

Introduction

Bariatric surgery is an established treatment for obesity resulting in significant weight loss and improvement in associated comorbidities like diabetes.

The degree of comorbidity resolution, however, is variable and there is limited data regarding the role of food deserts on diabetic control following bariatric surgery.

Methods

Single center, retrospective review of diabetic patients who underwent bariatric surgery between 2014-2020.

Variables of Interest:

Operation Type (SG vs RNY)

Food Desert Status

Pre- and post-operative HbA1c measurements

Pre- and post-operative anti-hyperglycemic agents

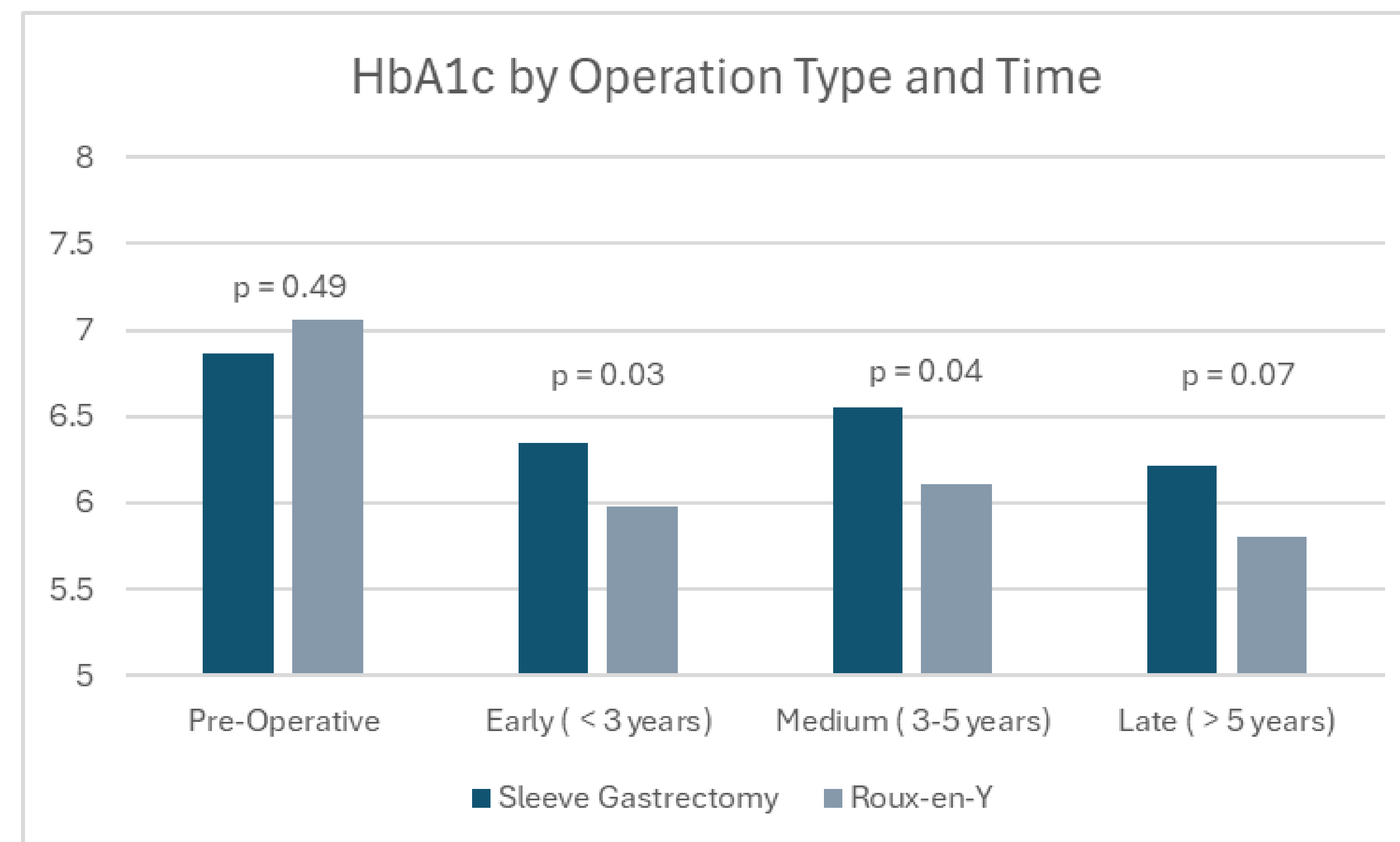
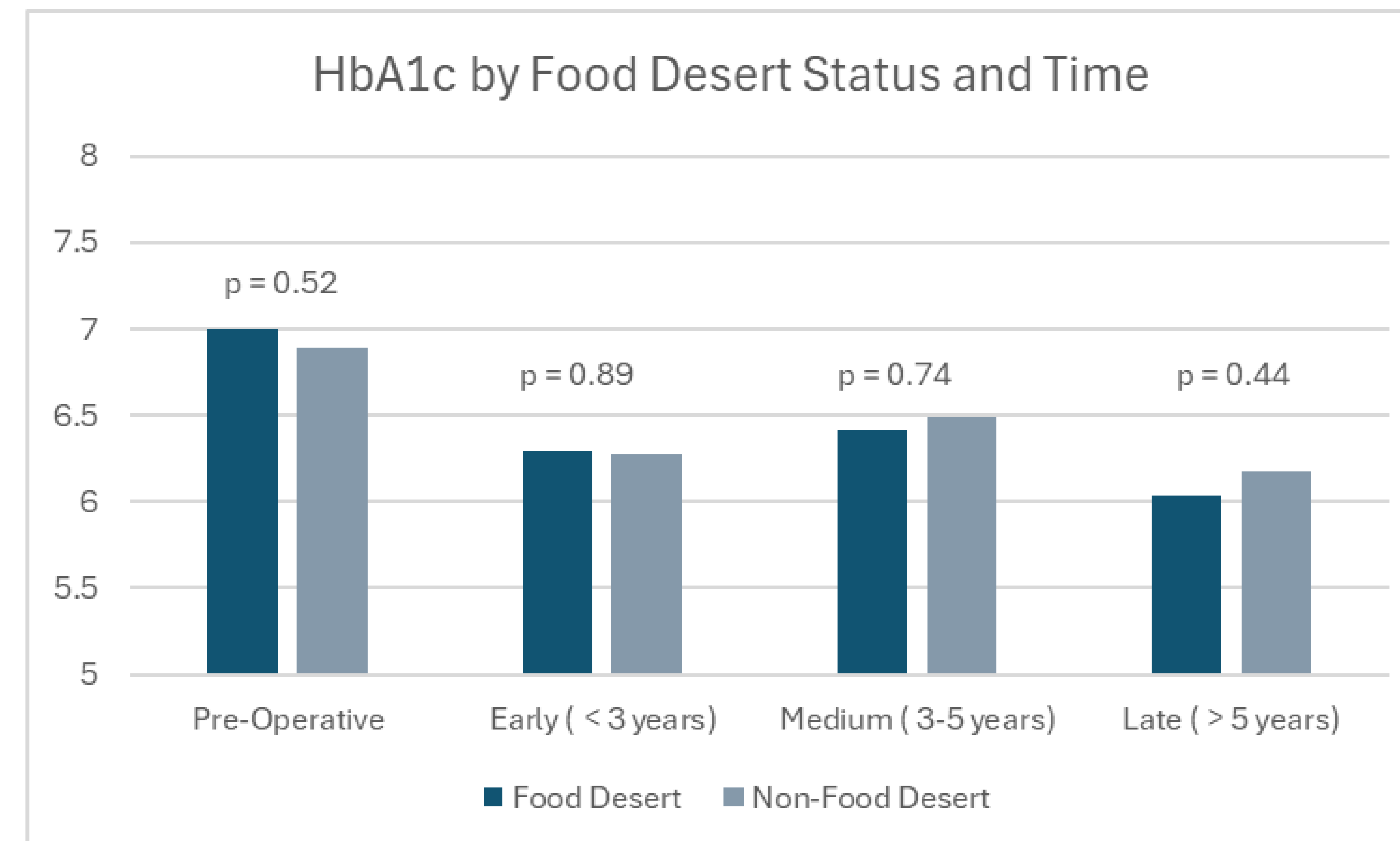
Post-operative HbA1c were grouped and averaged into the following time periods:

Early Term (< 3 years)

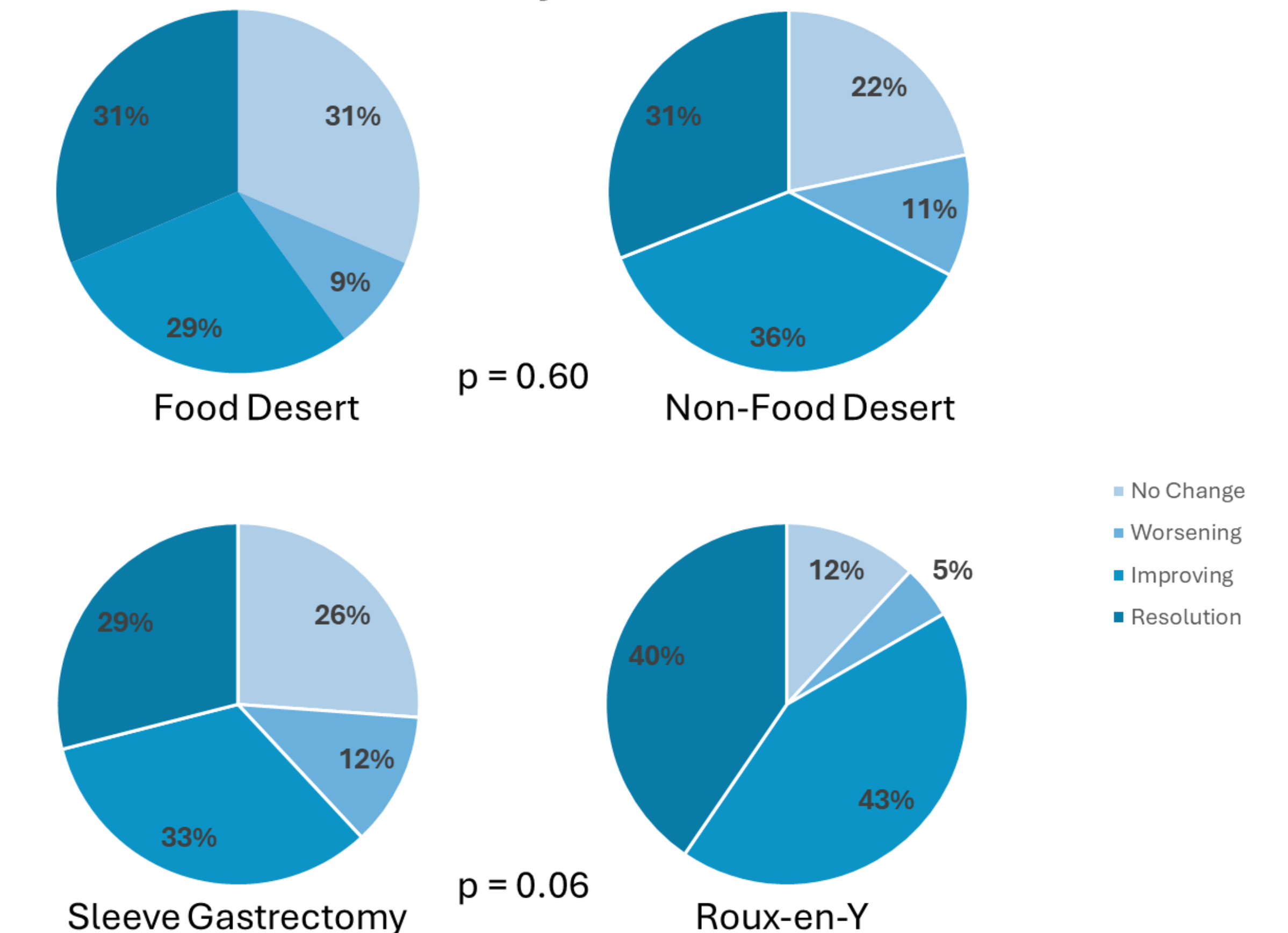
Medium Term (3-5 years)

Long Term (> 5 years)

Results



Diabetic Control by Medication Use



Conclusions

This data agrees with existing literature that bariatric surgery results in improved diabetic control with long-term improvement in HbA1c levels while requiring fewer diabetic medications.

Interestingly, residing in food deserts does not appear to influence post-operative diabetic control. Our data also suggest that RNYGB is superior to SG in glycemic control, as evidenced by fewer diabetic medications required post-operatively.