

Bariatric surgery and total knee/hip arthroplasty: an analysis of the impact of sequence and timing on outcomes: an infographic

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SUMMARY

There has been significant debate regarding whether patients with high body mass index should have bariatric surgery or total knee/hip arthroplasty (TKA/THA) first if they are scheduled to have both. Liu *et al* have published a retrospective database analysis study to help address this question.¹ In their review of 2894 patients who underwent both operations within a 5-year period, they determined that performing TKA/THA before performing bariatric surgery was associated with an OR of 4.8 times higher risk of major complications (7.0% vs 1.9%). In addition, there was a similarly high risk of postoperative need for intensive care unit (ICU) admission (OR 6.8), postoperative need for ventilator use (OR 13.1), 30-day readmission (OR 6.9), and 90-day readmission (OR 2.2). Of note was that patients having their second surgery within 6 months of their first surgery, regardless of which operation was performed first, had significantly poorer outcomes. Their assessment suggests that performing bariatric surgery prior to TKA/THA would be advisable when both operations are planned for a patient. In addition, regardless of which surgery is done first, the second operation should be delayed until at least 6 months after the first.

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In Obese Patients, Which Should Come First: Bariatric Surgery or Total Knee/Hip Arthroplasty?

This cohort study looked at 2,894 patients who received both total knee/hip arthroscopy and bariatric surgery within five years of each other. Main outcome measures included major complications (eg, cardiac, renal, pulmonary) as well as the measures listed below.



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