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**NEW RISK MANAGEMENT SYSTEM REDUCES BARIATRIC SURGERY
COMPLICATION RATE BY 65 %, HOSPITAL READMISSIONS BY 80 %
Knowing Risk Potential Helps Doctors and Patients Reduce Complications and Costs**

DALLAS – JUNE 26, 2009 – A new scoring system that rates a bariatric surgery patient’s risk of complications on a scale of 1 to 4 can help reduce post-surgical complications by 65 percent and hospital readmission rates by more than 80 percent, according to a new study presented today at the 26th Annual Meeting of the American Society for Metabolic & Bariatric Surgery (ASMBS).

Researchers from Arizona devised a Metabolic Acuity Score (MAS) that places surgery patients into one of four groups based on risk factors including the severity of their morbid obesity and obesity-related diseases such as Type 2 diabetes, sleep apnea and heart disease, and their psychological health.

The study found that after MAS had been implemented, 30 day post-surgery complication rates dropped by 65 percent, from 17.9 percent to 6.2 percent, which is significantly lower than the 15 percent inpatient complication rate reported by the Agency for Healthcare Research and Quality (AHRQ) for bariatric surgery. Thirty-day hospital readmissions fell 81 percent from 7.4 percent to 1.4 percent, lower than the 7 percent rate reported by AHRQ. On average, patients lost almost 80 percent of their excess weight within one year and the mortality rate was zero.

“Using the Metabolic Acuity Score (MAS) as a risk management system improves the safety profile of bariatric surgery to levels approaching routine gallbladder surgery, even for high risk patients,” said Robin Blackstone, MD, FACS, lead study author and bariatric surgeon at Scottsdale Bariatric Center in Arizona. “With significantly reduced complications and hospital readmission rates, we are improving patient care and lowering costs at the same time for patients suffering from life-threatening diseases.”

More than 2,400 laparoscopic gastric bypass (1,821) and laparoscopic gastric band (595) patients were evaluated for incidence of major complications, mortality, length of hospital stay, readmission and re-operations. Dr. Blackstone performed each of the surgeries at a community hospital in Scottsdale between 2001 and 2008. The analysis compared patient complications before and after MAS was instituted with 1,072 patients beginning in August 2006. A MAS score of 1 represents the least at risk and a score of 4 represents patients at highest risk for complications.

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Patients in the highest risk groups were more aggressively managed before and after surgery for obesity-related diseases with medical treatment, psychological counseling, and careful monitoring by a multi-disciplinary health care professional team.

Reductions in complication rates occurred in postoperative internal hernias (4% vs.1.2%), obstructions (3% vs. 1.2%), intra-abdominal abscesses (1.8% vs. 0%), pneumonia (1.1% vs. 0%), leaks (0.9% vs. 0%) and infections (3.5% vs. 0.7%) for gastric bypass patients. The re-operation rate also decreased by 57 percent (2.1% vs. 0.9%) and the average hospital stay remained at about two days. The adjustable gastric band group experienced significantly fewer band slips (6.7% vs. 0.6%) and had a reduced hospital stay (1.3 days to 0.8 days).

“This risk management system shows that if we know and better prepare for the individual risks specific patients face before and after surgery we can make a relatively safe procedure even safer, more personalized and more cost effective,” said Dr. Blackstone.

People who are morbidly obese are generally 100 or more pounds overweight, have a BMI of 40 or more, or a BMI of 35 or more with an obesity-related disease, such as Type 2 diabetes, heart disease or sleep apnea. According to the ASMBS, more than 15 million Americans are considered morbidly obese and in 2008 an estimated 220,000 people had some form of bariatric surgery. The most common methods of bariatric surgery are laparoscopic gastric bypass and laparoscopic adjustable gastric banding.

American Society for Metabolic & Bariatric Surgery (ASMBS)

The ASMBS is the largest organization for bariatric surgeons in the world. It is a non-profit organization that works to advance the art and science of bariatric surgery and is committed to educating medical professionals and the lay public about bariatric surgery as an option for the treatment of morbid obesity, as well as the associated risks and benefits. It encourages its members to investigate and discover new advances in bariatric surgery, while maintaining a steady exchange of experiences and ideas that may lead to improved surgical outcomes for morbidly obese patients. For more information on the ASMBS, visit www.asmb.org.

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PL-309. METABOLIC ACUITY SCORE: IMPACT ON MAJOR COMPLICATIONS FOLLOWING BARIATRIC SURGERY

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