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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Background: Obesity is a modifiable risk factor for pancreatic cancer. This study aims to demonstrate if weight loss via bariatric surgery (BaS) can decrease the risk of pancreatic cancer in patients with obesity.

Methods: We examined the NIS database from 2010-2015 to assess differences in the number of first-time cancer-related hospitalization as a proxy for cancer incidence between patients with a history of BaS (cases) and those without (controls). Patients with previous diagnosis of cancer were excluded from the analysis. Matching controls had a BMI >35 kg/m2. ICD-9 codes were used to identify admissions. Univariate analysis and a multivariate logistic regression were performed. All percentages and means (with confidence intervals) were weighted.

Results: A total of 2,300,845 (2,004,804 Controls, and 296,041 Cases) were included. On the univariate analysis, the pancreatic cancer rate was significantly higher in the cases (0.23% vs. 0.11% p<0.001). We controlled for unbalanced factors and divided the subjects into two groups; Group A: subjects without or unknown history of chronic pancreatitis where BaS caused protection for pancreatic cancer (OR=0.37 95% IC: 0.34-0.41 p<0.0001) and Group B: subjects with a known history of chronic pancreatitis where cases had more likelihood of developing pancreatic cancer (OR=2.26 95% IC 1.03-4.97 p< 0.0001).

Conclusions: Our findings raise the question of whether BaS might needed to confirm these findings results showed a 227% risk in this population. Further studies are needed to confirm these findings.

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NOVEL APPROACH TO COVID-19 PANDEMIC ON BARIATRIC SURGICAL CASE NUMBERS

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Background: During the Novel COVID-19 Pandemic, operating rooms across the country closed for elective cases. This hindered patients with obesity undergoing weight loss surgeries, which would reduce their high risk of mortality to Coronavirus infections. Our institution developed a strategy to continue elective bariatric surgery without hindering the safety of patients and medical staff.

Methods: The hospital developed an approach to maintaining elective bariatric surgery during the pandemic. This included 1) admitting Covid-19 patients to a separate facility not at the main surgical facility, 2) maintaining adequate PPE supplies which included manufacturing PPEs to do so, and 3) implementing a COVID-19 PCR nasal swabs 5 days before scheduled operation. On the day of surgery patients were screened using the CDC screening protocols.

Results: The year before the COVID-19 Pandemic, bariatric surgery cases totaled 407. The year of the pandemic (2020) the bariatric cases totaled 304. One month, April 2020, there were only 2 cases while the two prong approach was implemented. Thereafter the bariatric case numbers increased through the year and the projected one year cases volume was 400 cases.

Conclusions: Our institution implemented an aggressive and proactive approach to continue elective bariatric surgery understanding the importance of the associated risk reduction to COVID-19 for the morbidly obese population. This approach resulted in our bariatric program only experiencing a minor decrease in bariatric surgical cases during the pandemic.

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CASE REPORT: TRACHEOMALACIA COMPPLICATED BY OBESITY AND ITS IMPROVEMENT WITH LAPAROSCOPIC VERTICAL SLEEVE GASTRECTOMY:

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A rare but not unknown complication of tracheostomy is tracheal stenosis (TS) and tracheomalacia (TM). This can be managed by serial dilatation, T-tubes. If this fails then the standard is resection and anastomosis(R&A). This patient had a BMI of 55 and multiple co-morbidities. He was being dilated q 2 mo and was not a candidate for R&A secondary to his size. He was referred by Otolaryngology(ENT) for consideration for Bariatric Surgery(BS). While were no previous reports of using BS to improve the outcomes of TS/TM, ENT had antecdotally seen patients who had mild improvements with medical weight loss. He is a 42-year old male who had had a trach for 6-years following a prolonged hospitalization for a mitral valve replacement (MVR), and myocardial infarction (MI). His other co-morbidities included congestive heart failure(CHF), Type-I diabetes mellitus(T1DM), obstructive sleep apnea(OSA) requiring 4LNC and BiPAP, renal insufficiency and cardiovascular accident(CVA). As his weight increased, he was requiring more frequent dilatations, and more frequent CHF hospitalizations. After 1-year working with the multi-disciplinary team, he underwent a successful Laparoscopic Vertical Sleeve Gastrectomy(LVSG). His co-morbidities did require a longer than normal hospital stay (LOS=11 days). He had no peri-operative complications. In the 31 mo. since surgery, he has lost to a BMI=47, TBWL=22%, he has had no admissions for CHF and the tracheal dilatations have gone from q 2 mo to q 6-8 mo. This is an excellent example of using BS to improve co-morbidities to decrease health care expense utilization.

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USE OF INTRAOPERATIVE ENDOSCOPY TO DETECT AND TREAT COMPLICATIONS IN BARIATRIC SURGERY

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Anastomotic leak, staple-line bleeding and strictures are among the main complications associated with bariatric surgery. With the use of intraoperative endoscopy, it has been reported that after the detection of an anastomotic leak in up to 96% of the patients the leak could be eliminated after laparoscopic reinforcement of the