Barriers to Covid-19 Vaccination in Underserved Minorities: Impact of Health Care Access and Sociodemographic Perspectives
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INTRODUCTION: Vaccination against Covid-19 has been proposed as the potential solution for current pandemic. Delivery of vaccine to the general public in an unbiased and ethically acceptable way remains to be sorted out. Recent evidence suggests significant disparity in vaccine delivery among ethnic and racial minorities. The aim of this study was to assess potential barriers to getting vaccinated in an underserved population of morbidly obese patients.

METHODS: The study was conducted as a survey of questionnaires sent out to all patients registered at our institution’s bariatric and metabolic surgery clinic. The survey questionnaire was emailed to patients, their responses were collected, and data were analyzed with descriptive statistics, Mann-Whitney-U tests, and Dunn’s tests.

RESULTS: A total of 285 completed surveys were included for final analysis. Mean age was 43±14 years. 85% were female, 66% Black, and 7% white. Twenty percent underwent vaccination. Of unvaccinated patients, 18% were not eligible for vaccination. Among those eligible, race was significantly associated with lack of vaccination, (p<0.01). Of eligible but unvaccinated patients, the most common reasons were fear and lack of access due to geography (p<0.05). On stratification based on race, predominant reasons for fear and lack of access were due to geography among Blacks (p=0.09, p<0.03, respectively), lack of access due to time, and lack of access to second dose among non-Black minorities (p<0.004, <0.04, respectively).

CONCLUSION: This study highlights some of the social and demographic challenges to widespread vaccination campaigns. Alleviating fears associated with vaccine and its side effects and improving access to vaccination, especially in underserved communities will improve equal dissemination of the vaccine.

Concomitant Cholecystectomy During Initial Bariatric Surgery Does Not Increase Risk of Postoperative Complications or Bile Duct Injuries
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INTRODUCTION: Concomitant cholecystectomy with bariatric surgery remains controversial. Studies have suggested higher complication rates in patients with concomitant cholecystectomy vs bariatric surgery alone. In contrast, concurrent cholecystectomy may allow for managing gallstone disease in nonaltered anatomy. This study evaluates differences in cumulative postoperative complications between patients with concurrent cholecystectomy at the time of bariatric surgery vs patients with subsequent cholecystectomy.

METHODS: Patient records from New York State were extracted from the Statewide Planning and Research Cooperative System (SPARCS) database between 2011 and 2018 using CPT and ICD-9/10 codes to identify patients with bariatric procedures (gastric bypass or sleeve gastrectomy) and concomitant or subsequent cholecystectomy. Cumulative 30-day complications, readmission rates, and bile duct injuries were analyzed via univariate and multivariable regression analysis, after controlling for confounding factors such as comorbidities.

RESULTS: There were 7,059 patients who had bariatric surgery with concomitant or subsequent cholecystectomy; 2,930 patients underwent gastric bypass, 4,129 patients underwent sleeve gastrectomy, and 39.17% of all patients underwent concomitant cholecystectomy. This was associated with decreased 30-day complications and readmission rates compared to subsequent cholecystectomy for both bypass (complication: OR: 0.32, 95% CI: 0.25-0.41; readmission: OR:0.13, 95% CI:0.08-0.22) and sleeve gastrectomy patients (complication: OR:0.39, 95% CI:0.3-0.51; readmission: OR:0.13, 95% CI:0.07-0.24). Bile duct injuries were uncommon for the entire cohort (n = 5, 0.07%; 3 subsequent, 2 concomitant).

CONCLUSION: Compared with patients with subsequent cholecystectomy after bariatric surgery, concomitant cholecystectomy for both bypass and sleeve gastrectomy is safe, does not increase risk of bile duct injuries, and has overall lower healthcare utilization.

Identifying Behavioral Facilitators to Weight Loss after Bariatric Surgery: Are There Differences Between Medicaid and Non-Medicaid Patients?
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INTRODUCTION: The literature suggests that Medicaid patients who undergo bariatric surgery achieve lower weight loss than non-Medicaid patients. Reasons for this reported disparity are unknown. Our objective was to identify behavioral facilitators to optimal weight loss in Medicaid and non-Medicaid patients after bariatric surgery.