

Original article

Emerging technologies and procedures: results of an online survey and real-time poll

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Abstract

Background: Many new techniques and bariatric endoluminal procedures are being developed and used for the treatment of obesity. Clear guidelines or opinions of the new techniques are not readily available. The aim of this study was to gauge the level of interest and opinions of bariatric surgeons regarding these new techniques, using online and real poll surveys.

Methods: The American Society for Metabolic and Bariatric Surgery (ASMBS) Emerging Technologies committee developed a questionnaire that was distributed among the membership and conducted a live poll of attendees at Obesity Week 2013. Opinions of new technologies and techniques by practitioners were assessed.

Results: A total of 134 responses to the questionnaire were returned. Most responses (79%) expressed the belief that new bariatric techniques are needed to improve the practice of bariatric and metabolic surgery. The responses describing the effects of new procedures and technology as beneficial were (1) increased interest from patients or referring physicians (94%), (2) expanded indications for intervention (93%), and (3) lower risk intervention (96%). Nearly all respondents (90.2%) identified value in informational guidelines on new technologies and procedures, and most (88.7%) agreed that the ASMBS should coordinate clinical trials or registries to evaluate these therapies.

Conclusion: Although most bariatric and metabolic surgeons agree that new endoluminal surgical techniques are beneficial, most also are unable to offer the procedures to their patients without more clinical evidence and clear guidelines from the society. (Surg Obes Relat Dis 2015;11:161–168.) © 2015 American Society for Metabolic and Bariatric Surgery. Published by Elsevier Inc. All rights reserved.

Keywords:

Emerging technology; New procedures; Endoluminal; Bariatric; Obesity; Weight loss

Management of obesity includes lifestyle and diet modification, as well as the use of pharmacologic agents [1].

Oftentimes, however, diet and exercise in conjunction with medical management are not sufficient in maintaining weight loss in patients [2]. In patients suffering from severe obesity with body mass index (BMI) >35 kg/m² and related co-morbidity or BMI >40 kg/m², surgical intervention is currently supported by expert consensus [3]. The current common surgical options include the Roux-en-Y

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gastric bypass (RYGB), vertical sleeve gastrectomy, adjustable gastric banding (AGB), or biliopancreatic diversion with duodenal switch [4]. Although surgical management has proven to improve or put in remission many of the metabolic derangements associated with obesity, only a small proportion of patients who qualify for surgical intervention actually undergo surgery [5]. The topic of patient access to bariatric surgery is broad and multifaceted, but some patients clearly elect not to have surgery because of concerns regarding potential risks.

Over the past 3 decades, quality initiatives have improved outcomes in bariatric surgery; however, many patients still avoid surgery because of perceived risks [6]. Although modern bariatric surgery has been shown to be very safe, patients can still develop morbidities such as anastomotic leak, band erosion, and internal hernia [7]. In the setting of complications, each reoperation also carries its own additional risk for complications [8]. Although mortality associated with bariatric surgery is < .5%, it is still not negligible [9]. Thus, emerging technologies and techniques may appeal to a broader segment of obese patients and increase the proportion of patients who choose to pursue treatment [5,10–12]. Although many new techniques are in development or various stages of early adoption [13–18], the opinions of bariatric surgeons regarding these techniques are not readily or concisely available.

In an effort to better understand the needs of and beliefs held by practitioners concerning new technologies and techniques in the field of bariatric surgery, the American Society for Metabolic and Bariatric Surgery (ASMBS) Emerging Technologies (ET) committee, in conjunction with the American Society of Gastrointestinal Endoscopy (ASGE), crafted a white paper on the implementation of new technologies and presented this information to the U.S. Food and Drug Administration [11–12]. The ET committee also conducted a survey of the ASMBS membership and live-pollled attendees at Obesity Week 2013 to gauge interest in and adoption of these newer interventions. This paper reviews the results of the surveys and polls.

Materials and methods

An online survey consisting of 10 questions was established through Survey Monkey. The questions were intended to gauge the perceptions of bariatric health professionals toward new technologies and procedures geared toward weight loss (Table 1). Participation in the survey was requested from the entire surgeon membership of the ASMBS via electronic mail. A single subsequent email reminder was sent to increase responses, but each member was limited to only one survey reply.

Data were also collected at the Emerging Technologies Session at Obesity Week 2013. New technologies presented in the session included both invited talks and selected abstracts covering the latest advances in bariatric technologies and techniques. Specific topics presented included 11 novel topics as summarized in Table 2. Session attendees consisted of various health professionals who were polled after presentations of the different technologies using the Obesity Week meeting application via smart phone. Respondents were asked to comment on their opinions of new weight loss procedures and technologies. Two questions were queried after each presentation: (1) how beneficial is this new technology? and (2) what is your opinion of this new technology? The questions and their responses were primarily constructed to assess knowledge about these emerging technologies, with specific attention to perceived benefit and potential utility. Both sets of data were analyzed and the results were compiled for presentation. As both surveys were de-identified and offered no risk to participants, this study was considered exempt from internal review board (IRB) approval.

Results

Online survey

A total of 134 ASMBS surgeon members replied to the email survey. Response rate was 4.5% (134 of 3000). Most respondents (97.8%) were from the United States, and the remainder of replies was equally divided (0.8% each)

Table 1
Online survey questions

Question 1	Where do you practice?
Question 2	What is your practice type?
Question 3	New procedures (banded plication, mini-gastric bypass) are needed to improve the practice of bariatric and metabolic surgery.
Question 4	New technologies (e.g., gastric balloons or sleeves) are needed to improve the practice of bariatric and metabolic surgery.
Question 5	Please describe the effects of new procedures and technology on the following: increased interest from patients or referring physicians expanded indications for intervention lower risk intervention
Question 6	What is your opinion of the following procedures or devices based on available data?
Question 7	Would informational guidelines from the ASMBS on implementation of new technologies and procedures be useful in your practice?
Question 8	Do you think the ASMBS should coordinate clinical trials or registries on new technologies and procedures?
Question 9	Do you offer any of these new procedures and technologies to your patients?
Question 10	If you do not offer any/all emerging technologies you think are indicated, why not?

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