

**BATTLE OF THE SUPER OBESE SEXES: FEMALE VERSUS MALE VARIATION IN PRE-OPERATIVE CLINICAL CHARACTERISTICS AMONG 1,673 SURGICAL PATIENTS UNDERGOING BILIO-PANCREATIC BYPASS/DUODENAL SWITCH (BPD/DS)**

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**OBJECTIVE:** To identify variation in pre-operative clinical characteristics among super obese females versus males.

**METHODS:** Data from 1,673 Surgical Review Corporation BOLD database patients who were pre-operative for BPD/DS was analyzed retrospectively in two groups: Female (n=1217) and Male (n=456). Statistical analyses: ANOVA compared age, weight, and Body Mass Index (BMI) and Chi-squared assessed dichotomous variable distribution.

**RESULTS:** Pre-operative female/male weight (138+-27/174+-34 kg), BMI (51 +- 9/53 +-10)—and age (45 +- 11/46 +- 11) varied by sex (p<0.05), as did Medicaid/Medicare/Private/Self-Pay insurance status (female %: 9.7/9.6/77/4.1 and male % 5.4/11.5/81/2.5. p<0.05). Female abdominal panniculitis, asthma, cholelithiasis, GERD, stress urinary incontinence, depression, and fibromyalgia (p<0.01) and mental health diagnosis (p<0.05) (8 co-morbidities) were higher than among men. Male alcohol use, congestive heart failure, hypertension, ischemic heart disease, dyslipidemia, obstructive sleep apnea, diabetes, gout, and unemployment (p<0.01) and unemployment (p<0.05) (10 co-morbidities) were higher than women. Race, abdominal hernia, angina, back pain, DVT/PE, impaired functional status, lower extremity edema, musculoskeletal pain, obesity hypoventilation syndrome, peripheral vascular disease, pseudotumor cerebri, psychomotor impairment, pulmonary hypertension, and substance/tobacco abuse did not vary by sex.

**CONCLUSIONS:** Among super-obese patients, pre-operative for BPD/DS, clinical characteristics varied significantly by sex. Female asthma, abdominal conditions, psychological issues, and fibromyalgia dominated. Males were older and heavier, drank more, and suffered increased cardio-pulmonary problems, diabetes and other endocrine/metabolic co-morbidities and liver disease, and were more often unemployed. Data extracted from this study may be used to optimize pre-operative comorbidities prior to surgical intervention in the effort to decrease peri-operative morbidity and mortality.