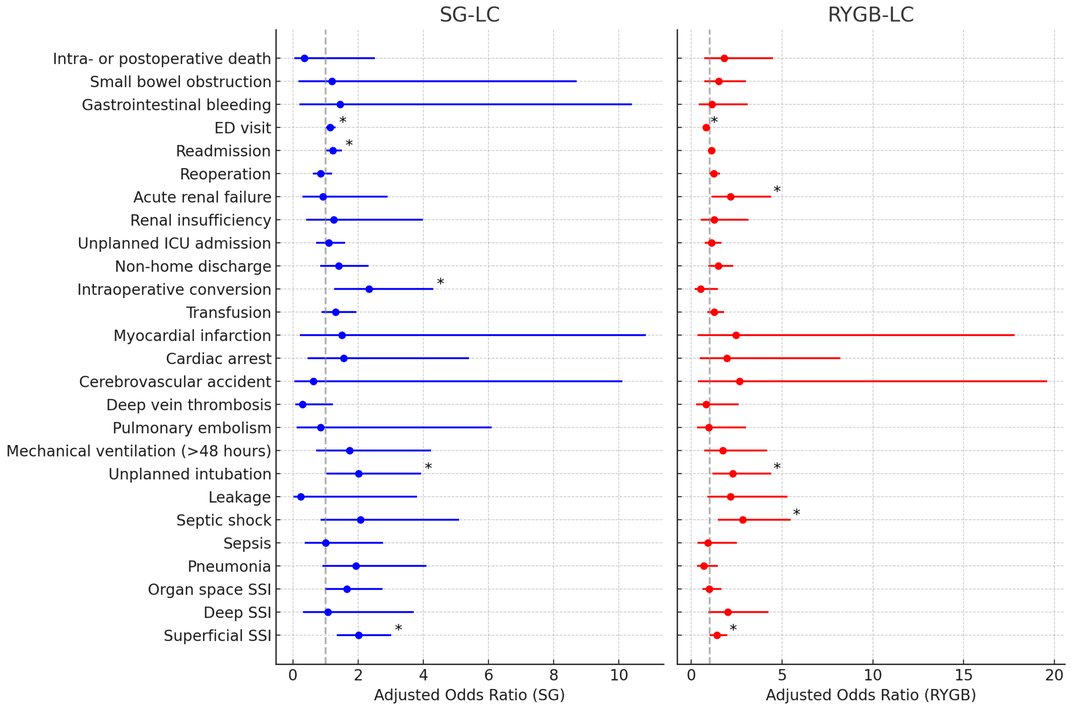
## Introduction

- Obesity and cholelithiasis frequently coexist, leading to the consideration of combining bariatric surgery with laparoscopic cholecystectomy (LC).
- This study analyzed 30-day outcomes of sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB) with concomitant LC using data from the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) data registry.

## Methods

- **Population**: Adults undergoing primary SG or RYGB with or without concomitant LC in the 2015-2021 MBSAQIP database.
- **Primary Outcome**: Perioperative mortality.
- **Analysis**: Entropy balancing for risk adjustment. Multivariable weighted logistic and linear regressions developed to evaluate independent association between concomitant LC and 30-day outcomes of interest.

## Results




## Conclusion

- Concomitant LC at the time of bariatric surgery demonstrated a relatively favorable safety profile with no association with 30-day mortality or major morbidity after risk adjustment.
- While concomitant LC is generally safe, it may introduce higher odds of specific complications depending on the bariatric procedure.
- Bariatric surgeons should weigh the benefits of concomitant surgery against these potential risks, considering patient-specific factors such as baseline comorbidities and procedural complexity.

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