



Impact of Beneficiary Status on Weight Loss and Metabolic Outcomes After Bariatric Surgery at a Military Treatment Facility

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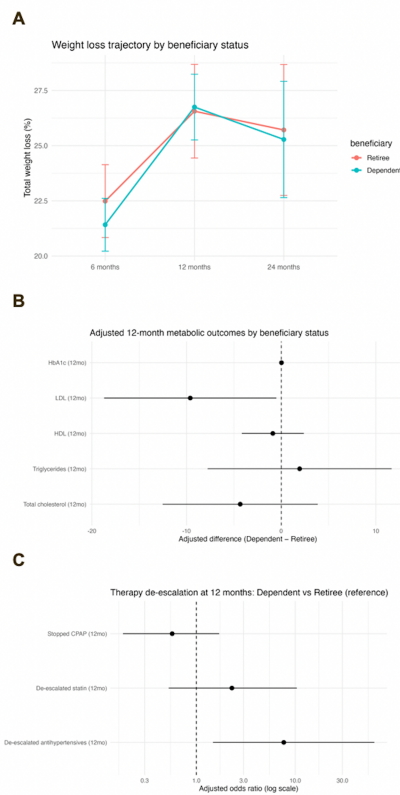
Introduction

- **Background:** Bariatric surgery produces durable weight loss and improves metabolic disease, but outcomes may vary by patient population.
- **Knowledge gap:** Whether beneficiary status (retiree vs dependent) influences weight loss trajectories and metabolic outcomes.
- **Rationale:** Retirees and dependents differ in baseline demographics and comorbidity burden, which may influence postoperative outcomes.
- **Aims:** Compare TWL% at 6/12/24 months, 12-month metabolic labs, and therapy de-escalation between dependents and retirees

Methods

- **Study design:** Retrospective single-center cohort at a military treatment facility (01/2022–12/2024)
- **Population:** Consecutive adults undergoing primary or conversion/revisional minimally invasive sleeve gastrectomy or Roux-en-Y gastric bypass
- **Exclusions:** Missing beneficiary status and patients missing outcome data for the specific timepoint/outcome analyzed
- **Outcomes:** TWL% at 6/12/24 months; 12-month HbA1c and lipid panel; therapy changes at 12-months (CPAP, statin, antihypertensives)
- **Statistical analysis:** Group comparisons with t-test/chi-square; TWL% modeled with mixed-effects model; adjusted for baseline covariates including age, BMI, ASA, procedure, comorbidities

Figures



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Results

- **Cohort:** n=281 patients; 123 retirees (44%) and 158 dependents (56%)
- Retirees older (median 50 vs 46 years; p=0.003)
- Dependents mostly female (93% vs 48%; p<0.001)
- Retirees had higher baseline OSA (80% vs 56%) and hypertension (63% vs 38%; p<0.001)
- Procedure distribution was similar overall (p=0.082); however retirees were less likely to undergo revisional/conversion cases (11% vs 21%; p=0.05)
- TWL% was comparable between retirees and dependents (**Figure A**)
- After adjustment for baseline labs and covariates, dependents had lower 12-month LDL than retirees (delta -9.6 mg/dL; 95% CI -18.7 to -0.5; p=0.039)
- HbA1c and other lipids not significant (**Figure B**)
- In adjusted models, dependents had higher odds of antihypertensive de-escalation at 12 months (aOR 7.66; p=0.028), while CPAP discontinuation and statin de-escalation did not differ significantly

Conclusions

- Retirees and dependents achieved similar weight loss trajectories through 24 months after bariatric surgery, even after adjustment for baseline differences
- Beneficiary status showed limited independent association with metabolic outcomes; the main observed differences were lower 12-month LDL and higher antihypertensive de-escalation