10 patients who required reoperation for bleeding, 6 (60%) received blood transfusions before their reoperation. There was one death (0.13%) in our series. Patient demographics were similar in both groups in terms of age, sex, American Society of Anesthesiologists (ASA) score, comorbidities and medication use, including anticoagulants, nonsteroidal anti-inflammatory drugs (NSAIDS) and selective serotonin reuptake inhibitors (SSRIs). Mean BMI was lower in the reoperation group (48 vs. 43; p = 0.002). The following postoperative indicators were found to be associated with reoperation: lower mean hemoglobin (126 vs. 111; p < 0.001); decrease in hemoglobin from baseline (-12 vs. -29; p < 0.001); higher mean heart rate (81 vs. 96; p < 0.001); increase in heart rate from baseline (-0.2 vs. 19; p < 0.001); and decrease in systolic blood pressure (SBP) from baseline (3 vs. -10; p = 0.006). However, the mean postoperative SBP and proportion of cases with hypotension (SBP < 90 mmHg) were not significantly different between groups.

Conclusion: Although urgent reoperation following LRYGB and LSG are rare events in our series, they can result in significant morbidity. Postoperative hemoglobin level, mean heart rate along with changes in hemoglobin, heart rate and systolic blood pressure from baseline appear to be the most valuable clinical indicators for reoperation. Patient age, BMI, or comorbidities were not associated with an increased risk of reoperation. Further research is needed to develop a robust predictive model for reoperation following bariatric surgery.

A5098
VALUE OF ROUTINE CONTRAST RADIOGRAMS FOLLOWING LAPAROSCOPIC GASTRIC BYPASS AND SLEEVE GASTRECTOMY.

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Background: Laparoscopic bariatric stapling procedures (LBSP), namely laparoscopic Roux Y gastric bypass (LRYGB) and laparoscopic sleeve gastrectomy (LSG) remain the most commonly performed bariatric operations in the United States. One of the most severe complications of LBSP remains staple line and anastomotic leaks. Postoperative routine gastrografin swallow contrast radiograms (RGSCR) are frequently recommended and performed with the hope to detect and treat these complications early, thus reducing morbidity. Our study examines the benefit of RGSCR after LBSP.

Methods: Prospectively obtained and collected data was analyzed on consecutive 702 primary LRYGB and 477 LSG operations performed between August 2001 and April 2015 by a single surgeon (PG). As part of our clinical pathway since the inception of the study, RGSCR were performed on the first postoperative day on the initial 100 LRYGB patients. After this period, selective use of RGSCR was adopted (SGSCS). The same protocol was later followed for LSG procedures.

Results: All patients were offered laparoscopic surgery and there were no conversions to open procedure. There were no perioperative mortalities. RGSCR revealed one early leak in the first 100 patients undergoing LRYGB. This patient presented with early clinical signs of leak. There was one late leak in the SGSCS group detected clinically and confirmed radiologically. In the LSG groups there were no leaks in either group as well as no reoperations.

Conclusion: Overall value of RGSCR is low. When a surgeon’s leak rates remain low, the transition from routine to selective utilization of RGSCR appears clinically favorable and cost efficient.