

# **Predictors of attrition after referral for bariatric surgery in a publicly funded regionalized center of excellence system**

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## **INTRODUCTION**

Patient attrition after referral for bariatric surgery is a poorly studied phenomenon as comprehensive medical records for patients that do not end up undergoing bariatric surgery are difficult to obtain. Various demographic, socioeconomic and geographic factors may play a role but reasons for attrition are poorly characterized.

## **METHODS**

This was a population-based study of all patients aged  $\geq 18$  years who were referred for bariatric surgery in Ontario from April 2009 until December 2016. The referral data were linked to various administrative databases within Ontario that capture demographic variables as well as all healthcare utilization within the province. The main outcome of interest was attrition after referral for bariatric surgery. Logistic regression was used to analyze the main outcome.

## **RESULTS**

Overall, 21,316 patients were referred for bariatric surgery with 11,183 (52.5%) receiving surgery. After adjustment, males had a 67% higher odds of attrition while smokers had a 44% higher odds. Immigrants and those with employment status issues also had an increased odds of no receiving surgery. Income quintile, however, had no effect. Lastly, patients from health regions with a non-surgical center as opposed to a surgical center had a higher odds of attrition though patients with no center had the lower odds.

## **CONCLUSION**

This comprehensive study is the largest study to date of patient attrition after referral for bariatric surgery. It demonstrated that even in a publicly funded healthcare system, where insurance status does not matter, patient demographic and socioeconomic factors play a large part in patient attrition.

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