

# Decreasing the Time to Surgery for Patients Undergoing Bariatric Surgery: Experience from a Single Academic Center



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## Introduction

In recent decades, Metabolic and Bariatric Surgery (MBS) has emerged as the preeminent intervention for addressing obesity and its associated comorbidities. Despite its established effectiveness and safety profile, MBS remains significantly underutilized. Bariatric surgery is one of the safest types of general surgery performed in the United States, largely due to the extensive screening process that patients undergo prior to surgery. This screening process, however, is lengthy and can be a roadblock for patients seeking the procedure. To address this limitation, we changed the preoperative screening process at our single academic center in 2022 from mandatory cardiac and pulmonary clearances to selective clearance requirements based on STOP-BANG and MET screening tools. This study presents our experience in adapting a scoring-system-based preoperative process for bariatric surgery patients.

## Methods

We conducted a retrospective analysis of primary bariatric surgery patients at a single center from 2017 to 2023 with the hypothesis that risk-based screening in the preoperative process would safely reduce the time from consultation to surgery. We excluded patients who underwent additional procedures and who's time in the program overlapped with either the COVID pandemic in 2020 or the program staff transition in 2022 which resulted in 580 patients.

**PLAN** Researched and chose screening tools  
**DO** Implemented selective screening  
**STUDY** Collected outcome data  
**ACT** Observe long term outcomes

## Results

Our adaptation of a scoring system-based approach produced a significant impact on the preoperative process length with the average time to surgery decreasing by over 100 days ( $P < 0.02$ ). There was no statistically significant change in morbidity, mortality, the rate of readmission, or the rate of reoperations with the new preoperative protocol.

Time to Surgery By Protocol and Consult Year

Protocol (N)	Average	SD	P
Mandatory (508)	259	125	<0.001
Selective (72)	156	51	

  

Year (N)	Average	SD	P
2017 (86)	287	157	<0.001
2018 (87)	234	99	<0.001
2019 (57)	270	142	<0.001
2020 (92)	260	119	<0.001
2021 (168)	263	115	<0.001
2022 prior (18)	189	89	0.02
2022-2023 (72)	156	51	

Outcomes By Protocol

	Mandatory (N=508)	Selective (N=72)	P value
Readmission	20	2	0.958
Reoperation	9	1	0.979
Morbidity	28	3	0.959

## Discussion

With recent literature demonstrating unparalleled weight loss and comorbidity remission, MBS has become strongly recommended for individuals who qualify. Despite this, MBS remains underutilized. This study demonstrates a widely applicable method of decreasing time to surgery while maintaining safe outcomes. It is limited as a retrospective study, a single institution and relatively short time frame. Additional study addressing these limitations would strengthen these results.

## Conclusion

This study highlights the successful integration of a scoring-system-based preoperative process in bariatric surgery patients at a single academic center. Our findings suggest that such an approach decreases time to surgery without compromising patient safety. Further research and prospective studies are warranted to assess the generalizability of these findings in diverse clinical settings.

## References

- <https://doi.org/10.1136/bmj.f5934>
- <https://doi.org/10.1056/nejmoa1700459>
- <https://doi.org/10.1056/nejmoa035622>
- <https://doi.org/10.1001/jama.2011.1914>
- <https://doi.org/10.1001/jama.2014.10706>
- <https://doi.org/10.1001/jamasurg.2016.2317>
- <https://doi.org/10.1007/s13304-012-0195-7>
- <https://doi.org/10.1089/lap.2011.0042>
- <https://doi.org/10.1093/ofid/ofaa439>
- <https://doi.org/10.1001/archsurg.2011.270>
- <https://doi.org/10.1097/sla.0000000000003554>
- <https://doi.org/10.1016/j.surg.2007.07.018>
- <https://doi.org/10.1111/cob.12515>
- <https://doi.org/10.1007/s11695-023-06742-9>
- <https://doi.org/10.1007/s00464-023-10030-z>
- <https://doi.org/10.1007/s11695-022-06373-6>
- <https://doi.org/10.1001/jamanetworkopen.2021.1009>
- <https://doi.org/10.1136/bmjresp-2020-000848>
- <https://doi.org/10.5664/jcsm.1784>
- <https://doi.org/10.1007/s00464-012-2678-5>
- <https://doi.org/10.1136/bmjopen-2015-010359>
- <https://doi.org/10.1016/j.soard.2019.02.004>