Methods: We performed a retrospective cohort study comparing patients who had bariatric surgery at TOH before and after implementation of SeamlessMD between 2014 to 2018.
Our primary endpoints were 30-day ED visit and hospital readmission rates. Our secondary endpoints included 30-day cost of health care utilization and readmission length of stay (LOS).
Results: We included 2003 patients (924 pre-SeamlessMD, 1079 post-SeamlessMD). Among those offered SeamlessMD, 637 (59%) used the application. We found no statistically significant differences in the rates of ED visits (7.5% vs. 8.8% , p=0.91) or rates of hospital readmission (3.3% vs. 3.7%, p=0.88). Lastly, there were no differences in ED visits or readmission in the SeamlessMD group based on use of the app (3.2% vs 3.7%, p=0.37). Patients in the post SeamlessMD group presented earlier to ED, and were readmitted to hospital on average 2d earlier (p=0.02). Among those readmitted, LOS was lower for post SeamlessMD patients (3d vs 5.4d), with a lower total cost $8420 vs $3937.
Conclusions: Use of the SeamlessMD electronic application did not affect postoperative ED visits or hospital admissions following bariatric surgery.

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MENTAL HEALTH HISTORY AND ITS PREDICTIVE RELATIONSHIP TO BARIATRIC SURGERY CANDIDACY

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Background: Psychosocial predictors of bariatric surgery success have been evaluated throughout the literature. Patients with pre-existing mental health disorders have been associated with poorer surgical outcomes. The aim of this study was to evaluate pre-existing mental health with SIPAT scores as well as psychotropic medications within this population.
Methods: Data were collected from December 2017-March2019, with 165 pre-surgical psychological evaluations for patients considering bariatric surgery. Mean age of the sample was 45.4 (SD = 11.08), and 143 females (86.7%) were interviewed. Mental health history was defined as a prior or current mental health diagnosis and psychotropic medication use was defined as current or prior use via self-report and EMR search.
Results: Descriptive statistics followed by independent sample t-tests were completed using SPSS. 107(64.8%) of the sample had a history of mental health diagnosis and 110(66.7%) had taken psychotropic medications. Both mental health history and use of psychotropic medication use significantly predicted SIPAT scores: $t(161)=-4.47$, $p<.001$ and $t(161)=-4.53$, $p<.001$, mental health history and medical use predicting poor candidacy scores for bariatric surgery.
Conclusions: Prior research identified mental health history as a predictor of poorer outcomes for patients going through bariatric surgery process. Preliminary analyses examining mental health history and use of psychotorpic medications suggest that it significantly impacts surgical candidacy scores using the SIPAT. The SIPAT's total score may be a good overall indicator of a bariatric surgery patient's candidacy. Future research assessing health outcomes using the SIPAT and mental health history are necessary.

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RELATIONSHIP BETWEEN URIC ACID LEVELS AND WEIGHT LOSS IN PATIENTS UNDERGOING GASTRIC BYPASS AT Y-DE-ROUX

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Background: Uric acid monitoring have great importance in obese patients as the high levels are related to the worsening of cardiovascular and metabolic diseases, bariatric surgery is effective in improving health conditions and comorbidities.
Methods: The retrospective study consisted of patients from a private clinic in the South of Brazil submitted to *Y-de-Roux* gastric bypass between 2015 and 2016. The pre-surgical and 6-month post-operative times were compared in relation to the lost weight and uric acid levels. The statistical analysis was performed by Software R (R Core Team, 2018), using the Tukey test at 5% significance.
Results: The sample consisted of 120 patients, 60% women and 40% men with a mean age of 41 (+ 11.30) years. In the preoperative period the mean weight was 117.97 kg (+ 22.63 kg) and the mean uric acid was 5.47 mg / dL (+ 1.57 mg / dL). After 6 months of the surgical procedure the mean weight was 74.67 kg (+ 14.56 kg) and the mean uric acid was 4.50 mg / dL (+ 1.32 mg / dL). A significant difference ($p<0.05$) between the attributes evaluated before and 6 months after the surgical intervention was verified, and in the preoperative period, the means were higher than the post, for both the weight and uric acid values.
Conclusions: The postoperative period provided a reduction in uric acid levels, and thus, the importance of this control allows to alleviate the worsening cardiovascular risk, which is already part of the obese patient.

