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**NEW STUDY FINDS WOMEN FACE FEWER COMPLICATIONS
AFTER GASTRIC BYPASS SURGERY**

Gender, Race, Age Before Surgery May Play Role in Patient Outcomes

LAS VEGAS, NV – JUNE 25, 2010 – A study of nearly 38,000 patients found Caucasian, Hispanic and female patients have the fewest complications and the shortest hospital stays after laparoscopic gastric bypass surgery, according to University of Nebraska Medical Center researchers who presented their findings today at the 27th Annual Meeting of the American Society for Metabolic & Bariatric Surgery (ASMBS).

According to the study, which reviewed complications, hospitalizations, readmissions and hospital costs in the first month after gastric bypass surgery, females do better than males, Caucasians and Hispanics do better than African-Americans and younger patients do better than older ones. Across all demographics, the groups with the fewest obesity-related diseases did the best. The study is one of the largest to identify differences in surgical outcomes based on demographic factors.

Researchers analyzed the University HealthSystem Consortium (UHC) database of adult patients who had laparoscopic gastric bypass between 2006 and 2009 for differences in clinical outcomes based on gender, race, age and health status before surgery. The majority of patients in the study were female (80.2%), Caucasian (73.1%) and within the 31-50 year age group (56.3%). The UHC is an alliance of 107 academic medical centers and 234 of their affiliated hospitals representing approximately 90 percent of the nation's non-profit academic medical centers.

“The study shows there are significant differences in patient outcomes, particularly when it comes to gender and race, though the cause of these disparities in outcomes is unclear,” said Manish M. Tiwari, MD, PhD, MPH, co-author of the study and a Research Fellow at the University of Nebraska Medical Center. “However, knowing certain demographics face higher risks, doctors and patients can better prepare for surgery and possibly reduce complications for certain groups.”

According to the study, females have an easier time after bariatric surgery than men with 25 percent fewer complications (7.05% vs. 8.81%), one-third fewer ICU admissions (6.73% vs. 9.87%) and a mortality rate almost five times lower (0.19% vs. 0.04%). Thirty-day hospital readmission rates were about the same (2.41% vs. 2.10%), but hospital costs for women were about \$1,000 less (\$14,383 vs. \$15,397). Men were almost twice as likely to have more obesity-related conditions (6.4% vs. 3.3%).

The 30-day mortality rate for all racial groups was low and comparable (0.08% Caucasian vs. 0.08% African-American vs. 0% Hispanic). African-Americans have slightly higher rates of post-surgical complications than Caucasians (7.99% vs. 7.31%), while Hispanics experienced fewer complications than Caucasians (6.63% vs. 7.31%), though the differences were not statistically significant.

Compared to Caucasians, African-American patients were more likely to be readmitted within 30 days (2.32% vs. 3.00%), remained longer in the hospital (2.60 vs. 2.79 days) and incurred about \$700 more in costs (\$14,722 vs. \$15,406). Hispanic patients, when compared to Caucasians, showed lower ICU admission rates (5.20% vs. 7.46%), similar length of hospital stay (2.61 vs. 2.60 days) and about \$1,000 less in overall costs (\$13,688 vs. \$14,722).

The study also revealed a trend towards higher risk in older patients, especially those over 50 years old. The oldest group (65+ years) had a mortality rate of about 0.22 percent compared to no deaths in youngest group (18-30 years). Older patients had a significantly higher complication rate (12.82% vs. 4.89%), more than twice the ICU admissions (11.07% vs. 4.93%), a hospitalization period that was longer by a full day (3.47 vs. 2.37 days) and costs that were higher by almost \$4,000 (\$17,260 vs. \$13,637).

Across all demographics, disease severity was found to have a significant impact on gastric bypass outcomes. For those with the highest severity, compared to those with the lowest, the complication rate was 15 times higher (51.33% vs. 3.23), the mortality rate was 1.57 percent versus 0.01 percent, and costs were \$20,000 higher (\$13,630 vs. \$33,286). Researchers suggest that different levels of disease severity within the demographic groups may help account for differences in outcomes. For example, higher illness severity in males may be a reason for gender differences in post-surgery outcomes and higher illness severity among African-American patients may help explain poor outcomes in this group. They noted more research into the causes of these disparities is needed.

“Despite the differences in outcomes that we see in some demographic groups, laparoscopic gastric bypass procedures have been shown to be safe with excellent outcomes across race, gender and age,” said Dr. Tiwari. “What’s important to note is that many patients may delay medical intervention, which may lead to higher levels of illness severity. Patients should seek treatment earlier for the best chance at favorable post-surgery outcomes.”

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 2009 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.

In addition to Dr. Tiwari, co-authors of the study were Matthew R. Goede, MD; Jason F. Reynoso, MD; Albert W. Tsang, MD; Dmitry Oleynikov, MD, FACS; and Corrigan L. McBride, MD from the Department of Surgery, University of Nebraska Medical Center, Omaha, NE.

About the 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 about the ASMBS, visit www.asmb.org.

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PL-213: DIFFERENCES IN OUTCOMES OF LAPAROSCOPIC GASTRIC BYPASS

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