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Connect to Purpose

Postoperative complications and risk factors in patients over 75 years undergoing revisional bariatric surgery: insights from MBSAQIP database analysis

Izabela Karpińska¹, Armour Forse², Piotr Major³, Tomasz Rogula²

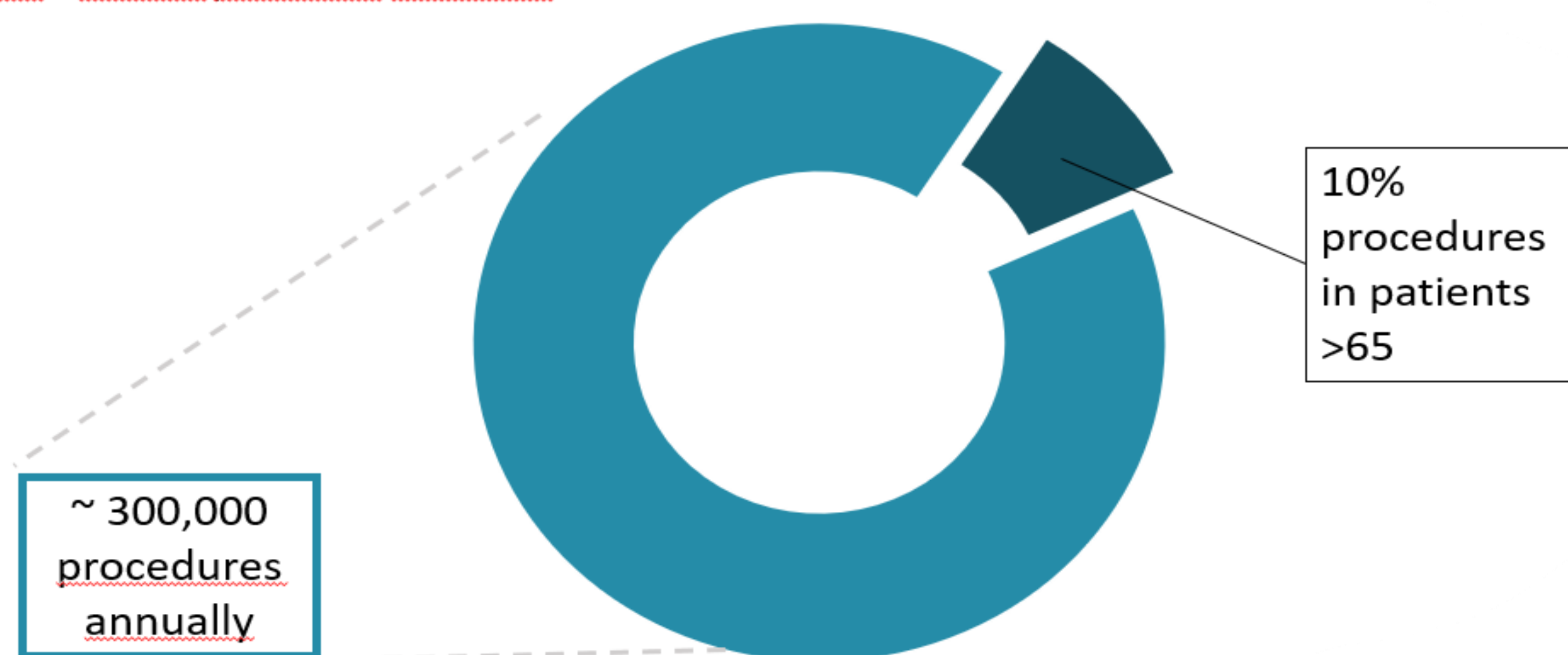
¹ University Hospital in Cracow, Poland

² Bariatric and Metabolic Institute, Doctors Hospital at Renaissance, Texas, USA

³ 2nd Department of General Surgery, Jagiellonian University Medical College, Cracow, Poland

INTRODUCTION

Figure 1 Bariatric procedures worldwide



Bariatric surgery has become a cornerstone in the management of morbid obesity. With increasing life expectancy and advances in surgical techniques, more elderly patients, including those aged 75 and older, are undergoing these procedures. Revisional bariatric surgery, performed to address complications or suboptimal outcomes of primary procedures, presents unique challenges in this high-risk group.

Objectives: to evaluate the incidence, nature, and predictors of postoperative complications in patients aged 75 and older undergoing revisional bariatric surgery.

METHODS

retrospective analysis MBSAQIP database 2020-2023

Table 1 Eligibility criteria

Inclusion criteria	Exclusion criteria
• revisional bariatric procedure • 30-days follow-up • age ≥ 75	• incomplete data • other gastric resections • emergency cases

CONCLUSIONS

- ❑ Revisional bariatric surgery in late elderly patients is associated with a higher complication rate compared to primary procedures but aligns with complication rates in younger revisional cohorts.
- ❑ VBG as primary procedure, higher BMI, lower preoperative albumin levels and black or african american race are independent risk factors for postoperative complications after bariatric procedures in late elderly patients.
- ❑ Identified risk factors highlight areas for targeted interventions, including nutritional support and equitable healthcare delivery, to improve outcomes in this vulnerable population.

- ❑ Further prospective research is needed to validate these findings and explore long-term observations.

descriptive statistic

univariate regression

multivariate regression

Contact information:

e-mail: iza.karpinska@interia.pl

Phone: +48 510 710 066



RESULTS

The median age of the cohort was 76, a preoperative BMI of 37.0 kg/m². Most patients were female (76.8%) and white (87.7%). Three most common comorbidities included HT (73.2%), GERD (64.9%), and dyslipidemia (56.9%). 96.4% of patients were functionally independent preoperatively, while 81.5% had an ASA physical status of III.

Figure 2 Distribution of postoperative complications (n = 72) among patients ≥ 75 undergoing revisional bariatric surgery.

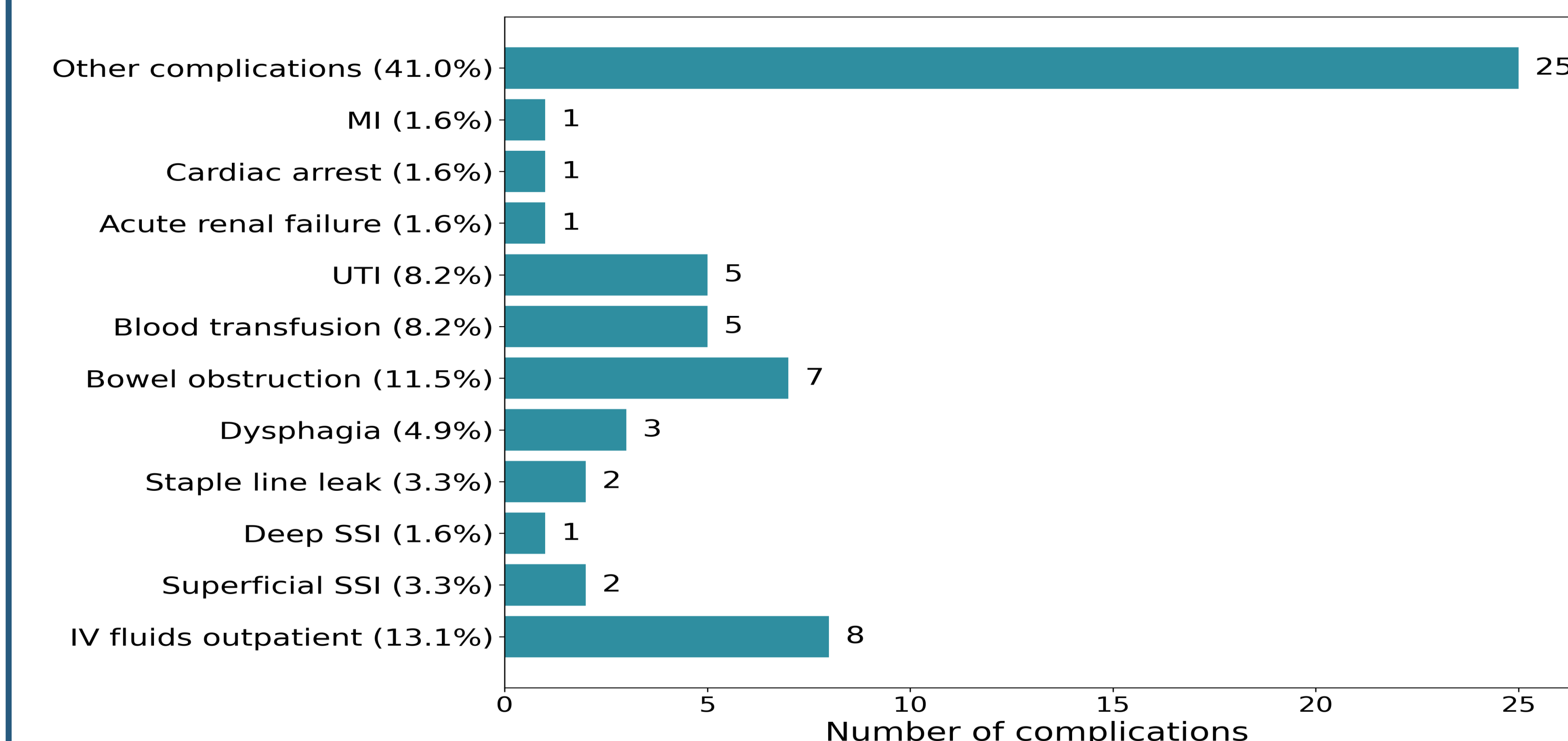


Figure 3 Independent predictors of postoperative complications (multivariate analysis)

