Tipping the Scales – Bariatric Exclusive Fellowships Complete More Bariatric Surgery Cases Compared to Other MIS Fellows

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INTRODUCTION:

Residents applying for minimally invasive surgery (MIS) fellowships are faced with a wide variety of fellowship program designations. Specifically, residents who wish to pursue a career in bariatric surgery may apply to bariatric exclusive (BE) fellowships or other MIS fellowships that include bariatric surgery.

The American Society for Metabolic and Bariatric Surgery (ASMBS) sets minimum case numbers for MIS fellows wishing to pursue a career in bariatric surgery. Currently, this minimum is set at 100 total bariatric surgery cases (with at least 50 anastomotic cases). Especially in the era of GLP-1 agonists and declining bariatric surgery volume, the case volume is of high importance for residents applying for MIS fellowships.

This study investigated case-log data for MIS fellows from 2023-2024 and 2024-2025 to better understand trends in bariatric surgery case volume in MIS fellowships that are bariatric exclusive (BE) compared to advanced GI including bariatrics (AGIB).

METHODS:

Data Collection

- Fellow case log data was obtained from the Fellowship Council website for the years available: 2023-2024 & 2024-2025
- The number of bariatric surgery cases was obtained for each program as well as the total number of fellows to permit calculation of the number of bariatric cases per fellow
- Programs were classified as **Bariatric Exclusive (BE)** or **Advanced GI including Bariatrics (AGIB)** as follows:

Bariatric Exclusive (BE):
- Bariatrics
- Bariatrics & Foregut

Advanced GI Including Bariatrics (AGIB)
- Advanced GI & Bariatrics
- Advanced GI & Bariatrics & Foregut
- Advanced GI & Bariatrics & Comprehensive Flexible Endoscopy & Foregut
- Advanced GI & Bariatrics & Hernia / Abdominal Wall

Statistical Analysis

- Unpaired t-tests were used to compare the number of bariatric cases for both 2023-2024 and 2024-2025 academic years between BE and AGIB programs
- Unpaired t-tests were used to compare the number of bariatric cases for BE programs between 2023-2024 and 2024-2025 as well as AGIB programs between 2023-2024 and 2024-2025
- Microsoft Excel [version 16.98] (Microsoft Corporation, Redmond WA, USA) was used for data analysis and data visualization was completed using R [version 4.5.1] R Core Team (2025)

RESULTS:

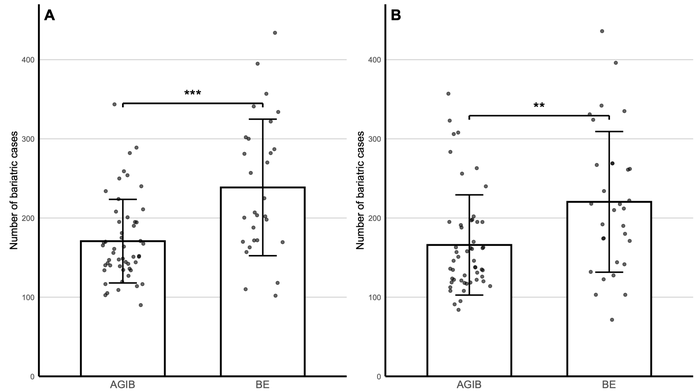

Figure 1 displays the number of bariatric cases for each BE and AGIB program for 2023-2024 (**Fig 1A**) & 2024-2025 **(Fig 1B).** *** $p < 0.001$; ** $p < 0.01$

- As shown in **Figure 1a**, fellows in BE programs (M = 238.6 ± 86.2) recorded significantly more bariatric cases than AGIB fellows (M = 170.7 ± 52.8) for 2023 ($p < 0.001$).
- As shown in **Figure 1b**, fellows in BE programs (M = 220.4 ± 88.8) recorded significantly more bariatric cases than AGIB fellows (M = 165.9 ± 63.2)
- There was not a significant difference between bariatric cases between 2023-2024 and 2024-2025 for BE fellows ($p = 0.42$) nor for AGIB fellows ($p = 0.68$)
- For 2023-2024, all 29 BE programs met the minimum of 100 bariatric surgery cases, while 51 of 52 AGIB programs met the minimum
- For 2024-2025, 30 of 31 BE programs met the minimum of 100 bariatric surgery cases while 49 of 52 AGIB programs met the minimum

DISCUSSION:

BE fellowships completed more bariatric surgery cases compared to AGIB fellowships over 2023-2024 and 2024-2025. However, it is unclear the significance of this difference as the vast majority of both BE and AGIB fellowships meet the case minimum to achieve ASMBS certification in bariatric surgery.

Limitations in this study include utilizing retrospective data based on fellow-submitted case logs, which are liable to error. Anastomotic and non-anastomotic cases are not distinguished, thus the ability to determine which programs meet the minimum criteria for certification is limited.

WORKS CITED

1. Lin, Kevin, Ateev Mehrotra, and Thomas C. Tsai. "Metabolic bariatric surgery in the era of GLP-1 receptor agonists for obesity management." *JAMA Network Open* 7, no. 10 (2024): e2441380.