

Variations in Post-Operative Outcomes by Age Among Populations With Obesity After Laparoscopic Roux-en Y Gastric Bypass (LRYGB)

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INTRODUCTION

Baseline data and LRYGB clinical outcomes by age have not been reported. Objective is to identify age variation in pre-operative LRYGB characteristics and post-operative outcomes.

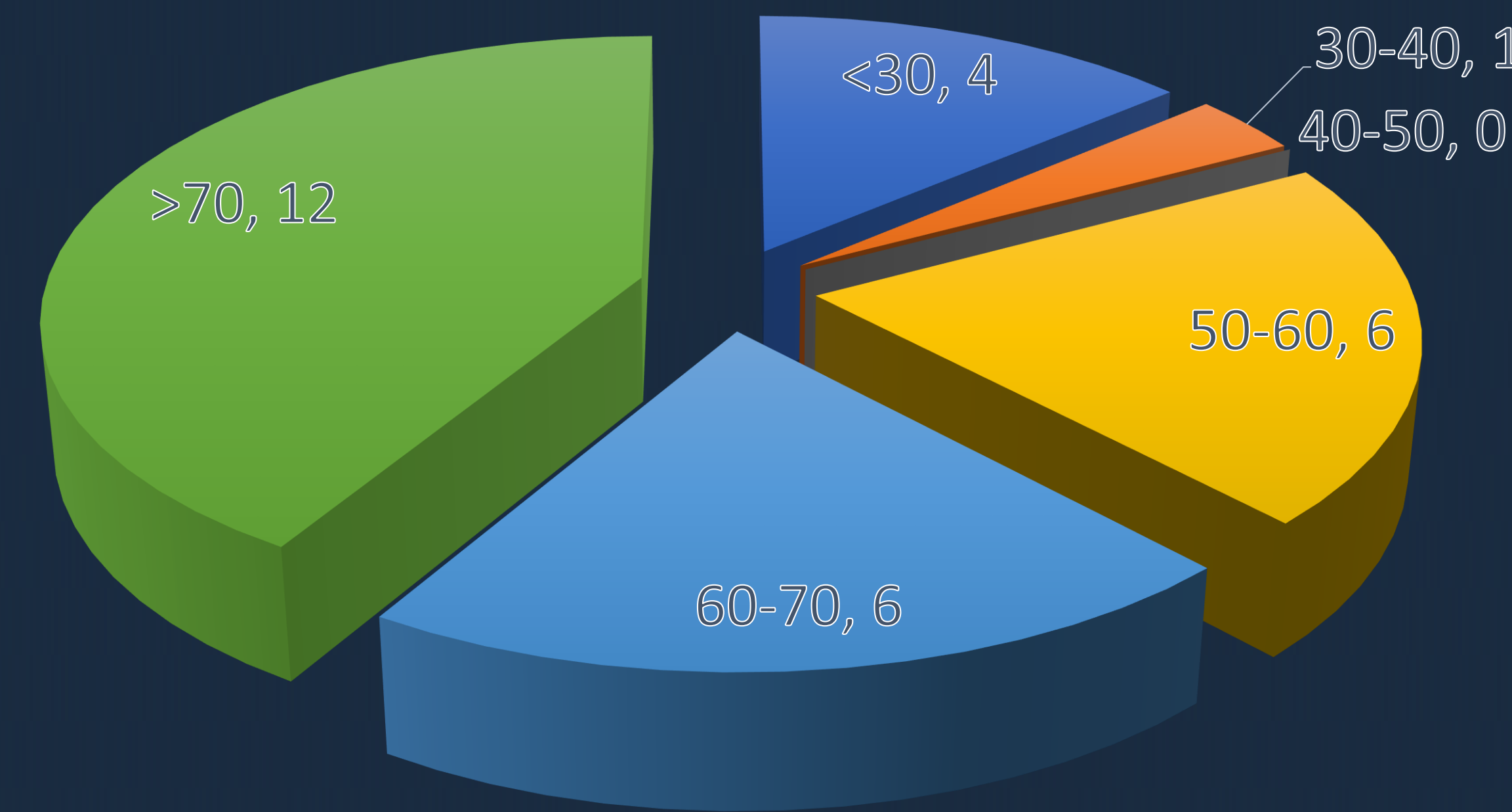
METHODS

Retrospective analysis of **83,059 patients** with obesity from the Surgical Review Corporation's BOLD database who underwent LRYGB. Clinical data of 29 weight-related co-morbidities in six age groups organized by decade was collected at pre-operative baseline and at 24 months post-LRYGB.

Statistics: ANOVA, Chi-squared, linear and categorical models.

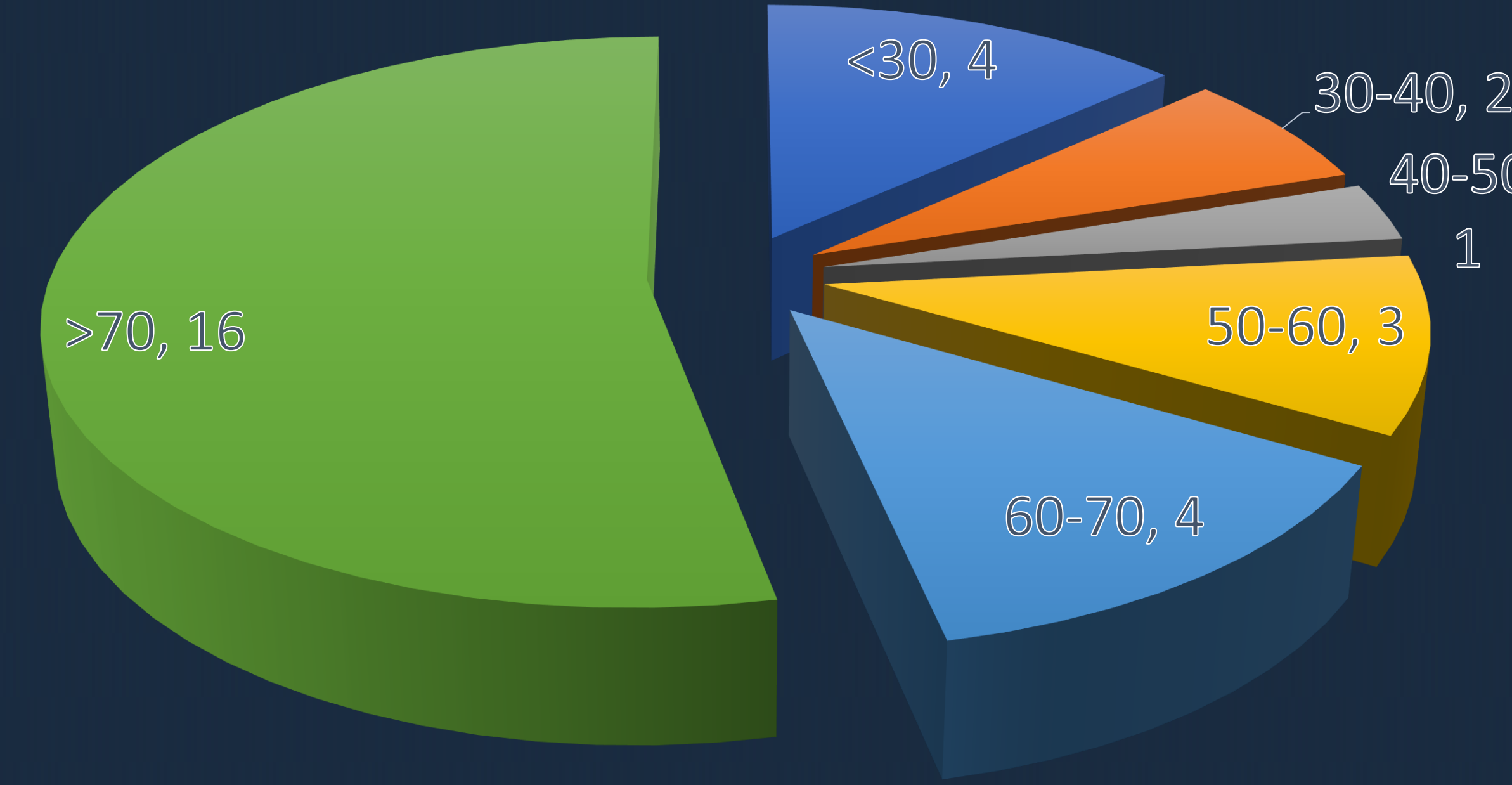
RESULTS

NUMBER OF CO-MORBIDITIES WITH HIGHEST INCIDENCE BY DECADE AT PRE-OP BASELINE



- <30: highest in pseudotumor cerebri, EtOH, tobacco, and substance abuse.
- 30-40 and 40-50 did not carry the highest rates of any co-morbidity.
- 50-60: highest in asthma, OSA, GERD, liver dz, depression, and psych impairment.
- 60-70: highest in angina, OHS, cholelithiasis, panniculitis, LE edema, and fibromyalgia.
- >70: **highest in 12 co-morbidities**

NUMBER OF CO-MORBIDITIES WITH HIGHEST INCIDENCE BY DECADE AT 24 MONTHS POST-OP



- 22 co-morbidities varied directly by age ($p < 0.05$). Liver dz, panniculitis, asthma, EtOH abuse, mental health dx, pulm HTN, and substance abuse did not vary by age.
- >70 also demonstrated the highest attendance of support groups post-op (not depicted)
- < 30 had highest BMI and weight at baseline and 24 months. >70 was lowest.

CONCLUSION

Older patients who were likely to have been obese the longest had highest incidences of analyzed co-morbidities at baseline which persisted post-operatively.

In spite of lower weight/BMI, older patients failed to resolve their co-morbidities at even higher rates 24 months after LRYGB. Conversely, in spite of greater weight/BMI, alcohol/tobacco abuse, youngest patients fared best

From this we could speculate that bariatric surgery is less advantageous to older populations in terms of reduction in obesity co-morbidities which could help facilitate patient selection for LRYGB.