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defense against infection. Future studies should evaluate whether SG induced IgM affect glucose metabolism and susceptibility to infection.

Standardized Multimodal Approach Reduced Opioid Use Following Bariatric Surgery: A Quality Improvement Initiative



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INTRODUCTION: Bariatric patients are at increased risk of opioid use disorder. There is a national effort to reduce opioid use after bariatric surgery. We instituted a standardized multimodal pain regimen to address this need.

METHODS: A retrospective chart review was conducted for patients who underwent bariatric surgery during 1 year before and 1 year after implementation of a standardized non-opioid postoperative pain regimen. The primary outcome was mean morphine milligram equivalents (MME) per in-patient stay. Secondary outcomes included mean MME prescribed at discharge, mean length of stay (LOS), and use of opioid and non-opioid analgesia. Descriptive and bivariable analyses were performed.

RESULTS: There were no significant differences in baseline characteristics in pre-intervention (n= 198) and post-intervention (n=146) groups. There was a 12.4% relative reduction in inpatient MME use from 7.73 to 6.77 post-intervention (p=0.67), and a 96.6% reduction in mean MME prescribed at time of discharge (187 vs 6.47, p= <0.0005). There was no significant difference in LOS (1.2 vs 1.31 days, p=0.13), ketorolac use (89.9% vs. 85.6%, p=0.22), or in intravenous acetaminophen use (98.5% vs. 98.6%, p=0.91) respectively. There was a significant increase in the number of patients who used no opioids during the in-patient stay (64.1% vs. 82.2%, p<0.0005) and a significant decrease in the number of patients prescribed opiates at discharge (93.9% vs. 4.1%, p<0.0005).

CONCLUSION: A standardized multimodal approach to pain control significantly reduced opioid use in bariatric patients at discharge without increasing length of stay. Further research is needed to determine long-term outcomes.

Surgical Weight Loss Patient Experience with Telehealth During Covid-19: Should Telehealth Remain an Option after the Pandemic?



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INTRODUCTION: Surgical weight loss (SWL) patients attend multiple appointments pre- and post-bariatric surgery. This study aimed to understand patients' experience with telehealth and whether telehealth should be a continued care option after the pandemic.

METHODS: All SWL patients who attended telehealth appointments at a large tertiary care center from August 26, 2020 to Feb 15, 2021 were surveyed after their appointment with an emailed survey from Zappix. The survey included free text, multiple choice, and 5-point likert-scale questions (1="Strongly Agree" and 5="Strongly Disagree") regarding their telehealth experience.

RESULTS: 193 surveys were returned, where respondents had a total of 287 telehealth appointments. Respondents were an average age of 48.49 ±11.69, 85.49% (N=165) women, and 26.94% (N=52) post-op. 61.67% were video appointments via Epic Vidyo (35.19%), Google Meet (17.42%), or FaceTime (9.06%), and 38.33% occurred by phone.

Determined by respondents that marked either "Strongly Agree" or "Agree", 86.56% (average response 1.5/5) of respondents felt comfortable talking to their provider via telehealth, 76.76% (average response 1.81/5) felt like a telehealth appointment was easier than an in person appointment, 85.03% (average response 1.61/5) would like to have the option of telehealth when booking appointments, and 79.14% (average response 1.76/5) are interested in telehealth after hours or on Saturdays.

CONCLUSION: Patient experience with telehealth is overall positive, suggesting that this form of care delivery should be continued post-pandemic to support patient care.

The Impact of Bariatric Surgery on the Development of Small Intestinal Bacterial Overgrowth (SIBO).



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INTRODUCTION: Small intestinal bacterial overgrowth (SIBO) is a common problem after bariatric surgery leading to abdominal pain, bloating, and diarrhea. However, little data exists on the prevalence or presenting symptoms of SIBO after BS. We sought to define the prevalence, risk factors, and outcomes of SIBO in a bariatric population by performing a retrospective cohort study.

METHODS: A retrospective chart review of patients undergoing Roux-en-Y gastric bypass (RYGB) and sleeve gastrectomy (SG) from 2002 - 2020 was performed. Demographics, symptoms, results, and outcomes were collected for patients suspected of or tested for SIBO using hydrogen breath testing (HBT). Chi-square tests were performed.

RESULTS: Of 3,110 bariatric patients, 86 (2.77%) were suspected of having SIBO: 71 (82.6%) underwent RYGB and 15 (17.4%) SG. Symptoms that prompted testing for SIBO included diarrhea (86%), abdominal pain (40.7%), bloating (32.6%), excessive flatulence (25.6%), and nausea (17.4%). There was no difference in