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Title: Usefulness of respiratory evaluation before bariatric surgery in morbidly obese patients

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Body: INTRODUCTION Bariatric surgery is a useful treatment for morbidly obese patients, in which breathing/sleep disorders are highly prevalent. Our aim is to study the usefulness of a respiratory evaluation before surgery, analyzing complications METHODS 192 patients who underwent surgery between 2000-2010 Presurgery evaluation: clinical features, spirometry, gasometry and sleep study SS if sleep disorder is suspected Retrospective study of complications: respiratory RC, abdominal AC and others OC RESULTS

69 patients (35.9%) had a complication, 41 (21.4%) mild abdominal origin, 21 (11%) RC. 4 of the RC (2.1% from total) were due to weaning. 8 patients (4.2%) needed to be reoperated, 14 (7.3%) were readmitted. Immediate mortality was nil and 0.5% at 3 months Patients with a RC had a greater AHI (34.1 vs 28.8, p 0.04), higher reoperation rate (26.3% vs 2.3%, p 0.001), readmissions (5.3% vs 0%, p 0.0001) and higher mortality (5.2% vs 0%, ns) None of the patients with RC underwent gastrectomy (gastrectomy 0%, bypass 89.5%, other 10.5%, p = 0, 018) No differences were seen in blood gas and functional variables, realization of SS or comorbidities CONCLUSIONS OSA is a common disease in morbidly obese patients, 62.5% of symptomatics and 44,3% of those seen in clinics The RC rate with our protocol is less than 10% Patients with RC had an greater AHI and had a higher need for readmission or reoperation There was no RC in patients who underwent gastrectomy.