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ABDOMINOPLASTY AS INTEGRATED APPROACH AFTER MASSIVE WEIGHT LOSS PERFORMED BY GENERAL SURGEONS

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Background: Weight loss after bariatric surgery leaves the patient with a completely changed body appearance. This can lead to immense frustration. Frequently, formerly obese individuals start a completely new life with respect to physical activity as well as socially. Sagging excess skin can make sportive activities mechanically difficult. Patients may have large problems with intimacy.

In Sweden's national health system patients are eligible to body restoring surgery. The plastic surgery departments in our country cannot keep up with the demand. As an integrated approach at our bariatric center we therefore introduced abdominoplasty as a standard operation performed by none-plastic surgeons.

Methods: All 150 patients who received an abdominoplasty at our hospital since the year 2014 were analyzed.

Operation type was standard abdominoplasty or fleur-de-lis-abdominoplasty (17% of all patients).

Results: Mean operating time was 146 minutes. Mean readmission rate was 9%. The complication rate according to the Clavien-Dindo-classification was I 7%, II 3%, IIIa 4%, IIIb (re-operation) 3%. There were no complications of higher grading. These results are comparable to those published by plastic surgeons.

Conclusions: We strongly believe in an integrated approach to the bariatric patient. These individuals experience a life-changing treatment not only in regard to comorbidities like metabolic syndrome, but to their lives as human beings. We feel that these patients should not be left alone with the results of massive weight loss in this respect. We were able to establish abdominoplasty on a high quality level in the hands of none-plastic surgeons.

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ASSOCIATION OF PRE-OPERATIVE BEHAVIORAL MEASURES WITH ANTIDEPRESSANT MEDICATIONS ONE YEAR AFTER BARIATRIC SURGERY

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Background: Many patients hope to discontinue medications following bariatric surgery, yet little is known about factors associated with antidepressant use after surgery. We conducted a retrospective chart review to examine associations between pre-operative measures (e.g., anxiety, depression, and somatic symptom scales of the Personality Assessment Inventory) and change in antidepressant medication prescription from baseline to one-year post-operatively. Of 216 patients (90.0% gastric sleeve), 95 (44.0%) were never prescribed an antidepressant, 90 (41.2%) stayed on the same antidepressant, 20 (9.2%) added, increased, or changed medications, and 11 (5%) decreased or discontinued antidepressant medication. Higher scores on the depression, anxiety, and somatic symptom clinical scales were all significantly associated with antidepressant prescription before and after surgery, but were not significantly associated with changes in these medications. Notably, changes in medication and particularly discontinuation of antidepressant medication were rare, thus small sample sizes limited power to detect smaller effects. Examination of descriptive variables among the few patients who discontinued antidepressant medication (n = 11) revealed significant variability in starting weight (range: 36 to 71 kg/m2), percent excess weight loss (range: 32% to 108%), and psychological symptom measures. Results provide further evidence that while weight loss surgery does lead to the amelioration of many health comorbidities and therefore a reduction in many medications; few patients discontinue antidepressant medication after bariatric surgery. No predictive variables were identified in the current study, and descriptive analyses suggest that the patients who discontinue antidepressant medication vary significantly in terms of starting weight, weight loss, and baseline mood variables.

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IMPACT OF WEIGHT LOSS ON THE BODY COMPOSITION OF PATIENTS 1 YEAR AFTER GASTRIC BYPAS

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Background: Obesity is a multifactorial disease and involves genetic, psychosocial and nutritional aspects characterized by chronic inflammatory state. Bariatric surgery is a resource used in cases of failure in the clinical treatment for obesity and promotes an efficient reduction in weight. Gastric bypass is the most practiced technique in Brazil, accounting for 75% of the surgeries performed, due to its safety and efficacy, providing a weight loss around 70% to 80% of the initial weight and control of the main associated comorbidities. The objective of this study was to evaluate the impact of weight loss on the body composition of patients submitted to bariatric surgery.

Methods: Longitudinal study carried out in southern Brazil. The sample consisted of 43 subjects who underwent bariatric surgery and returned after 1 year for follow-up visits with a multidisciplinary team. The anthropometric data of weight, height, BMI, body composition (lean mass and fat mass) of the patients were obtained by analyzing the patients' medical records.

Results: The mean age of participants was 39.48 years (± 10.68), with 76.74% women and 23.26% men. The mean weight was 113.47 kg (± 14.66) in the preoperative period, and 71.57 kg (± 11.28) in the postoperative period of 1 year, being the percentage of excess weight loss (% PEP) of 95.53%. The mean BMI was 41.90kg / m2 (± 4.52) and 26.45kg / m2 (± 3.57), respectively, before and after surgery. In relation to the lean mass there was a reduction of 32.76kg (± 6.46) to 27.93kg (± 5.72) and a fat mass of 55.39kg (± 8.48kg) to 20.37kg (± 7.47) in the postoperative period. There was a significant weight reduction, BMI, lean mass and fat mass ($P < 0.001$).

Conclusions: Weight reduction through gastric bypass in the 1-year postoperative period had a significant impact on the modification of the body composition of bariatric patients.

Approved by the Research Ethics Committee of the Franciscan University: 1,830,670.

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LENGTH OF STAY REDUCTION IN PRIMARY ROUX EN Y AND SLEEVE GASTRECTOMY PROCEDURES BY CLOVIS COMMUNITY MEDICAL CENTER (CCMC) PRESENTED BY SUSAN GHERA, RN BSN PHN & ASHLEY PINHEIRO MSN, RN, CNS, ACCNS-AG

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Background: Review of CCMC's length of stay (LOS) data revealed an opportunity to decrease the number of postoperative inpatient days for bariatric patients. Monthly LOS data retrieved from Premier's database allows us to benchmark ourselves and set goals for quality improvement. For calendar year 2016 the average LOS for RYGB was 2.23 days. When compared to Premier the O/E ratio was 1.52. Both patient populations had a LOS longer than like patients within the premier database.

A process improvement (PI) plan was implemented to decrease the LOS for RYGB and SG patients to < 2 days. A counter measure for this PI plan was to maintain an all cause readmissions O/E rate <1. The plan for improvement began by developing a discharge criteria outlining hydration, mobility and symptom management goals for discharge on postoperative day one (POD 1).

Staff were educated on the discharge pathway and the expectation for communicating patient progress towards discharge with the surgeon. Patients were educated to have an expectation of being discharged on POD 1. After education was implemented, monitoring was conducted and opportunities for improvement were reviewed.

Review of data and project results demonstrated a reduction in length of stay without a significant increase in readmissions, patient satisfaction due to shorter inpatient stay and improved organizational throughput. The metabolic and bariatric committee will continue to monitor and report the outcomes related to this project.

