From Scarcity to Surgery: Exploring the Link between Food Insecurity and Metabolic and Bariatric Surgery Outcomes

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INTRODUCTION

- There is conflicting evidence regarding the impact of food insecurity (FI) on metabolic and bariatric surgery (MBS) outcomes
- Most studies use indirect measures of FI such as zip codes or census data

Aim: To use patient-reported outcome measures (PROMs) to assess the impact of FI on longitudinal MBS outcomes

Hypothesis: Patients experiencing FI will experience less weight loss and longer length of stay (LOS) after MBS

METHODS

- Retrospective cohort of patients undergoing sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB) between 01/2023 and 02/2025
- The 2-item Food Security Screen was administered with screening positive for patients responding “often” or “sometimes” to at least one question
- **Primary Outcome:** Percent total body weight loss (TBWL)
- **Secondary Outcomes:** 30-day complications, LOS, follow-up rates, resolution of comorbidities, emergency department (ED) visits, and readmissions
- Data were compared using independent sample t-tests and chi-squared tests

RESULTS

- FI was reported by 27.5% (60/218) of SG patients and 30.7% (43/140) of RYGB patients
- There was no difference in TBWL, LOS, 30-day complication rates, readmission rates, 12- and 24-month follow-up rates, or resolution of comorbidities based on food security status
- Patients reporting FI have higher rates of ED visits at 90 days after both procedures compared to patients with food security

Figure 1. Comparing Weight Loss Outcomes Based on Food Security Status for Patients After Sleeve Gastrectomy (SG) and Roux-en-Y Gastric Bypass (RYGB)

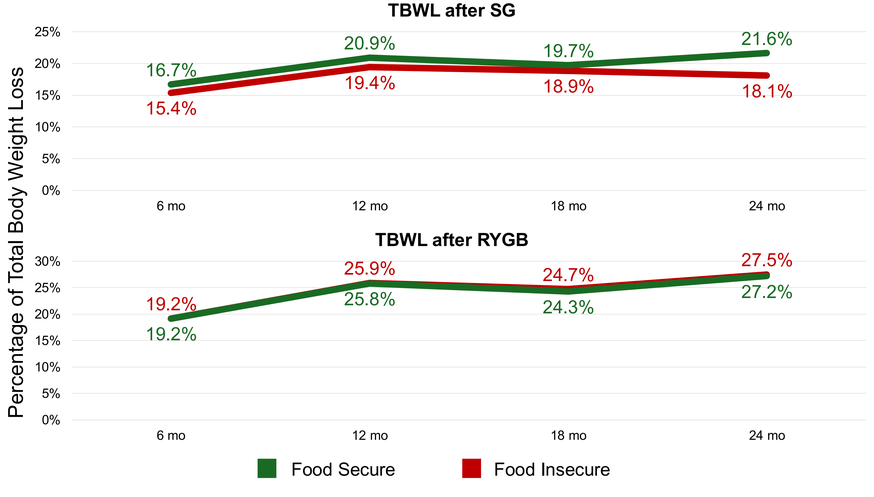
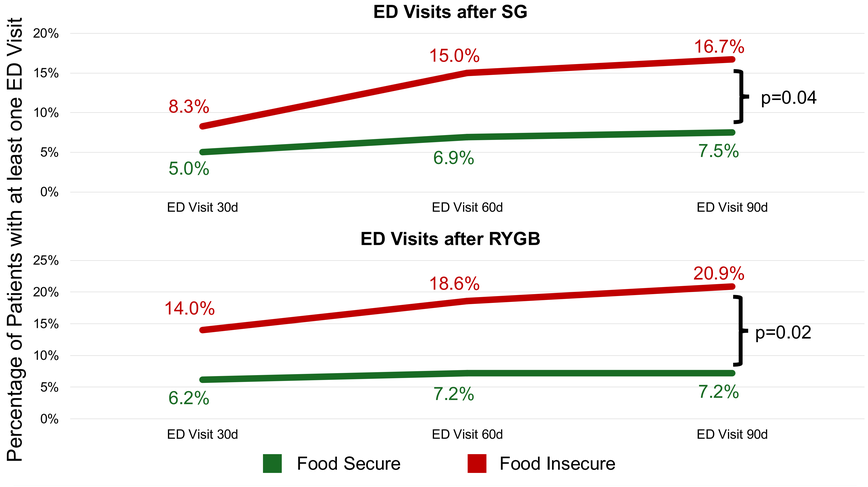


Figure 2. Comparing Clinical Outcomes Based on Food Security Status for Patients After Sleeve Gastrectomy (SG) and Roux-en-Y Gastric Bypass (RYGB)



CONCLUSIONS

- FI should not be considered a contraindication to MBS given the similarity in weight loss outcomes
- Patients with FI had more ED visits possibly suggesting they need more perioperative support
- Systematically screening for FI in the perioperative setting can be used to increase supportive, proactive resources for MBS patients
- Integrating FI prevalence into quality metrics may account for socioeconomic disparities in program outcomes