Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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workers, licensed professional counselors, doctors of psychology), and utilized different psychosocial assessments.

Conclusions: At our institution, the PSE did not identify any patients that would be prohibited from proceeding with surgery. Patient participation in or the need for postoperative psychosocial care was not reliably identified through the PSE process. Furthermore, PSE did not change the clinical course of any study participants. These may be limited benefit of routine universal PSE in the bariatric population.

A149

VARIATION OF CALIBRATION TUBE USE IN SLEEVE GASTRECTOMY

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Background: Sleeve gastrectomy (SG) is the most popular bariatric operation, but surgical technique varies.

Objective: To identify variations in calibration tube (CT) used during SG.

Methods: A survey was distributed via email and social media to bariatric surgeons. Data was received and analyzed.

Results: After eliminating incorrect screening question responses, 535 of 565 responses were analyzed. Demographics included 82% practicing in the United States, the majority in academic practice. Years in practice were 18% with 0-5 years, 20% with 6-10 years, 45% with 11-20 years, and 17% with greater than 20 years. Number of sleeves performed annually ranged between 25 to 300. Laparoscopic versus robotic sleeve gastrectomy were performed by 71% vs 6% of respondents. CTs used were reusable bougie (53.5%), disposable CT (37.4%), endoscope (5.4%), and ‘other’ (3.2%); less than 1% used no CT. Seventeen different types of disposable tubes were reported. The most common CT sizes were 36 French (Fr) (38%) and 40 Fr (36%), with sizes ranging from 18 to 54 Fr. The highest valued CT qualities included: efficient positioning, creating consistent sleeve size, and visualizing CT on introduction to stomach. Current spacing devices did not solve these issues. Fifty percent of respondents actively pursued alternate calibration devices.

Conclusion: Approximately half of bariatric surgeons perform SG with a reusable spacing device sized 36 or 40 Fr, the second largest group uses disposable CTs in a variety of sizes. Further standardizing SG technique may help understand how final sleeve geometry affects GERD and weight loss surgical outcomes.

E-Poster/E-Video
Tuesday, June 7, 2022

A150

CONVERSION OF GASTROJEJUNOSTOMY WITH CHOLEDOCHOJEJUNOSTOMY TO PARTIAL GASTRECTOMY WITH ROUX-EN-Y RECONSTRUCTION FOR REFRACTORY BENIGN ANASTOMOTIC STRicture

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Introduction: Revisional surgery after prior gastric surgery can often be complex requiring careful planning. Although revisional bariatric surgery is becoming more commonplace, at times bariatric surgeons may be asked to help manage a patient with complications after other gastric operations. Careful operative planning is imperative to ensure a successful outcome. We present our management of a patient with prior choledochojejunostomy and partial gastrectomy with Roux-en-Y reconstruction with gastric outflow obstruction who underwent conversion to partial gastrectomy with Roux-en-Y reconstruction incorporating choledochojejunostomy as part of biliopancreatic limb.

Case report: An 80-year-old male presented with epigastric pain and emesis after gastrojejunostomy and choledochojejunostomy reconstruction for a gastroduodenal resection due to B-cell lymphoma. Esophagogastroduodenoscopy (EGD) demonstrated an ulcerative stricture with benign pathology. The patient underwent laparoscopic conversion to more standard gastric bypass through partial gastric resection with creation of a new roux limb and a bilio-pancreatic limb that utilized the prior choledochojejunostomy as a portion of the bilio-pancreatic limb. He had complete resolution of symptoms with improved dietary tolerance and weight gain. He did have a remote upper endoscopy with dilation for gastrojejunostomy stricture with resolution of symptoms. At one year follow up, the patient was well, without issues, gaining weight appropriately and with an improved quality of life.

Conclusion: We demonstrate conversion of a gastrojejunostomy with choledochojejunostomy to a small gastric pouch with Roux-en-Y reconstruction using previously created choledochojejunostomy as part of the bilio-pancreatic limb. Careful intraoperative evaluation of prior operative anatomy is imperative to avoid intraoperative confusion and complications.

A151

COVID-19 PANDEMIC, SLEEP, EATING BEHAVIORS AND BARIATRIC SURGERY WEIGHT LOSS OUTCOMES

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Background: Self-isolation during the COVID-19 pandemic has been associated with worsened eating behaviors and sleep hygiene, however, limited studies focus on patients with obesity. This study investigates effects of the COVID-19 pandemic on eating behaviors and sleep amongst three groups of bariatric surgery patients: patients who completed surgery prior to COVID-19 restrictions (Cohort 1), patients who began the pre-operative process prior to COVID-19 restrictions and subsequently completed surgery (Cohort 2), and patients who began the pre-operative process following COVID-19 restrictions and have not yet undergone surgery (Cohort 3).

Methods: This study included 296 patients at a single bariatric center. Cohort 1 included 123 participants, Cohort 2 included 40,
and Cohort 3 included 24. Participants completed measures of eating behaviors and sleep. Weights were obtained through chart review.

**Results:** Both higher levels of insomnia symptoms and poorer sleep quality predicted a higher level of emotional eating ($b = .22$, $t (151) = 2.75, p < .01$, and $b = .27$, $t (141) = 3.31, p < .01$, respectively). Sleep quality was poorer ($U = 1297.5, p < .001$) and levels of emotional eating higher ($U = 1295, p < .01$) in Cohort 1 compared to Cohort 2. Post-operative %TWL did not differ between groups.

**Conclusion:** Results suggest a relationship between sleep disturbances and emotional eating among bariatric patients and indicate poorer sleep quality and more emotional eating in patients who underwent surgery prior to the COVID-19 pandemic. Despite this, findings do not suggest relationships between the COVID-19 pandemic and weight loss after bariatric surgery.

### A152

**PERIOPERATIVE COMPLICATIONS ARE ASSOCIATED WITH REDUCED ONE-YEAR WEIGHT-LOSS AFTER SLEEVE GASTRECTOMY COMPARED TO ROUX-EN-Y GASTRIC BYPASS**

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**Background:** Though bariatric surgery perioperative complications are rare and recoverable, the impact of these complications on one-year weight loss is not well characterized.

**Methods:** This is a retrospective analysis of laparoscopic sleeve gastrectomy (LSG) and Roux-en-Y gastric bypass (LRYGB) at a large academic center between 2017 and 2019. Weight and complication data was extracted from our institution’s Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database. Patients without one-year weight outcomes, or who were undergoing a revision procedure were excluded.

**Results:** 44 RYGB and 189 LSG were included in this study. Of the 35 patients with complications, 11 had a undergone LRYGB. Compared to those without complications, patients with complications had lower preoperative BMI (37.6 versus 47.6; $p<0.0001$), longer length of stay (2.2 versus 1.8 days; $p=0.03$), and lower one-year %Total Body Weight Loss (TBW) (5.5% versus 24%, $p<0.01$). The most common complications were dehydration (n=9), transfusion (6), and surgical site infection (4). Receiving postoperative transfusions was associated with the lowest one-year %TBW (-7.4%). 17 patients were readmitted, most commonly for nausea (5), sepsis (3), or pain (2). Complications were associated with a lower one-year %TBW in patients after LSG compared to RYGB (0.5% versus 22.9% one-year %TWL, $p<0.01$).

**Conclusions:** These results suggest perioperative complications may have lasting impacts on postoperative weight loss, especially after LSG. Patients known to have complications after surgery may benefit from closer follow-up to ensure appropriate post-operative weight loss. Longer term studies may be indicated.

### A153

**INTRA-THORACIC MIGRATION OF THE STOMACH TWO YEARS AFTER SLEEVE GASTRECTOMY**

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**Objective:** To delineate the rate of hiatal hernia (HH) after sleeve gastrectomy (LSG).

**Methods:** A retrospective review was conducted of patients who underwent LSG from 2015-2018. Records were reviewed one year preoperatively and two years postoperatively to identify HH on imaging, endoscopy, or operative reports.

**Results:** During 2015-2018, 545 patients underwent LSG as an index bariatric procedure. 1-year follow up was 82%, while 2-year follow up was 66%. 452 patients (82%) underwent preoperative endoscopy. 46 patients (8.4%) had a clinically significant HH detected intraoperatively, of which 44 underwent repair. An additional 77 patients (14%) had HH detected on preoperative endoscopy. Postoperatively, 184 patients (34%) underwent either endoscopy or an radiographic imaging. Prevalence of HH 2 years postoperatively was 29 (5.3% of included patients, 16% of patients with postoperative workup). 1 patient underwent HH repair after LSG. The rate of recurrent and/or persistent HH was significantly higher than the rate of de novo HH (11% vs. 4%, $p=0.02$). The rate of recurrent HH among patients who underwent HH repair during their index operation was also significantly higher than the rate of de novo HH (16% vs. 4%, $p=0.01$). Having a HH prior to LSG was associated with significantly higher rates of reflux postoperatively (20% vs. 38%, $p=0.02$), though there was no association between reflux and postoperative HH.

**Conclusion:** Postoperative HH occurs in < 10% of patients at two years after LSG and is associated with preoperative HH. Preoperative HH is associated with higher rates of reflux after sleeve gastrectomy.

### A154

**LAPAROSCOPIC LIMB DISTALIZATION FOR WEIGHT REGAIN AFTER ROUX EN Y GASTRIC BYPASS**

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This video abstract details the case of a laparoscopic limb distalization performed for weight regain after roux en y gastric bypass. The patient is a 32 year old female who underwent gastric bypass in 2010 for a pre-operative weight of 400 lbs (BMI 67). Post-operative nadir was 250 lbs (BMI 41). She presented to us in 2019 weighing 330 lbs (BMI 54) complicated by osteoarthritis of the knees. She was referred to medical weight loss specialists and was trialed on multiple medications. She underwent two endoscopic revisions but success was limited. Preoperative work up included an UGI and EGD, and she was