EMERGENCY DEPARTMENT VISITS FOLLOWING BARIATRIC SURGERY CONVERSIONS: AN MBSAQIP ANALYSIS.

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Introduction

- Bariatric surgery conversion (BSC) is increasingly common, yet the rates of emergency department (ED) have not been investigated.
- We sought to analyze trends in ED visits and to evaluate factors associated with ED return within 30 days after BSC from a prior sleeve gastrectomy using the MBSAQIP.

Methods

- Retrospective analysis of the 2020-2022 MBSAQIP database was performed**. A total of 30,942 conversions from sleeve gastrectomy to:**
  - Roux-en-Y gastric bypass (RYGB): 85%
  - Biliopancreatic diversion with duodenal switch (BPD/DS): 6.1%
  - Single-anastomosis duodenal-ileal bypass sleeve (SADI-s): 4.3%
  - Roux-en-Y distal gastric bypass (RYGB-d): 3.3%.
  - One-anastomosis gastric bypass (OAGB): 1%.
- Descriptive analysis and multiple logistic regression models were employed.

Results

- **2,195 (7%) patients returned to the ED within 30 days.**
- Common postoperative occurrences associated with return to ED included:
  - Bowel obstruction (14.8%).
  - Organ space SSI (8.1%).
  - GI tract bleed (4.9%).
  - Anastomotic leak (4.4%).

- Significant differences were observed (p<0.001) among the groups, with BPD/DS and SADI-s showing lower rates of return (5.4% and 4.6%, respectively) compared with RYGB, RYGB-d, OAGB (7.3%, 8.5%, and 6.4%, respectively).

- Significant differences were observed in days to discharge (p<0.001), **with higher return rates associated with longer hospital *stays* *(5.7% for 0-1 days, 8.1% for 2-4 days, 20% for 5-9 days, 14% for >10 days).***

Results (cont'd)

- **Significantly higher return rates (p<0.001) were noted among female than male patients (7.2% vs 6%), and among Black/African-American patients (8.4%).**

- Returning patients had significantly lower weight and BMI closer to the date of surgery (108.1kg vs 111.3kg and BMI 36.4 vs 37.8, respectively; p<0.001).

Conclusions

- The rate of **ED returns within 30 days is comparable to that reported for primary bariatric surgery.**
- **RYGB, RYGB-d, and OAGB have higher ED return rates** than BPD-DS and SADI-s.
- **Female patients and those identifying as Black/African-American demonstrated higher return rates to the ED.**
- **BMI, weight near the time of surgery, and length of hospital stay also influenced the likelihood of ED return.**