

Silent attrition in bariatric surgery: from retrospective predictors to prospective evidence of unexplained patient withdrawal

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Background: Few of those eligible undergo bariatric surgery in Canada. A retrospective study at our centre (N=252) found that 40% of patients starting in the surgical pathway did not proceed to bariatric surgery. Surprisingly, patients who dropped out were more likely to be male, be living with diabetes and more obesity-related comorbidities, despite those factors indicating particular benefit from bariatric surgery. We designed a prospective study to capture withdrawal reasons using a patient-reported decision tool as a first step to improve this attrition.

Methods: This prospective study enrolled 100 consecutive patients attending our centre's surgical information session. Patients completed a decision tool indicating their preferred pathway. Their progress through the program was then monitored for six months with end points of surgery, medical program, hold, or withdrawal.

Results: Dropout patterns mirrored the retrospective cohort: 24% withdrew, and males were over-represented (42% vs 22%; $p=.03$; OR 2.54, 95% CI 1.03-6.29). However, only 1 patient completed the qualitative section of the decision tool. Seventy-five percent of the withdrawals occurred between the information session and first clinical consultation. Existing follow-up by telephone and letter failed to re-engage them. We term this "silent attrition" - patients do not explain their departure, they simply leave.

Conclusion: Despite designing a prospective study specifically to capture withdrawal reasons, we discovered that attrition was fundamentally silent. The same demographic predictors identified retrospectively persisted but the reasons behind them remain inaccessible through conventional methods. Understanding why patients leave will require alternative approaches and hopefully allow for improved access to bariatric surgery

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