

Medium-term outcomes of bariatric surgery in the elderly

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Background: Bariatric surgery is the definitive treatment for morbid obesity and associated comorbidities. However, indications, benefits, and outcomes in the elderly remain controversial. We aimed to evaluate the safety and medium to long-term outcomes of bariatric procedures in the elderly.

Methods: This is a single-center retrospective study of a prospectively-collected database. We included patients aged ≥ 60 years who underwent either sleeve gastrectomy (SG), gastric bypass (RYGB) or biliopancreatic diversion with duodenal switch (BPD/DS) between 01/2006-12/2014 and had a minimum of 2 years of follow-up.

Results: 104 patients underwent 114 bariatric procedures (10 patients had 2 procedures each). 75% underwent SG, 18% had RYGB, and 7% had BPD/DS. Mean \pm SD age and BMI were 63.3 ± 2.6 years and $51.7\pm 8.1\text{kg/m}^2$, respectively. Mean follow-up time was 36.1 ± 25 months. At baseline, 78% had hypertension, 60% had type-2 diabetes mellitus (T2DM), and 31% had obstructive sleep apnea (OSA). There was no postoperative 30-day mortality. Complication rate was 12% (n=14): 2 leaks post-RYGB, 1 obstruction post-SG, 1 bleeding requiring transfusion, 1 liver injury with bile leak, 2 port-site hernias, 1 myocardial infarction, 2 stenosis post-RYGB, 1 wound infection and 3 reflux exacerbations. Mean percent excess weight loss (%EWL) at 2 years was $52.2\pm 23.8\%$. Remission rates of hypertension, T2DM and OSA were 26%, 44% and 38%, respectively.

Conclusion: Bariatric surgery appears safe and effective in improving related comorbidities in patients 60 years and older suffering from extreme obesity.

Age alone should not preclude older patients from getting the best surgical treatment for obesity and related comorbidities.