

anestesiologistas pediátricos do HCPA. 23,1% afirmaram que é oferecido líquido claro para os pacientes que estão há mais tempo do que o necessário em jejum. Ocorreram interpretações do tipo de alimento em desacordo com o guideline da ASA em 22,45% das respostas. Conforme o questionário espondido por dois residentes da Cirurgia Pediátrica, mesmo tendo conhecimento da permissão de líquidos claros até 2 horas antes do procedimento, esta orientação não é citada. Considerando que a abreviação do tempo de jejum pré-operatório não apenas é segura, como também traz benefícios ao perioperatório, esta deve ser uma das prioridades na estratégia de cuidados. A abordagem da família, além da uniformidade da conduta da equipe anestésica e cirúrgica na orientação do jejum, pode ser uma solução para obtermos melhores resultados.

eP2040

Metabolic effects of physical activity prior to and following bariatric surgery in severely obese subjects without diabetes: a cohort study

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Background: Even in individuals with severe obesity, physical activity (PA) reduces the risk of cardiometabolic diseases. Increasing PA is recommended prior to bariatric surgery (BS) but is performed with poor success. Objectives: To evaluate the PA of severely obese subjects without diabetes and to elucidate the benefits of PA practice prior to and following laparoscopic bariatric surgery (LBS). Methods: A prospective cohort study was conducted in 91 obese (grade II and III) subjects without diabetes who were submitted to LBS, Roux-en-Y gastric bypass (RYGB), or sleeve gastrectomy (SG) using a short version of the International Physical Activity Questionnaire prior to and 6 and 15 months post-LBS. According to the performance, or not, of ≥ 150 min/week of PA, the patients were classified into active and inactive prior to and 15 months post-LBS. Results: PA increased significantly 6 and 15 months post-LBS as compared with that preoperatively ($p < 0.001$); however, there was no difference between the two evaluated postoperative times ($p = 0.856$). Being active prior to LBS was associated with a greater loss of waist circumference after 15 months as compared with being inactive (27.0% versus 24.2%; $p = 0.027$), with a greater loss in subjects submitted to RYGB than to SG (26.8% versus 24.1%; $p = 0.024$). There was also an association between being active prior to surgery and a higher high-density lipoprotein cholesterol (HDL-C) level (18.2% versus 10.9%; $p = 0.035$), but there was no difference between RYGB and SG (15.8% versus 12.4%; $p = 0.277$). Being active 15 months post-LBS was not associated with any of the evaluated parameters. Conclusion: PA increased after LBS. The practice of ≥ 150 min/week of PA prior to LBS resulted in a greater loss of waist circumference and a greater increase in HDL-C levels, with probable metabolic and cardiovascular repercussions.

eP2042

Effect of bariatric surgery on high-density lipoprotein (HDL) cholesterol in non-diabetic patients with severe obesity

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Background: One of the key risk factors used by clinicians to assess cardiovascular risk (CVR) is the serum level of high-density lipoprotein cholesterol (HDL-C). Physical activity (PA), as well as certain drugs and interventions, is known to decrease non-HDL cholesterol (non-HDL-C), which could lead to an increase in serum HDL-C. Higher BMI increases the risk for hypertriglyceridemia, high LDL cholesterol (LDL-C) and low HDL-C. In addition, bariatric surgery (BS) has been shown to decrease LDL-C, triglycerides (TG) and non-HDL-C levels and increase HDL-C. Objectives: This study evaluated changes in serum HDL-C induced by laparoscopic bariatric surgery (LBS) in non-diabetic obese subjects with low (L-HDL-C) or normal (N-HDL-C) levels of HDL-C. We assessed whether increased HDL-C is associated with weight loss, serum non-HDL-C, serum TG and PA before LBS and 6 and 15 months after LBS. Methods: In this prospective cohort study, 76 subjects undergoing LBS (45 by Roux-en-Y gastric bypass and 31 by sleeve gastrectomy) were evaluated for the % Excess Weight Loss (%EWL), serum levels of HDL-C, non-HDL-C, glucose, glycosylated haemoglobin and TG, and the degree, time and energy expenditure related to PA. The short version of the International Physical Activity Questionnaire was used to assess PA. Results: Levels of HDL-C significantly increased 15 months after LBS ($p < 0.001$) in subjects with low ($p < 0.001$) or normal ($p = 0.027$) values at baseline. A similar %EWL, decrease in non-HDL-C, glucose and TG levels and increase in energy expenditure related to PA were observed in both groups (L-HDL-C and N-HDL-C) at 6 and 15 months after LBS. In subjects with increased HDL-C 15 months after LBS, there was an association between this increase and the %EWL ($p = 0.019$), but there was no association with the change in PA. Conclusion: Irrespective of PA after LBS, subjects with low and normal HDL-C levels at baseline showed an increase in HDL-C after LBS, and this increase was associated with %EWL induced by LBS.

eP2043

Peripheral polyneuropathy after bariatric surgery: independent association with high-density lipoprotein (HDL) cholesterol in a cohort study

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Background: The most common neurological complication described after bariatric surgery (BS) is peripheral polyneuropathy (PPN). However, there is poor evidence about the impact of BS on the incidence and progression PPN. Objectives: To evaluate the incidence and progression of PPN in non-diabetic severe obese subjects after laparoscopic bariatric surgery (LBS) and to seek for the presence of risk factors. Methods: In this prospective cohort study, 322 subjects undergoing LBS were evaluated for PPN by the Michigan Neuropathy Screening Instrument (MNSI) before and after 6 months of LBS and divided according to presence (+) or absence (-) of PPN at baseline. Known causes of PPN were excluded. Results: The prevalence of pre-LBS PPN was 21.4% and decreased to 8.7% post-LBS. When we looked to the two groups, from baseline to 6 months, for PPN (+) group ($n = 69$) the incidence of post-LBS PPN was 20.3% ($n = 14$) and for the PPN (-) group ($n = 253$) it was 5.5% ($n = 14$). In the PPN (-) group that incidence was independently associated with low high-density lipoprotein cholesterol (HDL-C) levels ($p = 0.001$) and the PPN risk increased from 7.4 to 8.6% at each 1 mg/dL decrease in HDL-C. Conclusion: The prevalence of PPN decreased after 6 months of LBS, but new cases of post-LBS