

Gastric bypass tied to higher fracture risk versus gastric band

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(HealthDay)—There is a 73 percent increased risk for nonvertebral

fracture after Roux-en-Y gastric bypass (RYGB) versus adjustable gastric banding (AGB), according to a study published online May 15 in *JAMA Surgery*.

Elaine W. Yu, M.D., from Massachusetts General Hospital in Boston, and colleagues used Medicare claims data (2006 through 2014; 42,345 severely obese adults; 78.5 percent female; mean age, 51 years) to compare [fracture risk](#) after RYGB (29,624 patients) and AGB (12,721 patients) procedures.

The researchers identified 658 nonvertebral fractures during a mean follow-up of 3.5 years. The fracture incidence rate was 6.6 after RYGB and 4.6 after AGB, yielding a hazard ratio (HR) of 1.73 after adjusting for multiple variables. Among RYGB recipients, there was an increased fracture risk at the hip (HR, 2.81), wrist (HR, 1.70), and pelvis (HR, 1.48). There were no significant interactions between fracture risk and age, sex, diabetes status, or race.

"Although [bariatric surgery](#) is associated with health benefits, increased fracture risk is an important factor to consider for patients seeking Roux-en-Y [gastric bypass](#)," the authors write.

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