

Pediatric metabolic and bariatric surgery underutilized in the U.S.

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Annual pediatric bariatric procedure rates increased from 2010 to 2017,

but utilization is still low, according to a study published online Nov. 14 in *Pediatrics*.

Allie E. Steinberger, M.D., M.P.H., from the Washington University School of Medicine in St. Louis, and colleagues used the National Inpatient Sample to examine current national trends in pediatric [bariatric surgery](#) from 2010 to 2017.

The researchers found that annual bariatric procedure rates increased from 2.29 to 4.62 per 100,000 from 2010 to 2017. Over time, laparoscopic sleeve gastrectomy outpaced Roux-en-Y [gastric bypass](#) and laparoscopic adjustable band (0.31 to 3.99 per 100,000). The mean age did not change over time (18.10 to 17.96 years). Most participants in the cohort were female (76.5 to 75.4 percent), White (54.0 to 45.0 percent), and privately insured (59.9 to 53.4 percent). From 2010 to 2017, there was an increase in preoperative body mass index, while no change was seen in the number of obesity-related comorbidities. The length of stay was less than two days, and the rates of in-hospital complications were low (7.2 to 6.45 percent).

"Though a proven safe and effective weight loss intervention, pediatric metabolic and bariatric surgery is underutilized with disproportionately lower rates among [minority groups](#)," the authors write. "Further investigation into the racial and [social determinants](#) that limit access to metabolic and bariatric surgery is essential to combat this growing public health crisis."

One author disclosed financial ties to Alkermes, Otsuka, and Sunovion.

More information: [Abstract/Full Text](#)

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