

resolution or improvement of comorbidities were similar in both patient groups.

Conclusions: Single-port LSG is a feasible alternative to multi-port LSG for surgical management of morbid obesity, as it is associated with reduced use of postoperative analgesia and better cosmesis.

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WEIGHT LOSS AT THREE MONTHS PREDICTS SUCCESS AT ONE YEAR AFTER SLEEVE GASTRECTOMY

Josiah Billing, BS¹; Samuel Cottam, CNA²; Daniel Cottam, MD²; Peter Billing, MD¹; Robert Landerholm, MD¹; Matthew Crouthamel, MD¹; Jedediah Kaufman, MD¹; Eric Harris, MD¹; Amit Surve, MD²; Hinali Zaveri, MD²; ¹Puget Sound Bariatrics, Edmonds, WA, USA;; ²Bariatric Medicine Institute, Salt Lake City, UT, USA

Introduction: Predictors of long-term weight loss in sleeve gastrectomy(SG) currently do not exist. We reviewed our long term data in a single private practice to assess for variables that will help surgeons predict weight loss failure early after SG.

Objective: To create weight prediction models to aid in the evaluation of the adequacy of short-term weight loss post SG on long-term weight maintenance.

Methods: 491 patients undergoing SG in a Private Practice setting were included in the study. Data was collected retrospectively from March 2011 through September 2013. Percent excess weight loss (EWL) was calculated for each patient at 3 months and 1 year. Linear regression was performed on all patients with greater than 1 year follow up in order to interpolate their weight at 1 year. Patients were included only if they had at least 3 follow up visits and their weight loss could be modeled with a R²>0.95. Multivariate analysis was used to determine the predictive factors that influence weight loss.

Results: Patients were divided into EWL quartiles. The patients quartiles were as follows at three months quartile 1 7-33%, quartile 2 34-41%, quartile 3 42-51%, quartile 4 >51%. Patient’s weight loss tended to remain in the quartile they were in at their 3 month visit, especially those in the 1st and 4th quartiles. The positive and negative predictor values at 12 months for the 1st quartile results were 70% and 84% respectively.

Conclusions: We are the first group with data documenting that short-term weight loss can predict long-term weight loss success or failure quite accurately. Identifying failure early is critical to the long-term success of the bariatric patient. This knowledge will allow surgeons to discuss intervention such as medication, lifestyle or conversion to gastric bypass or duodenal switch reoperations at three months rather than waiting years for weight regain to occur.

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SLEEVE GASTRECTOMY HAS THE LOWEST READMISSION RATE OF ANY BARIATRIC PROCEDURE

Federico Perez Quirante, MD; Lisandro Montorfano, MD; Abraham Abdemur, MD; Emanuele Lo Menzo, MD PhD; Samuel Szomstein, MD FACS FASMB; Raul Rosenthal, MD; Cleveland Clinic Florida, Weston, FL, USA

Objective: The aim of this study is to analyze in detail readmissions triggered after a bariatric procedure.

Background: Laparoscopic Sleeve gastrectomy(LSG) is the most popular bariatric operation worldwide. Some speculation exists on the increased 30-day readmission rate after LSG because of diet intolerance.

Methods: We retrospectively reviewed all the readmissions in patients who had undergone a bariatric procedure in at our institution from December 2010 to November 2014. We analyzed all of the patients who were readmitted. Procedures that resulted in readmission were categorized in 4 groups: gastric band (LGB), Roux-n-Y Gastric bypass (LRYGB), gastric sleeve (LSG), revisions. Each group was studied individually. Comparisons of length of readmission stay were made between procedure types using the Kruskal-Wallis rank-sum test. Comparisons of length of readmission were observed as follows (less than 23 hours) vs. inpatient admission (more than 23 hours) were performed using Pearson's 2 test.

Results: Over the 4 year period there were 1133 operations 43 (3.7%) LGB, 643 (56.7%) LSG, 279 (24.6%) RYGB and 168 (14.8%) Revisional procedures. A total of 133 patients were readmitted within 30 days of the index procedure. This resulted in a total of 162 readmissions, 133 patients were readmitted at least once, 22 twice, 5 three times and 2 patients four times. The total readmission rate was 11.6% for LGB (n=5), 8.1% for LSG (n=52), 15.1% for LRYGB (n=43), 19.6% for Revisions (n=33). These differences probed to be statistically significant when Sleeve gastrectomy was compared to LRYGB (p=0.007) and to Revisional procedures (p<0.001). From the total 162 readmission encounters 35% (n=57) were observations and 65% (n=105) inpatient admissions. No differences in patients’ characteristics were found for the two modalities of readmission. The breakdown of type of admission per type of procedure is as follows:LGB 4% of observations (n=2) 3% of admissions (n=3), LSG 42% of observations (n=24) and 41% of admissions (n=43), LRYGB 25% of observations (n=14) and 31% of admissions (n=33), REV 30% of observation (n=17) and 25% of admissions (n=26) (p=0.81). The differences seen in the length of stay during the readmission between procedure types are not significant (p=0.79) With a median stay of one day of stay in every procedure and an overall average of 2.8 days.

Conclusions: Laparoscopic sleeve gastrectomy has the lowest readmission rate of all bariatric procedures. Multiple reasons can trigger a readmission after bariatric surgery; none of them however are procedure specific. Patients present with a similar pattern in terms of time after surgery, length of stay and chief complain.

Table 6: Summary of readmissions by procedure type

Procedure	Readmission			
	No		Yes	
	n	Percent	n	Percent
LGB	38	88.4	5	11.6
LRYGB	242	84.9	43	15.1
LSG	591	91.9	52	8.1
REV	135	80.4	33	19.6

Table 7: Comparisons of readmission rates between procedure types, based on logistic regression model

	Estimate	95% CI	p-value
LRYGB vs LGB	1.35	0.38 – 4.83	0.93
REV vs LRYGB	1.38	0.72 – 2.62	0.58
LGB vs LSG	1.50	0.43 – 5.26	0.84
REV vs LGB	1.86	0.51 – 6.82	0.61
LRYGB vs LSG	2.02	1.16 – 3.52	0.007
REV vs LSG	2.78	1.51 – 5.13	<0.001