

## Introduction

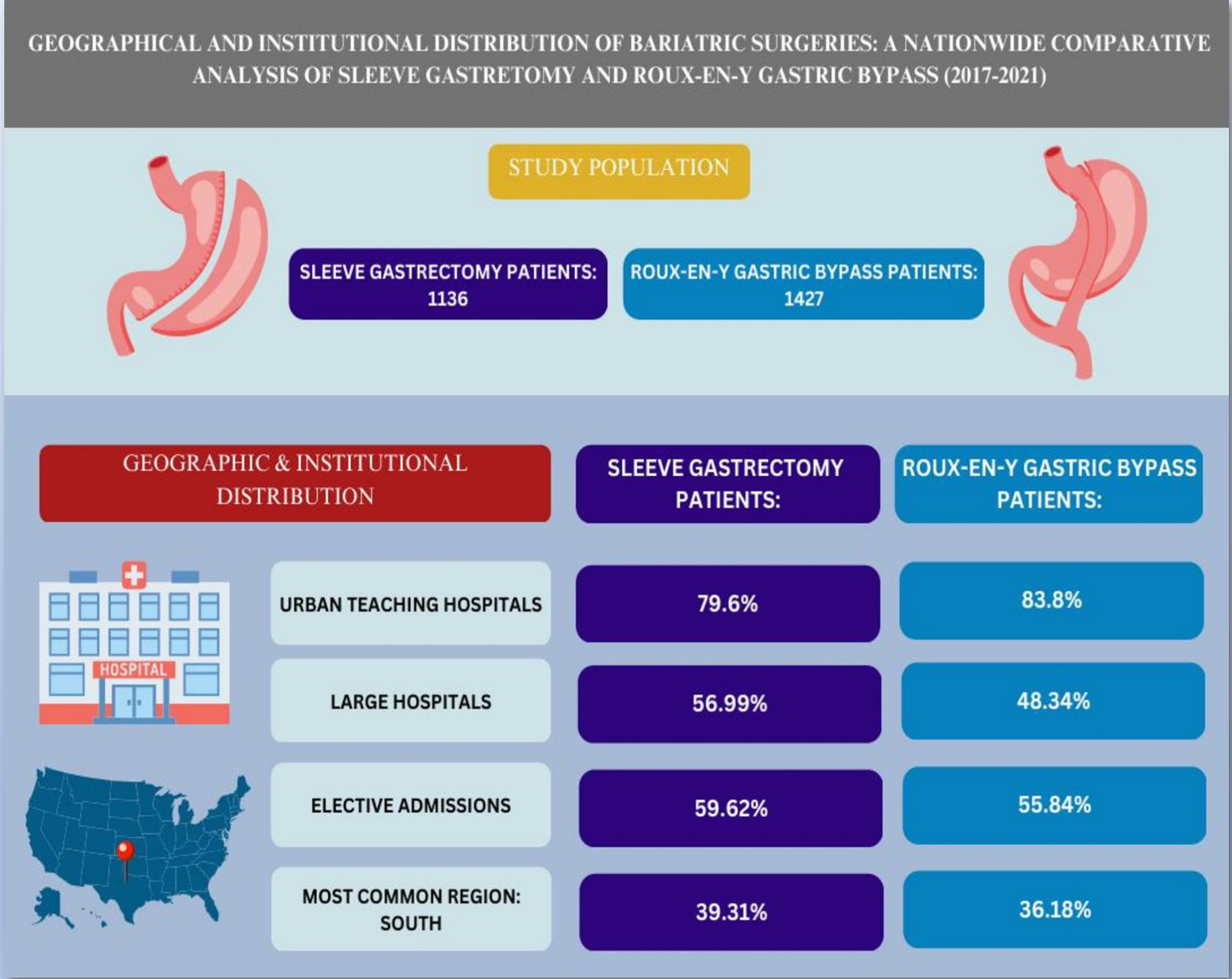
- Access to bariatric surgery is not equitable. Prior studies demonstrate **significant variation based on socioeconomic status, geography, and provider availability**
- Understanding where these procedures are being performed helps uncover gaps in care and informs strategies to **improve access and outcomes** across diverse populations

## AIM

- To analyze **national trends** in the distribution of Sleeve Gastrectomy (SG) and Roux-en-Y Gastric Bypass (RYGB) by **region and hospital characteristics** in the U.S. from 2017–2021 using the Nationwide Inpatient Sample (NIS)

## Methods

- A comparative analysis was performed using NIS data for **1136 SG** and **1427 RYGB** patients
- **Regional distribution** was categorized according to U.S. Census Bureau divisions (Northeast, Midwest, South, West)
- Hospital characteristics were classified by **size** (small, medium, large) and **teaching status** (urban teaching vs non-teaching)
- Data analysis included **chi-square tests** and **logistic regression models** to identify significant regional and institutional trends



## Results

- Regional Trends:**
- **South** region has the highest portion of both procedures (SG: 39.31%, RYGB: 36.18%)
- Hospital Type:**
- **Urban teaching** hospitals were the primary sites for both surgeries (SG: 79.6%, RYGB: 83.8%)
- Hospital Size:**
- **SG:** Most commonly done in **large** hospitals (56.99%)
  - **RYGB:** Also frequent in **large** hospitals (43.34%)
- Admission:**
- Elective procedures were predominant (SG: 59.62%, RYGB: 55.84%), indicating a preference for planned surgical interventions

## Conclusion

- Bariatric surgeries, particularly SG and RYGB, are predominantly performed in **urban teaching hospitals**
- The **South** shows the highest regional utilization.
- These patterns underscore disparities in access and resource distribution that may influence patient access to bariatric care