

# Comorbidity after bariatric surgery using the new ASMBS outcome reporting standards

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## Conclusion

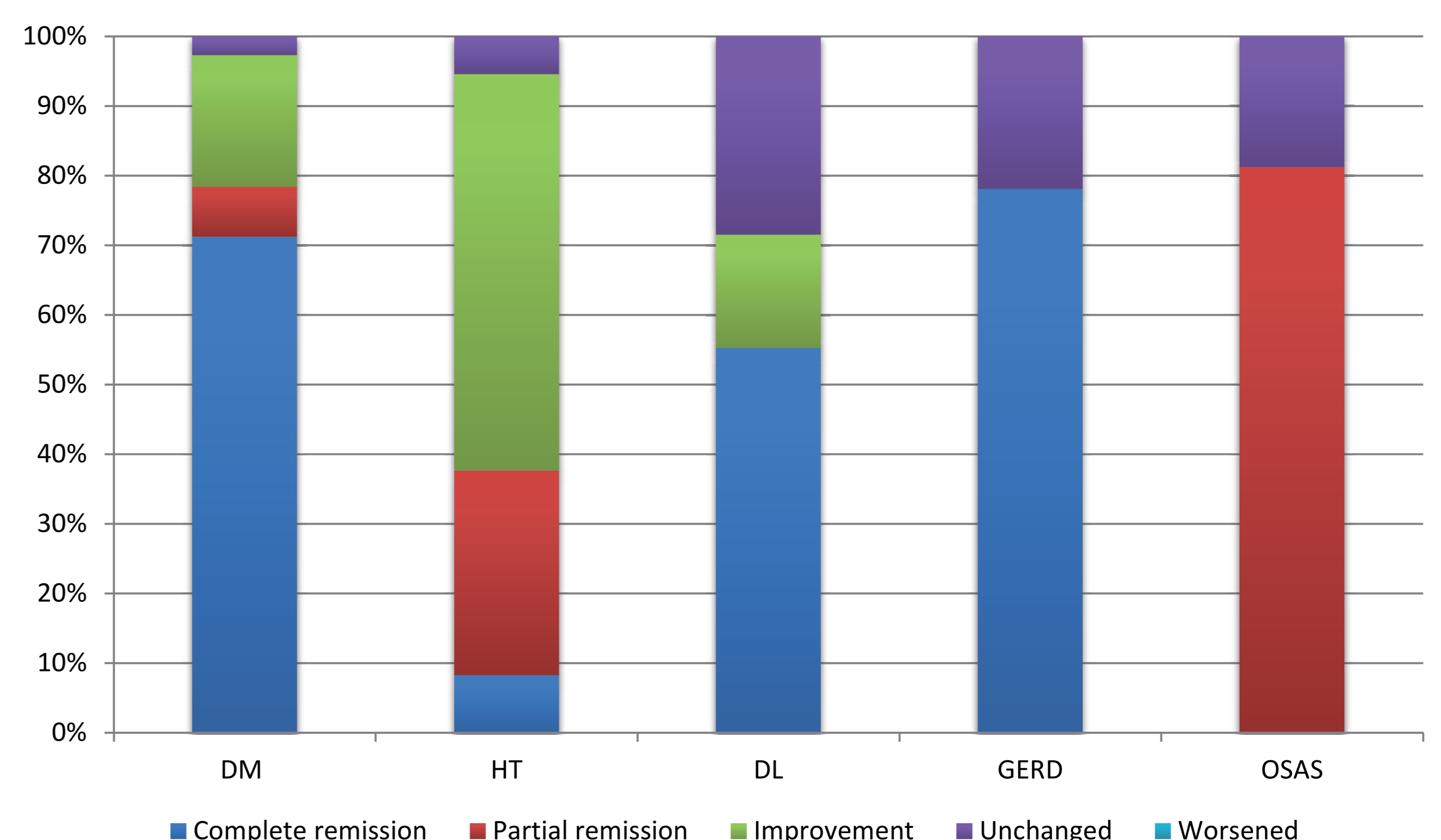
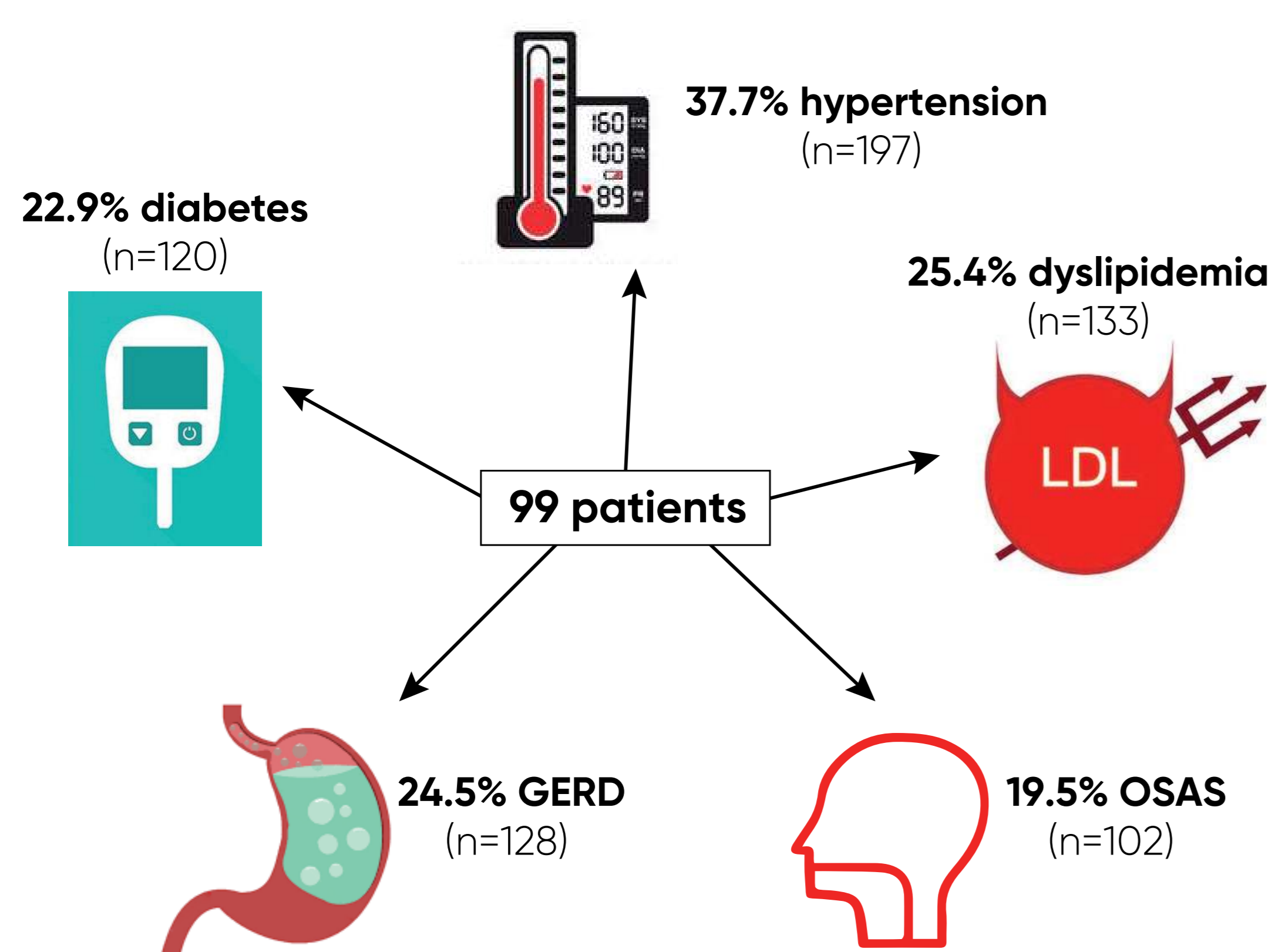
This study shows positive remission rates of diabetes, hypertension, dyslipidemia, OSAS and GERD using the new ASMBS outcomes reporting standards in a primary bariatric population. The ASMBS guideline is an objective and feasible method to assess outcomes after bariatric surgery and should be used in order to compare results in scientific publications.

## Introduction

In most cases bariatric surgery positively affects comorbid conditions. Previously however, outcome measurement after bariatric surgery were not standardized, resulting in publications using different definitions for the resolution, improvement and recurrence of the comorbid conditions. To standardize reporting after bariatric surgery, the ASMBS developed a guideline outlining how key outcomes should be defined and reported. To date, the effect of bariatric surgery on comorbidities has never been assessed using these new definitions. This study will assess the effect of bariatric surgery on comorbidities using the ASMBS guideline.

## Method

Patients who underwent a primary bariatric procedure between November 2016 and May 2017 were included. Comorbid conditions, body weight and waist circumference (WC) were assessed before and 12 months after surgery.



## Results

385 Patients (73.6%) underwent RYGB and 138 patients (26.4%) SG. The SG group had higher baseline BMI (46.2 vs 42.5 kg/m<sup>2</sup>, p<0.001); 12-months TWL was lower in SG (28.1 vs. 32.2%, p<0.001).

Before surgery, 22.9% (n=120) had diabetes, 37.7% (n=197) hypertension, 25.4% (n=133) dyslipidemia, 19.5% (n=102) OSAS and 24.5% (n=128) gastroesophageal reflux disease (GERD). At 12-month follow-up, complete diabetes remission (HbA1c<6%, off medication) was reached in 71.2% of patients and partial remission (HbA1c6-6.4%, off medication) in 7.2%. Complete remission of hypertension was noted in 8.2% (normotensive, off medication) and partial remission in 29.9% (prehypertensive, off medication). The remission rate for dyslipidemia was 55.3% (normal lipid panel, off medication). OSAS was improved in 81.2% (no complaints, off CPAP). For GERD 78.1% experienced complete resolution (no complaints, off medication). RYGB was associated with higher chance of remission in diabetes, dyslipidemia and GERD when compared to SG (p<0.05 in all).