

Background: The use of sequential compression devices on lower extremities perioperatively and early ambulation reduce venous thromboembolism (VTE) postoperatively. Anti-coagulation medication is recommended by ASMBS to reduce VTE risk. This study examines 30 day post-op VTE or death among bariatric surgery patients who had sequential compression alone (SEQUEN) or with anticoagulation (ANTICOAG).

Methods: LABS participants from 10 centers in the US who underwent their first bariatric surgery between 3/2005 and 10/2007 comprise the study group. We examined 30-day incidence of VTE, defined as DVT or PE, and mortality.

Results: Of 3,539 patients, 370 (10%) received sequential compression alone, while the others also received anticoagulation therapy. The two groups were similar in age, race, ethnicity, and BMI. There was a significantly higher percentage of males (30% vs. 20%, $p < 0.0001$) and smokers (7% vs. 3%, $p = 0.003$) in the SEQUEN group. The prevalence of hypertension, diabetes, congestive heart failure, history of VTE, vena cava filter, ischemic heart disease, and pulmonary hypertension at baseline, were not significantly different. The SEQUEN group had longer operative times (207 vs. 169 min, $p = < .0001$). The two groups were similar in % of re-hospitalization and re-operation. Open surgery was associated with 1.8% of VTE, and laparoscopic surgery with 0.4%. After adjusting for sex, current smoking, length of operation, and history of VTE, there was not a significant difference between groups in the combined incidence of DVT/PE/mortality (1.0% in ANTI-COAG versus 0.4% in SEQUEN, $p = 0.25$).

Conclusion: The overall incidence of VTE or death was small (1%). The addition of anticoagulation to the use of sequential compression devices may not lower the rate of VTE following bariatric surgery. Further study of this topic is warranted (sample size).

PII: S1550-7289(08)00406-1

PL-38.

LOW SURGICAL VOLUMES IN HOSPITALS THAT MEET SURGICAL REVIEW CORPORATION (SRC) BARIATRIC SURGERY CENTER OF EXCELLENCE (BSCOE) MINIMUM STANDARDS DO NOT DEMONSTRATE AN ADVERSE IMPACT ON SURGICAL OUTCOMES

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Background: Currently, there are conflicting reports regarding the relationship between surgical volume and outcomes for bariatric surgery. To further investigate this issue, we evaluated outcomes based on total self-reported surgical volumes for SRC BSCOE Hospitals receiving Full Approval status from August 2005 to May 2007.

Methods: We divided the 235 fully approved ASMBS BSCOE hospitals into three equally sized groups and analyzed the types of procedures, demographics and 90-day outcomes.

Results: There were 81,100 patients treated at these hospitals and included 8 types of procedures, with laparoscopic gastric bypass (60.5%), open gastric bypass (21.4%) and adjustable bands (12.5%) being the most common. Females represented 85%, most over 40 with private insurance (77%). The ratio of preference for procedure (laparoscopic over open, open over adjustable band, etc.) was relatively constant, regardless of group. Furthermore, there were no significant differences in re-admission, re-operation, or overall 90-day mortality rates between groups (Table).

Conclusion: Our data suggest that surgical outcomes of BSCOE hospitals meeting SRC credentialing standards are not stratifiable based upon center volume. The issue of outcomes from centers with fewer than 125 cases/year will require data from the ASMBS Fellows program.

Volume category (case number/yr)	Number of hospitals	Readmission rate (%)	Reoperation rate (%)	Mortality rate (%)
Low (125-174)	80	5.68	2.72	0.32
Medium (175-289)	77	4.83	2.52	0.44
High (>289)	78	4.62	1.89	0.34

PII: S1550-7289(08)00407-3

PL-39.

REPRODUCTIVE HEALTH CHARACTERISTICS OF WOMEN UNDERGOING BARIATRIC SURGERY

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Background: Obesity places women at increased risk for reproductive disorders, including polycystic ovary syndrome, abnormal bleeding, infertility, and pregnancy complications. However, the prevalence of reproductive problems in the pre-surgical bariatric population has not been well described.

Methods: Pre-surgery and annually thereafter, female participants in the Longitudinal Assessment of Bariatric Surgery (LABS)-2 Study complete the Reproductive Health Survey, a 20-item self-administered instrument. We report the baseline results as of October 1, 2007 (N=663).