Predictors of In-hospital Mortality in Nonelderly Patients Admitted with Bleeding Gastritis: A Retrospective Cohort of 8,874 Patients
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INTRODUCTION: This study aimed to identify independent predictors of in-hospital mortality in nonelderly patients emergently admitted with bleeding gastritis.

METHODS: A retrospective cohort study was conducted using the National Inpatient Sample (NIS) to identify nonelderly adult patients (ages 18-64-year-old) emergently admitted with a primary diagnosis of gastritis with hemorrhage between 2005-2014. Data on demographics, clinical course, and hospitalization were collected. Chi square and Student’s t-tests were used to compare categorical and continuous variables, respectively. Multivariable logistic regression analysis with backward elimination was performed to evaluate the associations between mortality and independent predictors.

RESULTS: A total of 8,874 patients with a mean (SD) age of 47.07 (11.19) years were included. Of them, 33.3% were female. Precisely, 48.7% of patients had alcoholic gastritis, 32.6% acute, 47.07 (11.19) years were included. Of them, 33.3% were female. Gastritis-related procedure was observed in 53.9% of patients with alcoholic gastritis, 79.5% of acute, and 93.0% of atrophic (p < 0.001). The mean (SD) hospital length of stay (HLOS) was 3.74 (4.05) days. Patients with atrophic gastritis had a significantly longer HLOS (3.99 (4.27)) than alcoholic [3.62 (4.29)] and acute [3.78 (3.52)] (p = 0.006). In backward logistic regression, HLOS, age, congestive heart failure, coagulopathy, liver disease, fluid/electrolyte disorders, metastatic cancer, paralysis, and weight loss were significantly associated with mortality.

CONCLUSION: For nonelderly patients admitted with a primary diagnosis of bleeding gastritis, increased HLOS was associated with an increased in-hospital mortality rate.

Safety of Robotic Bariatric Surgery in Older Adults: A 5-year Analysis of the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) Database
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INTRODUCTION: Utilization of the robotic platform in bariatric surgery increases annually. The population of older adults who stand to benefit from bariatric surgery is also growing. This study evaluated the safety of robotic-assisted bariatric surgery in older adults using a large clinical registry.

METHODS: Adults who underwent primary robotic-assisted and laparoscopic sleeve gastrectomy and Roux-en-Y gastric bypass (R-SG, L-SG, R-RYGB, L-RYGB, respectively) in the 2015-2019 MBSAQIP were included. The 30-day outcomes assessed were leak, venous thromboembolism (VTE), renal insufficiency/failure, readmission, intervention, re-operation, and mortality. Logistic regression was performed to compare outcomes between age groups and surgical approaches.

RESULTS: Of 795,780 patients, 43,794 (5.5%) were aged ≥65 years old. Overall incidence of outcomes was low regardless of age or approach. Within the older patient group, there was no difference in incidence of outcomes when comparing robotic and laparoscopic approaches except a slightly higher re-operation rate observed in the L-SG group compared to the R-SG group (1.19% vs. 0.86%; p = 0.01). Compared to younger patients (18-64 years old), those aged ≥65 experienced a higher incidence of leak, VTE, and renal insufficiency/failure after R-RYGB, but a lower incidence of leak after R-SG. Between the two age groups, there was no difference in readmission, intervention, re-operation, or mortality.

CONCLUSION: Primary R-SG and R-RYGB in older patients have similar 30-day safety profiles compared to the laparoscopic approach. While older age is associated with an increased risk of complications after R-RYGB, both R-RYGB and R-SG have low complication and mortality rates in this population.

Sociodemographic Predictors of Internalized Stigma in Patients Seeking Bariatric Surgery, Using the Weight Self-Stigma Questionnaire (WSSQ)
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INTRODUCTION: Internalized-stigma (IS) may negatively impact weight-loss in patients with obesity. However limited information exists on IS in patients seeking surgically-mediated weight-loss. Therefore, we aimed to examine IS in pre-and post-op patients.

METHODS: A retrospective IRB-approved review was conducted on a prospective database of 80 patients, grouped by surgery-stage (pre-op, 2-, 8-, 24-weeks post-op), asked to complete the WSSQ from 01-01-2019 to 31-12-2019. Baseline sociodemographic/weight data and WSSQ-scores were collected. A high-WSSQ-score (WSSQhigh)=worse self-stigma. Only patients with completed WSSQ-surveys were included. Appropriate univariate analyses comparing scores for sociodemographic/weight variables, were conducted. A multivariate analysis (MVA) was performed to determine predictors of WSSQhigh. A p-value<0.05 was statistically significant.
**RESULTS:** Sixty-nine patients were included. Significant differences in WSSQ_{high} were observed for race (Caucasian=34.4 vs African American=27.5, p<0.01), and number-of-children in the household (N_{child}) (N_{1-2}≥35.6 vs N_{0}≥32.7 vs N_{≥3}≥27.2, p<0.01). MVA demonstrated Caucasian-patients (5.88, CI:2.09-9.68, p<0.01), and <3 N_{child} (N_{0}=4.12, CI:0.29-8.54, N_{1-2}=7.27, CI:2.78-11.77, p<0.01) independently associated with WSSQ_{high}. For the 6-month group, WSSQ_{high} associated with higher %EBWL (0.56, CI:0.14-0.98, p=0.01), having <3 N_{child} (N_{0}=37.9 vs N_{0}=34 vs N_{≥3}=25, p=0.014), private insurance (35.8 vs 27.8, p=0.04), RYGB (37.7 vs 28.8, p=0.01) and inversely associated with food insecurity (FI: 21 vs 36.1, p<0.01). MVA demonstrated <3 N_{child} (N_{0}=6.89, CI:3.42-10.37, N_{1-2}=6.2, CI:2.58-9.82, p<0.01), no FI (10.8, CI:6.39-13.77, p<0.01) and RYGB (7.54, CI:4.96-10.11, p=0.01) independently associated with WSSQ_{high}.

**CONCLUSION:** Sociodemographic factors negatively impact IS. Further examination of these associations, and effect on outcomes after surgery, is required to better understand barriers patients with obesity encounter.

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**The Amount of Preoperative Weight Loss May Predict Weight Regain 4 Years after Bariatric Surgery**

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**INTRODUCTION:** Prior to bariatric surgery most insurance providers require the completion of a supervised weight loss (WL) program. The importance of preoperative WL for postoperative WL remains controversial. The purpose of our study was to determine the impact of preoperative WL on postoperative WL and weight regain (WR) 4 years after bariatric surgery.

**METHODS:** A prospectively maintained database was used to identify patients after primary bariatric surgery with 4-year follow-up. Patient age, gender, type of surgery, type of insurance, height, weight at initial clinic visit and day of surgery, nadir weight, and weight at 4-year follow-up were obtained. Weight regain was defined as regaining ≥20% of excess weight lost. Student’s T-test, Chi-square and Multivariable binary regression analysis were performed.

**RESULTS:** Of 1026 patients undergoing bariatric surgery since 2012, 288 patients (28%) had completed 4 years of follow up. 26% of these patients had WR (75/288). Patients who had a greater WL preoperatively had higher BMIs at 4 year follow up (Co-efficient=-0.153, p=0.001). After adjusting for confounders (Preoperative BMI, gender, type of surgery, and insurance) the amount of preoperative weight loss (ΔBMI) was found to be an independent predictor for WR at 4 years (OR=1.101, p=0.018).

**CONCLUSION:** Patients who lost more weight before surgery had a higher BMI and were more likely to have regained weight 4 years after surgery compared with those who lost less weight preop. Requiring patient participation in weight loss programs prior to bariatric surgery may negatively affect postoperative weight loss and should be reconsidered.