(Fig 1H) and higher 7-day average RER (Fig 1I), indicating preferential carbohydrate utilization.

CONCLUSION: For the first time in vivo, we showed microbiota transplant from post-SG donor into GF recipient mice is sufficient to independently recreate key metabolic benefits of surgery, including weight loss and glyceric improvement. These findings demonstrate that an altered gut microbiome is causal in mediating the metabolic phenotypes of SG.

Figure. Microbiota transplant recapitulates surgical weight loss. (A) SG results in significant weight loss in DIO mice (donors); n=4 sham, n=6 SG, data represent mean ±SEM, ***p<0.001, two-way ANOVA. (B) Cecal microbiota were pooled (n=4 donors per group) and transplanted into germ-free mice. SG- recipients demonstrated (C) greater weight loss, (D) improved oral glucose tolerance, (E) lower overnight fasting glucose, (F) less visceral adipose tissue (VAT), and (G) lower adiposity (VAT weight/body weight); n=9-10 per group, data represent mean ±SEM, *p<0.05, **p<0.01, Student’s t-test. (H) SG-R mice exhibited continuously elevated RER as well as (I) higher 7-day average RER, indicating preferential carbohydrate utilization; n=9 per group, data represent mean ±SEM, **p<0.01, ***p=0.001, Student s t-test.

Midterm Outcomes of Routine Mesh Reinforced Cruroplasty in Lars: Bio-A vs Phasix in 200 Consecutive Patients
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INTRODUCTION: Routine mesh-reinforced cruroplasty in laparoscopic antireflux surgery (LARS) is believed to decrease hiatal hernia recurrence compared to primary cruroplasty alone. Mesh composition remains a controversial topic, and absorbable synthetic mesh has garnered recent attention. We sought to compare our mid-term results with Bio-ATM and PHASIXTM, 2 commonly used bioabsorbable meshes in LARS.

METHODS: A retrospective review of a prospectively collected database was performed for 200 consecutive patients who underwent LARS between April 2018 and December 2019. Patients were implanted with either BioA or PHASIX in an alternating sequence. Preoperative workup including endoscopy, barium swallow, pH studies, and manometry, as well as preoperative and postoperative Gastroesophageal Reflux Disease-Health Related Quality of Life (GERD-HRQL), and Laryngopharyngeal Reflux Symptom Index (LPR-RSI), were extracted. Outcomes of interest were objective hiatal hernia recurrence, postoperative dysphagia requiring endoscopic dilation, and recurrent reflux.

RESULTS: At a median follow-up of 20 months (range 10-32 months), there were no mesh-related complications. Recurrent hernia was identified in 6.5% of patients, with no significant difference between Bio-A™ and PHASIX™ groups (5% vs 8%, p = 0.57). Mesh type also had no effect on postoperative rates of dysphagia (12.5%) or recurrent reflux (8.5%). The mean GERD-HRQL and LPR-RSI scores improved significantly compared to baseline in both groups (p < 0.001).

CONCLUSION: These results support the use of absorbable synthetic mesh for routine reinforced cruroplasty in LARS. Both BioA and Phasix exhibit excellent safety profiles and reflux symptom control, with better mid-term hernia recurrence rates than reported in recent systematic reviews.

Patterns of Coverage in Pediatric Bariatric Surgery
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INTRODUCTION: Pediatric bariatric surgery is increasingly recognized as a safe and effective option for the management of obesity and obesity-related conditions. However, insurance coverage is a key barrier to accessing these procedures. Criteria are variable and often not evidence-based. In an effort to characterize common patterns in insurance coverage, we report coverage criteria for adolescents relative to adults.

METHODS: We surveyed medical policies of the 50 highest market share health insurance providers in the USA. Private insurer coverage criteria included age, Tanner staging, skeletal maturity, BMI, procedures covered, medical weight management requirements, comorbidities, and multidisciplinary team criteria. These were then compared with the American Society for Metabolic and Bariatric Surgery (ASMBS) guidelines.

RESULTS: Two-thirds (n=33, 66%) of companies provided inclusion criteria for adolescents. All policies covered RYGB (n=33), most
The MBSAQIP database was queried for patients undergoing sleeve gastrectomy (SG) or Roux-en-Y gastric bypass (RYGB) continue to persist over time. This study examines the latest available data to determine whether racial disparities in postoperative outcomes were described and compared by race/ethnicity using chi-square tests and Modified Poisson regression using statistical software STATA 15.1.

RESULTS: A total of 731,433 patients were included in the analysis. We found that as compared to non-Hispanic Whites, non-Hispanic Blacks were significantly more likely to experience 30-day postoperative complications including: readmission (RR=1.37, p<0.001), need for intervention (RR=1.33, p<0.001), mortality (RR=1.31, p<0.001), and extended length-of-stay (LOS>7days) (RR=1.54, p<0.001). Further examination of the data on a yearly basis from 2015-2019 showed no significant change in relative risk of postoperative complications in African-Americans over time.

CONCLUSION: African-American patients continue to exhibit poor postoperative outcomes when compared with patients of other races after bariatric surgery. Limited data on socioeconomic status and psychological comorbidities in the MBSAQIP database preclude us from understanding why the African-American race continues to be an independent predictor of adverse outcomes. We plan to study institutional data over the same timeframe to further investigate reasons for this trend.

Robotic Fundoplication in the Veterans Health Administration: Increasing Prevalence, Decreasing Operative Time, and Improving 30-day Postoperative Outcomes

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INTRODUCTION: Historically, robotic surgery incurs longer operative times, higher costs, and does not improve outcomes compared to traditional laparoscopic surgery. Conversely, robotic platforms may improve visualization and surgical technique, especially within a confined space around the gastroesophageal junction. This study challenges the potential criticisms of robotics by comparing 30-day outcomes between robotic-assisted fundoplication (RAF) and laparoscopic-assisted fundoplication (LAF) in the Veterans Health Administration.

METHODS: This is a retrospective review of the Veterans Affairs Quality Improvement Program (VASQIP) database. Patients undergoing RAF and LAF were identified using Current Procedural Terminology codes (43280, 43281, 43282, robotic modifier S2900). Multivariable logistic regression and multivariable generalized linear models analyzed the independent association between surgical approach and outcomes.

RESULTS: There were 9,355 veterans who underwent minimally invasive fundoplication from 2008-2019. RAF was performed in 5,392 cases (57.6%). The proportion of robotics use increased from 1.6% of cases in 2008 to 83.4% in 2019. After adjusting for confounding covariates, relative to LAF, RAF was significantly associated with decreased odds of pulmonary complications...