

Nutrition & Fitness 2019: Safely teaching quality bariatric surgery-Preekesh Patel-Waikato Hospital, Hamilton, New Zealand

Preekesh Patel

Waikato Hospital, Hamilton, New Zealand, E-mail: javaherdashti@yahoo.com

Abstract

Aims: The learning curve for bariatric surgery can deter surgical trainees and fellows from learning procedures such as Laparoscopic Sleeve Gastrectomy (LSG) and Laparoscopic Mini Gastric Bypass (LMGB). We hypothesize that bariatric surgery can be taught safely without compromise in quality, at a moderate volume center.

Methods: a Retrospective collection of prospectively collected data was performed using electronic databases. This included basic demographics, operation type and identification of primary operator (consultant vs trainee), defined as the operator who completed 50% of the operation, including gastric staple application. Primary outcomes included 1year mean %BMI change over one year, 30day morbidity and mortality. Secondary outcomes included 30day and 1year readmission rates.

Results: All 251 bariatric surgeries performed or supervised by a single bariatric surgeon between May 2011 and November 2018 (228 LSG and 23 LMGB) were included. 87/251 (35%) were consultant-led and 164/251 (65%) were trainee-led. There were no staple line leaks, anastomotic leaks or 30day mortalities. 8/251 (3%) had 30-day morbidity, with 2/87 (2%) occurring with consultantled cases and 6/164 (4%) with trainee-led cases. 4/251 (2%) were readmitted within 30-days, 1/87 (1%) was a consultant-led case and 3/164 (2%) with trainee-led cases. 1year mean %BMI change was 36% for consultantled operations and 35% for trainee-led operations. No outcomes exhibited statistical difference based on primary operator status.

Conclusions: Bariatric surgery can be taught safely at a moderate volume center, without a reduction in quality. This data could help promote higher trainee primary operator rates in bariatric centers around New Zealand.

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