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**NEW STUDY FINDS SIGNIFICANTLY HIGHER RISK OF MORTALITY
AT NON-ACCREDITED CENTERS PERFORMING BARIATRIC SURGERY**

ATLANTA, GA – NOV. 13, 2013 – Bariatric surgery is significantly safer when performed at an accredited center, according to new research* presented here at the 30th Annual Meeting for the American Society for Metabolic and Bariatric Surgery (ASMBS) during ObesityWeek 2013, the largest international event focused on the basic science, clinical application and prevention and treatment of obesity. The event is hosted by the ASMBS and The Obesity Society (TOS).

Using a nationwide database, researchers from the University of California (UC) Irvine School of Medicine analyzed data from 277,068 weight loss operations performed between 2008 and 2011 and found patients who had bariatric surgery at an accredited center had an in-hospital mortality of 0.08 percent, while those who had surgery at a non-accredited center had a mortality rate of 0.19 percent, a rate nearly three times higher.

"This study further reinforces that accreditation saves lives," said Ninh T. Nguyen, MD, FACS, study co-author, Vice-Chair of the Department of Surgery at UC Irvine School of Medicine and the next president of the ASMBS. "This is not a small difference in outcomes."

Requirements for accreditation include surgeons perform a minimum of 50 bariatric stapling procedures annually, staff members training in metabolic and bariatric surgery and the availability of equipment that can accommodate patients with severe obesity.

This study comes less than two months after the Centers for Medicare & Medicaid Services (CMS) dropped its 7-year-old accreditation requirement for bariatric surgery facilities performing surgery on Medicare beneficiaries, considered among the highest risk patients because of age and disease severity.

The UC Irvine study found significantly lower mortality rates for high-risk patients at accredited centers. The mortality rate for the sickest patients was 0.17 percent at accredited centers and 0.45 percent at non-accredited centers. Additionally, patients at accredited centers did better after other laparoscopic operations including antireflux and gallbladder surgery, where in both cases complication rates were lower.

“The bottom line is if you have severe obesity and are considering bariatric surgery or even other laparoscopic procedures, you should seek out an accredited center,” added Dr. Nguyen.

Several previous studies have shown accreditation improves outcomes, including a recent study published earlier this year in the journal, *Surgical Endoscopy*. It found non-accredited bariatric centers had an in-hospital mortality rate also about three times higher than accredited centers (0.22% vs. 0.06%, respectively) with similar volume.

In addition to Dr. Nguyen, study co-authors included Christopher Armstrong, MD, Michael Phelan, PhD and Alana Gebhart, also from UC Irvine School of Medicine.

About Obesity and Metabolic and Bariatric Surgery

According to the Centers of Disease Control and Prevention (CDC), more than 78 million adults were obese in 2011–2012.¹ The ASMBS estimates about 24 million people have severe or morbid obesity. Individuals with a BMI greater than 30 have a 50 to 100 percent increased risk of premature death compared to healthy weight individuals as well as an increased risk of developing more than 40 obesity-related diseases and conditions including type 2 diabetes, heart disease and cancer.^{2,3}

Metabolic/bariatric surgery has been shown to be the most effective and long lasting treatment for morbid obesity and many related conditions and results in significant weight loss. The Agency for Healthcare Research and Quality (AHRQ) reported significant improvements in the safety of metabolic/bariatric surgery due in large part to improved laparoscopic techniques.⁴ The risk of death is about 0.1 percent⁵ and the overall likelihood of major complications is about 4 percent.⁶

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, visit www.asmb.org.

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***A-109-OR: IMPACT OF ACCREDITATION IN BARIATRIC SURGERY** -- Alana Gebhart, BA, Michael Phelan, PhD, Christopher Armstrong, MD, Ninh T. Nguyen, MD; Presented November 13, 2013

¹Prevalence of Obesity Among Adults: United States, 2011–2012. (2013). Center for Disease Control and Prevention. Access October 2013 from <http://www.cdc.gov/nchs/data/databriefs/db131.htm>

²Office of the Surgeon General – U.S. Department of Health and Human Services. (2004). Overweight and obesity: health consequences. Accessed October 2013 from http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_consequences.html

³Kaplan, L. M. (2003). Body weight regulation and obesity. *Journal of Gastrointestinal Surgery*. 7(4) pp. 443-51. Doi:10.1016/S1091-255X(03)00047-7. Accessed October 2013.

⁴Encinosa, W. E., et al. (2009). Recent improvements in bariatric surgery outcomes. *Medical Care*. 47(5) pp. 531-535. Accessed October 2013 from <http://www.ncbi.nlm.nih.gov/pubmed/19318997>

⁵Agency for Healthcare Research and Quality (AHRQ). (2007). Statistical Brief #23. Bariatric Surgery Utilization and Outcomes in 1998 and 2004. Accessed October 2013 from <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb23.jsp>

⁶Flum, D. R., et al. (2009). Perioperative safety in the longitudinal assessment of bariatric surgery. *New England Journal of Medicine*. 361 pp.445-454. Accessed October 2013 from <http://content.nejm.org/cgi/content/full/361/5/445>