

# Study shows risks for additional procedures after bariatric surgery

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Which of the two most common bariatric surgeries—gastric sleeve or gastric bypass—has the highest subsequent risk of additional operations or procedures?

According to a study published in the current issue of *JAMA Network Open*, [gastric bypass surgery](#) is associated with a slightly higher risk of returning to the operating room or having other types of interventions, such as endoscopy.

"If you're having [bariatric surgery](#) and trying to decide between a sleeve and a bypass, this may be really important to know," said Kristina H. Lewis, M.D., corresponding author of the study and assistant professor of epidemiology and prevention at Wake Forest Baptist Health.

The study used a nationwide U.S. commercial insurance claims database to study adults age 18 to 64 who underwent a first Roux-en-y [gastric bypass](#) (bypass) or vertical sleeve gastrectomy (sleeve) procedure between January 2010 and June 2017.

The research team analyzed data from 4,476 [patients](#) undergoing bypass and 8,551 patients undergoing sleeve to determine the primary outcome of any abdominal operative intervention after the initial procedure. Patients were followed for up to four years after surgery.

The team found that bypass patients were about 20% more likely to have additional operations on their abdomen than a similar group of sleeve

patients. In addition, endoscopies also were more common among bypass patients. By four years out, the researchers estimated that 26.5% of bypass patients had an endoscopy procedure compared to 18% of sleeve patients.

"Although bypass surgery is more effective for weight loss and diabetes remission, patients should be aware that it may be associated with a slightly higher risk of undergoing additional procedures later," Lewis said.

"We already have strong evidence that bariatric surgery is the most effective [weight loss](#) intervention for patients with severe obesity, and surgery is definitely much safer than it used to be. But patients still have to balance the pros of having surgery against potential complications, and this may be especially important when choosing between bariatric surgery types. This decision—sleeve vs. bypass—will depend on a patient's goals for surgery and his or her particular health concerns."

**More information:** Kristina H. Lewis et al, Risk of Operative and Nonoperative Interventions Up to 4 Years After Roux-en-Y Gastric Bypass vs Vertical Sleeve Gastrectomy in a Nationwide US Commercial Insurance Claims Database, *JAMA Network Open* (2019). DOI: 10.1001/jamanetworkopen.2019.17603

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