# Healthcare Costs Did Not Decrease Following Bariatric Surgery

A study suggests bariatric surgery to treat obesity was not associated with reduced healthcare expenditures three years after the procedure in a group of predominantly older men, according to a report in the July issue of *Archives of Surgery*, a JAMA Network publication.

Bariatric surgery is widely seen as the most effective way to induce weight loss in the severely obese. As demand for the procedure has increased, the numbers of non-white, older and male patients with a greater prevalence of obesity-related diseases have increased, although the related healthcare expenditure trends have not been studied extensively, according to the study background. Matthew L. Maciejewski, Ph.D., of the Center for Health Services Research in Primary Care, Durham VA Medical Center, North Carolina, and colleagues compared healthcare expenditures three years before and after bariatric procedures in a group of 847 veterans who underwent surgery with 847 veterans who did not.

"In a propensity-matched cohort of obese, high-risk, primarily male patients, bariatric surgery was not significantly associated with lower health expenditures three years after the procedure," the authors conclude. Study results indicate that trends in adjusted total expenditures "mirrored the trends of outpatient and inpatient expenditures." In the pre-surgical 36 to 31 months, adjusted total expenditures were $595 lower for surgical patients but increased to $28,400 higher in the six months leading up to and including the procedure. Adjusted total expenditures in the three years after the operation, went from $4,397 higher in the first six months post-surgery to similar expenditures in the 31 to 36 months post-surgery, according to study results.

"These results are notable because they contrast with results from several prior observational studies that found expenditures among post-surgical cases to be lower than those of non-surgical controls two to four years after the procedures, which can be explained by important differences in the populations examined and the methods of analysis," the authors comment. For example, researchers note that the proportion of women was lower in their study and the average age of surgical patients was higher than in previous work (49.5 vs. 44-45 years). The researchers also suggest their results may not generalize to non-veteran, female or healthier patients because they focused on a group of older, predominantly male, sicker patients.

"Although bariatric surgery was not associated with reduced expenditures in this cohort of older predominantly male patients, many patients may still choose to undergo bariatric surgery given the strong evidence of significant reductions in

body weight and comorbidities and improved quality of life," researchers conclude. "Expenditures may decline further for surgical cases in the longer term, but there were no differences in health expenditures between the surgical and non-surgical cases during three years of follow-up."

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