Remote evaluation feasible for preoperative bariatric care

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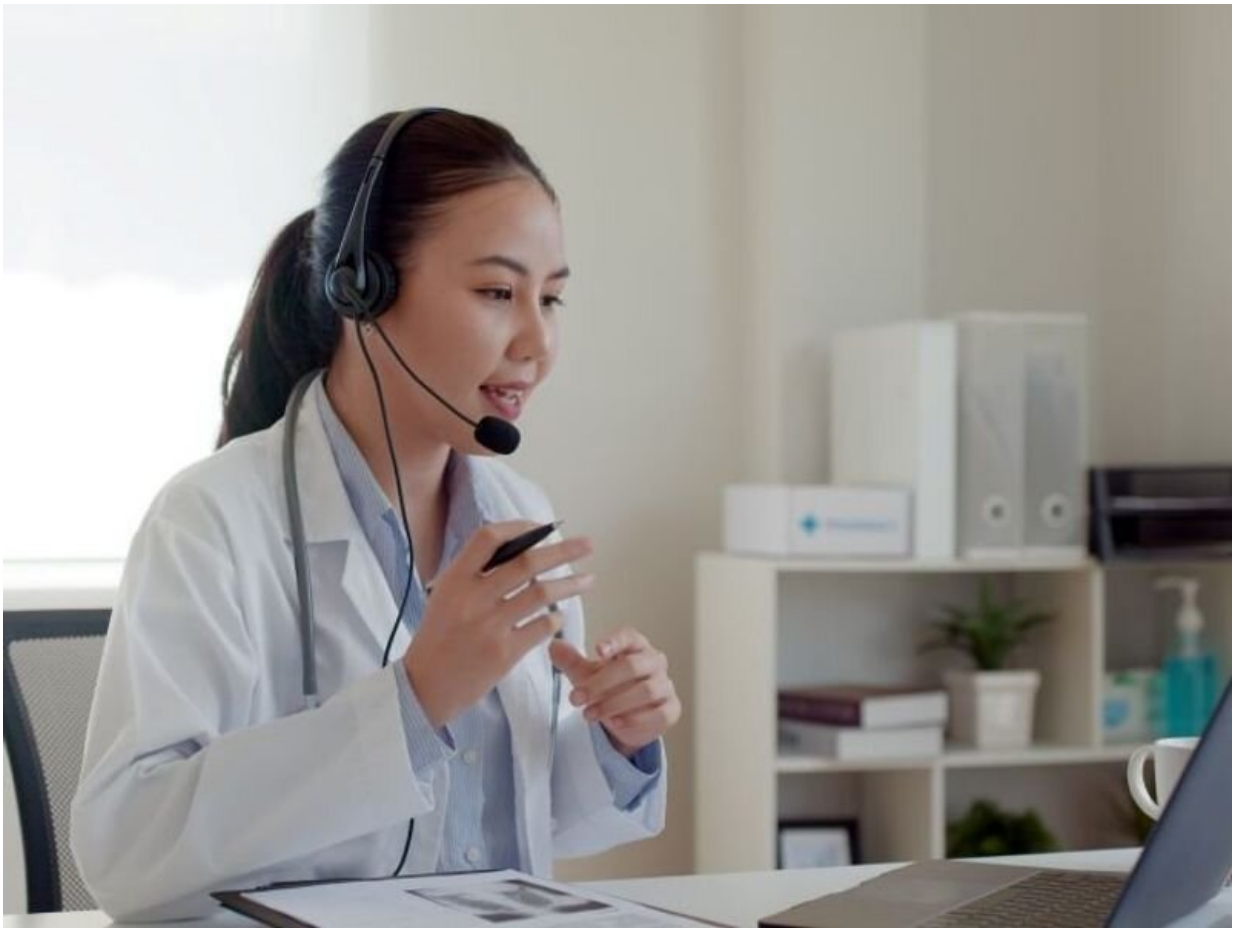

Fully remote preoperative bariatric care has similar patient outcomes as

in-person preoperative care, according to a study published online Feb. 10 in *JAMA Network Open*.

Callie Hlavin, M.D., from the University of Pittsburgh, and colleagues compared clinical outcomes and postoperative hospital utilization for patients undergoing bariatric surgery (laparoscopic Roux-en-Y gastric bypass or laparoscopic sleeve gastrectomy) who received fully remote (257 patients) or in-person (925 patients) preoperative care.

The researchers found that telemedicine was noninferior to in-person care with respect to operating room delay (mean minutes, 7.8 versus 4.2), procedure duration (mean minutes, 134.4 versus 105.3), length of stay (mean days, 1.9 versus 2.1), major adverse events within 30 days (3.8 versus 1.6 percent), major adverse events between 31 and 60 days (2.2 versus 1.6 percent), frequency of emergency room visits (18.8 versus 17.9 percent), and hospital readmission (10.1 versus 6.6 percent).

"Telemedicine may expand the reach of bariatric surgery and narrow disparities for historically disinvested patient populations. Further investigations should focus on geographical differences between telemedicine and traditional, in-person patient populations and ensure both patient and clinician satisfaction," the authors write. "In addition, the total telemedicine design should be studied prospectively to identify patient and provider barriers to its use. Future implementation and dissemination may be beneficial in other surgical fields."

More information: Callie Hlavin et al, Clinical Outcomes and Hospital Utilization Among Patients Undergoing Bariatric Surgery With Telemedicine Preoperative Care, *JAMA Network Open* (2023). DOI: 10.1001/jamanetworkopen.2022.55994