

**PRE-OPERATIVE CLINICAL CHARACTERISTICS BUT NOT LONG-TERM SLEEVE GASTRECTOMY (SLEEVE) OUTCOMES VARY BY RACE DIFFERENTLY IN WOMEN VERSUS MEN**

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**Introduction:** Clinical characteristics and outcomes of bariatric surgery vary by race and sex.

However, variations between male and female SLEEVE patients by race have not been completely investigated.

**Objective:** To identify pre-operative/outcome variation by race in women and men undergoing Laparoscopic Sleeve Gastrectomy.

**Methods:** Data (weight, BMI and 31 weight-related co-morbidities) from 8,966 BOLD database patients who underwent SLEEVE was analyzed retrospectively by race (Black, Caucasian, Hispanic, Other(Native American, Pacific Islander, two or more races reported)) in two separate groups: Women (n=6,685) and Men (n=2,281). Outcomes analysis used general Linear Models that included baseline and post-operative data and were modified for binomial distribution of dichotomous variables.

**Results:** Female pre-operative weight, BMI, age, unemployment, hernia, panniculitis, cholelithiasis, GERD, liver disease, stress incontinence(SUI), CHF, hypertension, sleep apnea(OSA), pulmonary hypertension(PHT), dyslipidemia, lower extremity edema(LEE), fibromyalgia, depression, mental health diagnosis(MHD), psychological impairment(PI), musculoskeletal pain(MSP), alcohol/tobacco/substance abuse (N=24) varied by race ( $p < 0.05$ ). Male pre-operative weight, BMI, age, hernia, GERD, liver disease, CHF, hypertension, dyslipidemia, LEE, OSA, MSP, depression, PI, and tobacco abuse (n=15) varied by race ( $< 0.05$ ).

Additionally, insurance, impaired functional status, back pain, DVT/PE varied by race in men. 12 month female weight, BMI, asthma, back pain, MSP, PTC, and male weight, BMI, hypertension, PHT varied. No variation at 24 months.

**Conclusions:** Pre-SLEEVE clinical characteristics vary by race in distinctly different female/male patterns. Variations by race in both men and women decreases by 12 months and resolves completely 24 months post-SLEEVE. These pre-SLEEVE findings may facilitate early clinical management.