Bariatric Tourism Is Safe and Effective When Performed in a High-Volume Center (19,801 Patients) Following ASMBS Guidelines

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Background

Bariatric tourism has experienced a significant rise in demand since the turn of the century, allowing patients to circumvent barriers such as financial cost or insurance. However, uncertainty remains regarding safety and efficacy. The authors analyzed the safety and efficacy of a high-volume bariatric tourism program in Tijuana that follows ASMBS/ACS guidelines and regulations.

Methods

A retrospective review was performed identifying bariatric tourism operations performed in a Joint Commission International accredited center. All patients underwent a standardized protocol including an online bariatric education program, a nutritionist-guided pre-operative weight-loss program, and pre-operative internal medicine and psychological evaluation. All patients underwent a barium swallow 72 hours post-operatively. Demographic and post-operative data were collected.

Results

• 19,801 patients identified over a 20-year period (04/2000 to 10/2021).

• Average age: 42.2 years (range 13–78). Average BMI: 42.3 (range 25.22–76).

• Procedures: 53.1% sleeve gastrectomy, 38.2% adjustable gastric band (AGB), 8.7% gastric bypass. 9.7% of cases were revisional.

• Average length of stay: 22.4 hours. Follow-up up to 24 months.

• Average %EWL at 2 years: 76.18%.

• Total 30-day morbidity rate: 1.2%.

• Intra-abdominal bleed: 0.001%. Acute incarcerated hiatal hernia: 0.001%. Gastric outlet obstruction: 0.001%. Venous thrombosis: 0.0006%. Intra-abdominal infection: 0.0002%. Pulmonary embolism: 0.0002%. Acute gastric leak: 0.00005%.

• No mortalities reported.

Conclusion

The study demonstrates that bariatric tourism, when performed in an accredited center, is both safe and effective. Keys to success include a standardized and regimented program ensuring patient compliance and quality provider care.

Educational disclaimer

Published outcomes reflect the study population and time period analyzed. Individual outcomes vary and cannot be guaranteed. Candidacy for any surgical or medical treatment must be determined by a qualified clinician after individual evaluation. Do not start, change, or stop any prescription medication, including GLP-1 therapies, without consulting your physician.