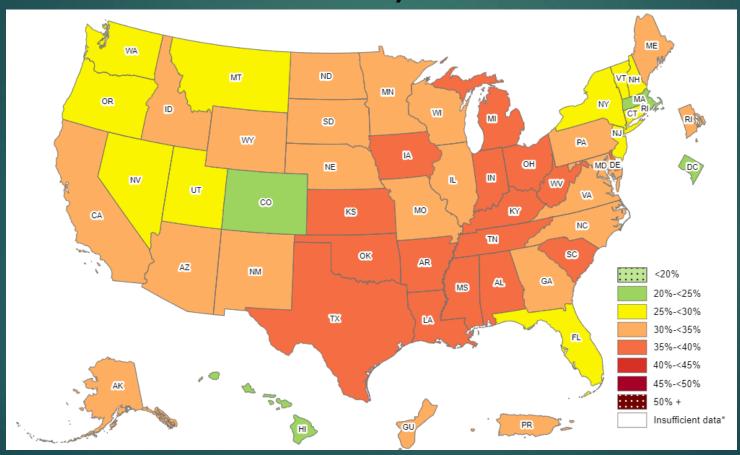
Bariatric Surgery in Children: Who, What and When?

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The Ongoing Epidemic

Obesity Trends* Among U.S. Adults BRFSS, 2020





Bariatric Surgery: Who is eligible?

- □ Patients who want it
- □ Age ≥ 13 years
- Morbid obesity
- Obesity-related co-morbidities



Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity

"Pediatricians and other PHCPs should offer referral for adolescents 13 and older with severe obesity for evaluation for metabolic and bariatric surgery to local or regional comprehensive multidisciplinary pediatric metabolic and bariatric surgery centers."

Insurance Eligibility

- \square BMI > 40 kg/m²
- □ BMI > 35 kg/m² + obesity-related co-morbidities
- BMI > 140% of the 95th percentile
- BMI > 120% of the 95th percentile + obesityrelated co-morbidities



Obesity-Related Co-Morbidities

- Obstructive sleep apnea
- □ Type 2 diabetes
- NAFLD/NASH
- Cardiovascular disease
- □ GERD
- Idiopathic intracranial hypertension



Preoperative Process

Six (consecutive monthly counseling sessions)

-Nutrition

-Exercise

-Lifestyle changes

-Surgical options

Surgical consultation

-Complications

-Follow-up

-Alternatives

Nutrition

-Diet changes

-MRT

Psychology

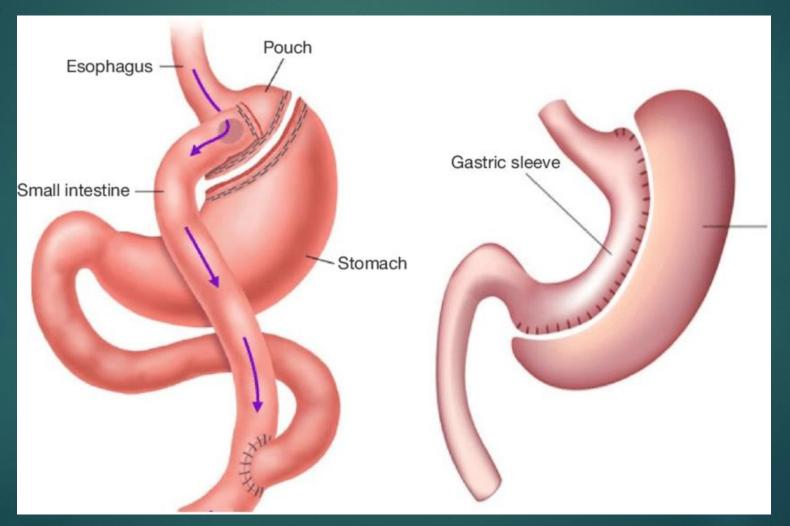
-Mental health exam



<u>Surgical Treatments</u>

Roux-en-Y gastric bypass

Sleeve gastrectomy



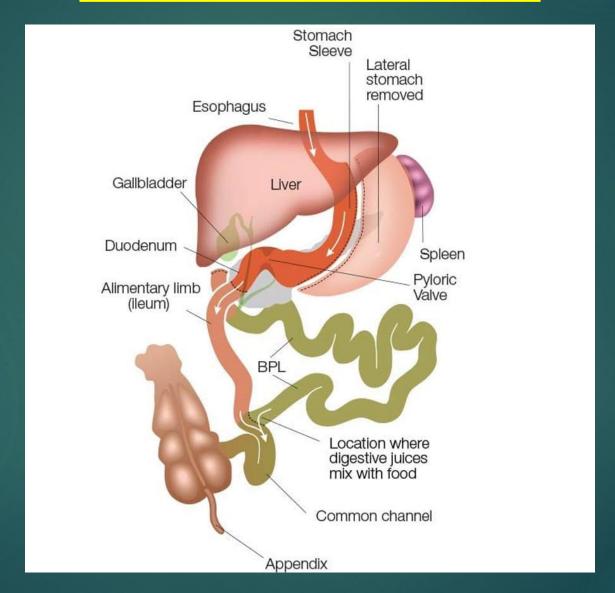


Why is sleeve gastrectomy preferred?

- Quicker recovery
- Lower complication rate
- Excellent overall outcomes
- Lower likelihood of vitamin deficiencies
- Preferred for "follow-up gap"
- □ Preserves additional surgical treatment options



Duodenal Switch





Ten-Year Outcomes of Children and Adolescents Who Underwent Sleeve Gastrectomy: Weight Loss, Comorbidity Resolution, Adverse Events, and Growth Velocity

- Retrospective assessment of prospectively-collected database
- Single, large academic medical center
- \square N = 2504
- ☐ Years: 2008-2021
- All patients underwent laparoscopic sleeve gastrectomy



Study Population

- Mean age: 15.7 ± 3.7 years
- \square M:F = 45%:55%
- Mean pre-op BMI 44.8 ± 12.6 kg/m²
- Mean BMI percent = 165% of the 95th percentile



Weight Loss Results

Variable	Baseline	1-3 years	4-6 years	7-10 years
Patients, n (%)	2504 (100)	1811 (88.3)	932 (73.5)	559 (88.4)
BMI, kg/m2, mean ± SD	44.8 ± 12.6	29.7 ± 7.2	30.5 ± 7.1	31.8 ± 8.2
%EWL, mean ± SD		82.3 ± 20.5	76.3 ± 29.1	71.1 ± 26.9



Resolution of Comorbidities

Comorbidity	Baseline (% prevalence)	>7 years (% resolution)
Type 2 diabetes	10.5	71.5
Dyslipidemia	9.1	57.3
Hypertension	15.1	58.1



Postoperative Complications

Table 4.	Adverse	Events	Observed	in	Children	and	Ado-
lescents V	Vho Unde	rwent La	aparoscopi	ic S	Sleeve Ga	strec	tomy

Event	n	%	Management
Staple line leak	2	0.09	Conservative management; revision to Roux-en-Y gastric bypass
Metabolic neuropathy	3	0.1	IV thiamine, long-term thiamine supplementation
Nausea and vomiting	22	1.0	Analgesia, proton pump inhibitor, IV rehydration



Roux-en-Y Gastric Bypass Versus Sleeve Gastrectomy in Young Adults: a Dutch Registry Study

- Retrospective assessment of prospectively-collected database
- National study
- □ N = 231
- □ Ages 18-25
- Years: 2015-2019



Study Population

	RYGB, n = 1246	SG, n = 1067	Р
Age (years, ± SD)	23.1 ± 2.0	22.9 ± 2.1	0.002
Female (%)	86.1	86.7	0.687
Preoperative BMI (kg/m2 ± SD)	44.1 ± 4.7	45.3 ± 5.1	< 0.001
Preoperative comorbidities, no. (5) Type 2 Diabetes Hypertension Dyslipidemia GERD OSA Musculoskeletal pain	56 (4.5) 67 (5.4) 88 (7.1) 102 (8.2) 60 (4.8) 431 (34.6)	30 (2.8) 52 (4.9) 29 (2.7) 71 (6.7) 46 (4.3) 311 (29.1)	0.033 0.585 < 0.001 0.163 0.563 0.005



Weight Loss Results

	RYGB		SG		Р
	No.	% ± SD	No.	% ± SD	
TWL 1 year	1246/1246	34.3 ± 7.3	1067/1067	31.9 ± 8.5	< 0.001
TWL 2 years	583/971	35.0 ± 8.3	542/835	32.1 ± 10.0	< 0.001
TWL 3 year	331/751	33.1 ± 9.2	265/575	29.8 ± 11.5	< 0.001
TWL 4 year	185/528	30.9 ± 10.4	113/302	29.9 ± 12.9	0.521
TWL 5 year	78/262	29.5 ± 11.2	33/110	26.5 ± 15.1	0.307



Resolution of Comorbidities

	RYGB	(1-2 yrs f/u)		SG	(1-2 yrs f/u)		P
	No.	Resolved or improved, no. (%)	Unchanged or worsened, no. (%)	No.	Resolved or improved, no. (%)	Unchanged or worsened, no. (%)	
T2DM	37/56	31 (83.8)	6 (16.2)	20/30	20 (100.0)	0 (0)	0.081
HTN	55/67	47 (85.5)	8 (14.5)	39/52	37 (94.9)	2 (5.1)	0.187
Dyslipidemia	69/88	58 (84.1)	11 (15.9)	19/29	16 (84.2)	3 (15.8)	1.000
GERD	62/102	59 (95.2)	3 (4.8)	32/71	18 (56.3)	14 (43.8)	<0.001
OSA	35/60	28 (80.0)	7 (20.0)	19/46	15 (78.9)	4 (21.1)	1.000
MS Pain	306/431	261 (85.3)	45 (14.7)	171/311	146 (85.4)	25 (14.6)	0.980



Complication Rates

	RYGB, $n = 1246$	SG, $n = 1067$	p-value
Perioperative complications, no. (%)			
Perforation	1(0.1)	0 (0)	NA
Bleeding	4 (0.3)	2 (0.2)	NA
Spleen injury	1 (0.1)	1 (0.1)	NA
Liver injury	1 (0.1)	1 (0.1)	NA
Total	10 (0.8)	7 (0.7)	0.681
Number of readmissions within 30 days, no. (%)	30 (2.4)	18 (1.7)	0.225
Therapeutic intervention for complication within 30 days, no. (%)	10 (0.8)	6 (0.6)	0.487
Clavien-Dindo classification, no. (%)			
CD grade I	7 (0.6)	7 (0.7)	0.771
CD grade II	8 (0.6)	8 (0.7)	0.755
CD grade III	14 (1.1)	9 (0.8)	0.499
CD grade IV	3 (0.2)	0 (0)	NA
Postoperative complication within 30 days, no. (%)			
Major bleeding	10 (0.8)	6 (0.6)	0.487
Anastomotic leakage	0 (0)	2 (0.2)	NA
Intra-abdominal abscess	0 (0)	1 (0.1)	NA
Wound infection	2 (0.2)	2 (0.2)	1.000
Intestinal obstruction	5 (0.4)	0 (0)	NA
Anastomotic stricture	1 (0.1)	1 (0.1)	1.000
Nonsurgical complications	15 (1.2)	18 (1.7)	0.329



Who should get a gastric bypass?

- □ Patients who want it
- □ Severe GERD
- Weight regain after SG



Bariatric Surgery Via HLC

- 5 sleeve gastrectomies performed
- □ Upcoming cases on April 20, May 18 and May 25
- □ Currently following 27 patients with interest in surgery
- 234 pounds lost to date





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