

ERABS



IS IT FEASIBLE TO DISCHARGE THE PATIENT IN THE 1ST POSTOPERATIVE DAY IN THE ITALIAN SETTING? PERSONAL EXPERIENCE AND RESULTS FROM SICOB REGISTRY QUERY.

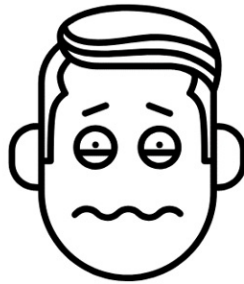
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Chirurgia Generale, Gorizia
Centro di Eccellenza SICOb

ENHANCED RECOVERY AFTER SURGERY

What does it mean?

LIMITING
PAIN



PROMOTING
GUT FUNCTION



EARLY
MOBILISATION



EARLY
DISCHARGE

ERABS



Our experience about ERABS



strictly adherence
on ERABS protocol

https://www.ncbi.nlm.nih.gov/pubmed/?term=ERAS+AND+bariatric++NOT+general+surgery



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Text availability: Abstract, Free full text, Full text

Publication dates: 5 years, 10 years, **From 2000/01/01 to 2016/06/01**

Species: Humans, Other Animals

Format: Summary Sort by: Most Recent Per page: 20

Search results

Items: 8

Filters activated: Publication date from 2000/01/01 to 2016/06/01. Clear all to show 27 items.

- ☐ **Fast track bariatric surgery: safety of discharge on the first postoperative day after bariatric surgery.**
Khorgami Z, Petrosky JA, Andalib A, Aminian A, Schauer PR, Brethauer SA.
Surg Obes Relat Dis. 2017 Feb;13(2):273-280. doi: 10.1016/j.soard.2016.01.034. Epub 2016 Feb 2.
PMID: 27986577
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- ☐ **Is there a role for enhanced recovery after laparoscopic bariatric surgery? Preliminary results from a specialist obesity treatment center.**

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An ERAS protocol for bariatric surgery: is it safe to discharge on post-operative day 1? [Surg Endosc. 2018]

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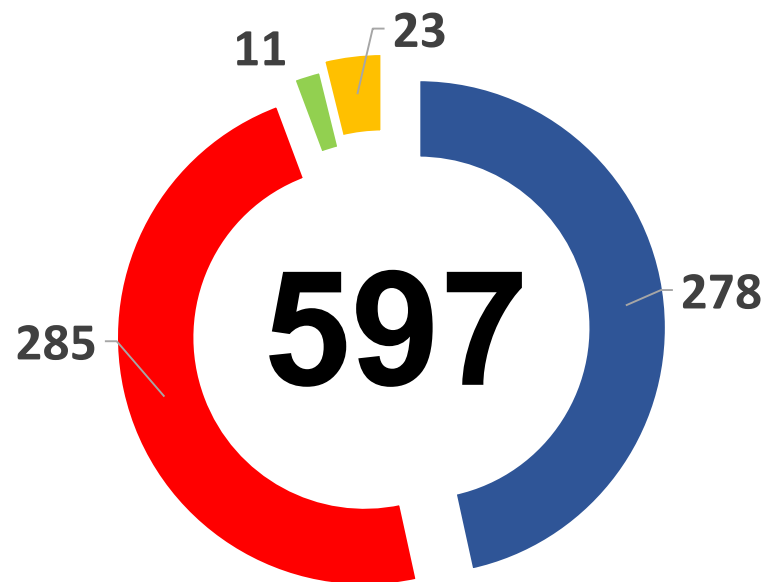


National Centers of Excellence for Bariatric Surgery

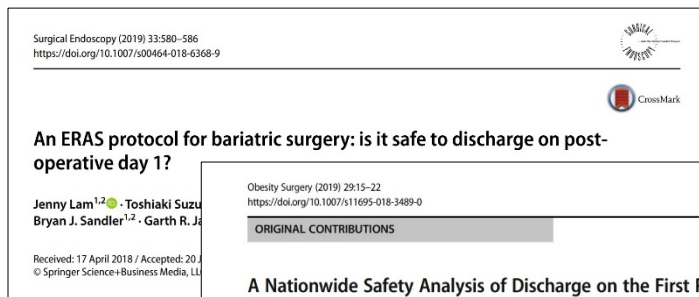


Our experience about bariatrics

2011	first bariatric patient
2012	multidisciplinary team
2015	dedicated surgeons
2016	SICOb Accreditation
2017-20	SICOb Centre of Excellence



■ RYGB ■ LSG ■ OAGB ■ RYGBfse



ERAB^S & postop day 1



- *May we improve discharge in postop day 1?*
- *Is it a concern about complications and readmission rate?*

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Dec 2016 ÷ Dec 2019

317 bariatric procedures performed



2 pts not included in ERAS protocol

- _ 1 female >200 Kgs, tracheostomy in ARDS, prolonged immobilization in ICU
- _ 1 female with severe polyallergy including NSAIDs, paracetamol and LA

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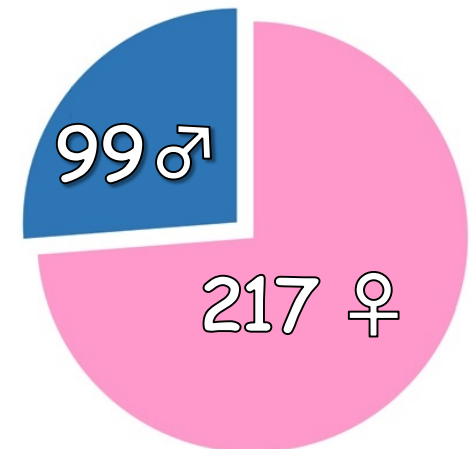
315 pts included in ERAS protocol

_ 134 Sleeve Gastrectomies

_ 171 R-Y Gastric Bypasses

_ 10 One anastomosis Gastric Bypasses

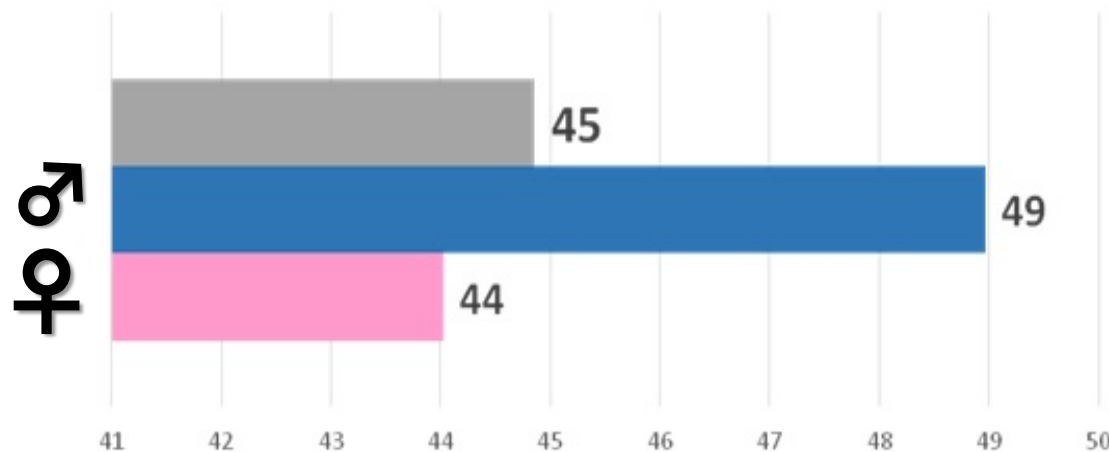
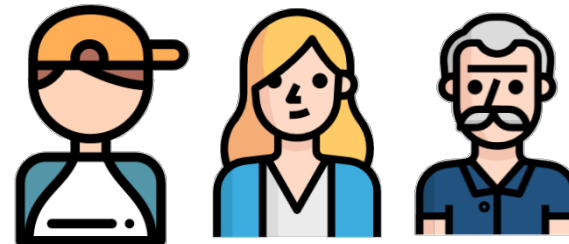
_ 32 revisional procedures



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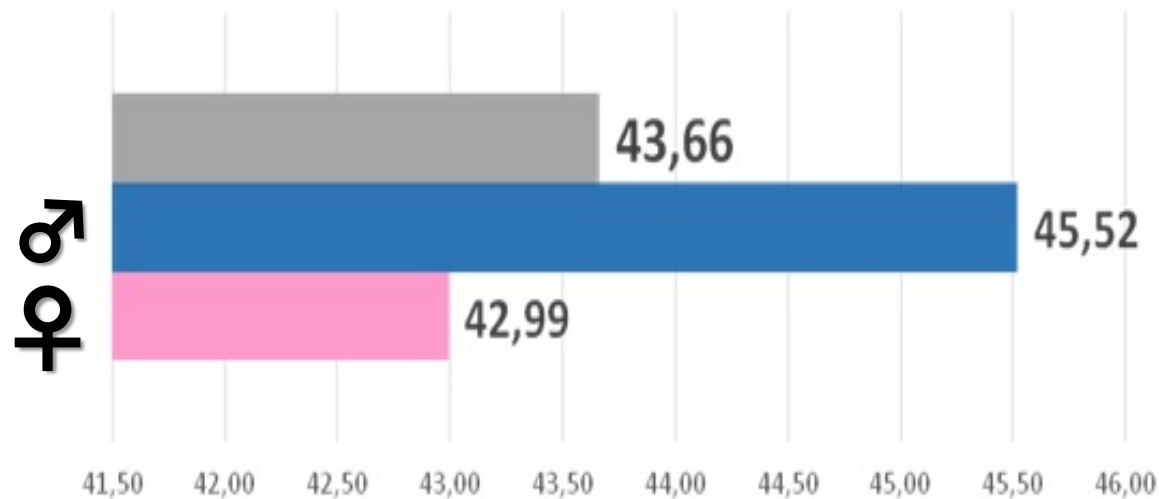
Mean Age



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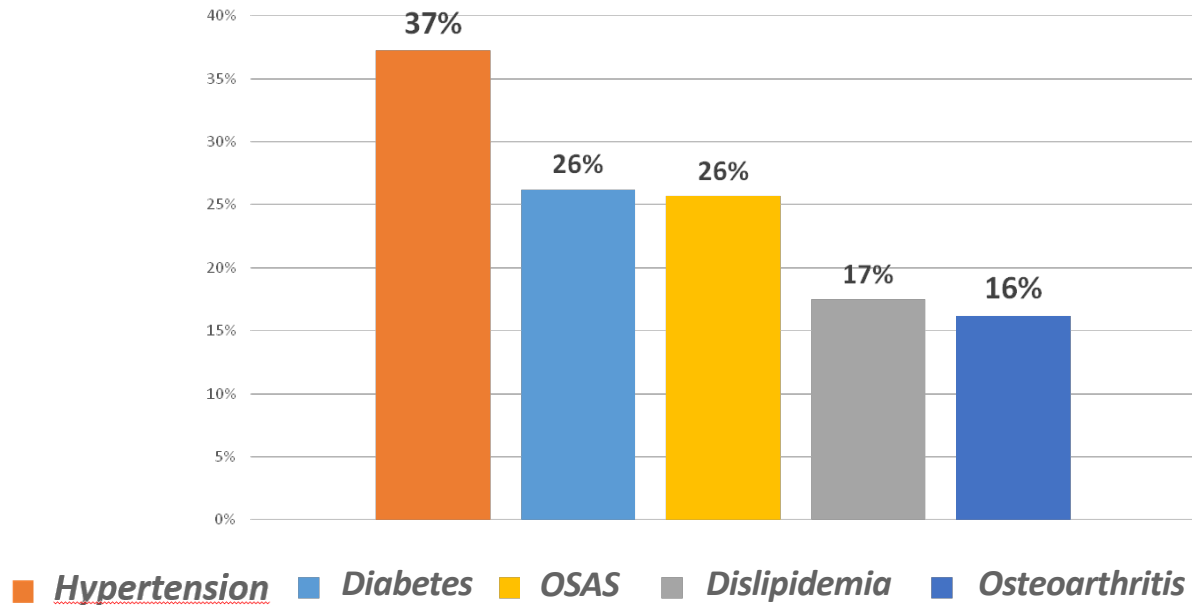
Mean BMI



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Co-morbidities



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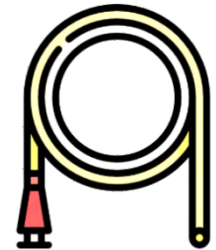


TUBES

NGT

1

(0.5%)



Foley

0

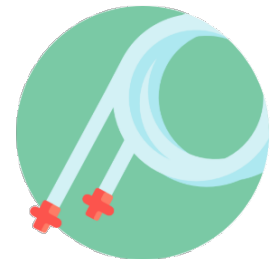
(0%)



Drains

78

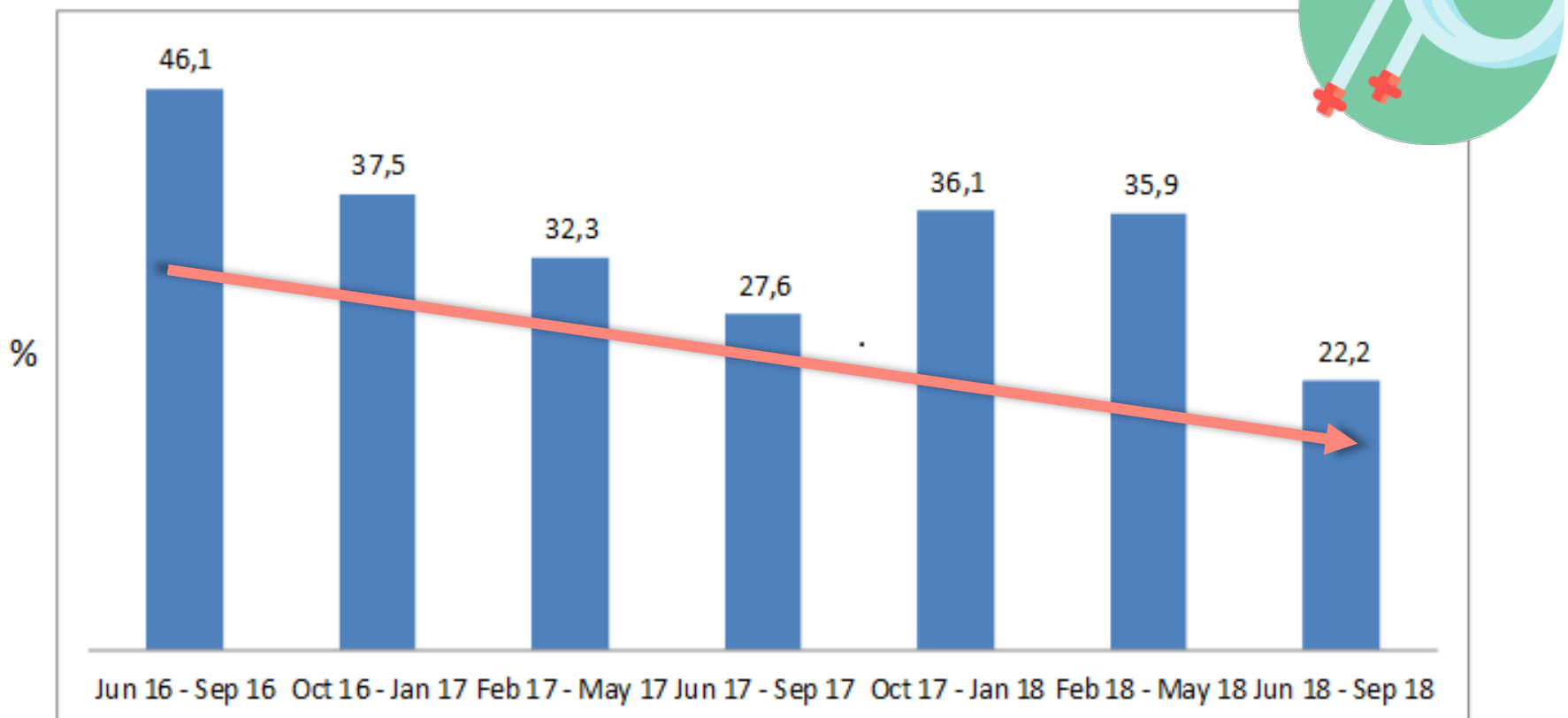
(24,8%)



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Fig.1 Percentage rates of abdominal drain over the time



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Dec 2016 - Dec 2019 (315 patients)

Mean operative time

121' (55'-280')



Laparotomy conversions

1 (0.3%)

firm adhesions in revisional OAGB



ICU post-op admissions

7 (2.2%)

5 pre-op planned



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Dec 2016 - Dec 2019 (315 patients)

30day **Minor complications**



Clavien - Dindo I - II

17 (5.4%)

Bleeding / Leak	10 pts	(conservative treatment)
Nausea / vomiting	5 pts	(conservative treatment)
Fever / abdo collection	2 pts	(conservative treatment)

Readmissions

4/17 pts

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Dec 2016 - Dec 2019 (315 patients)

30day **Major complications**



Clavien - Dindo III - IV

9 (2.8%)

Bleeding

2 pts

(reoperation)

Leak

7 pts

(reoperation)

Readmissions

5/9 pts

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Dec 2016 - Dec 2019 (315 patients)

Length Of Stay



Median LOS

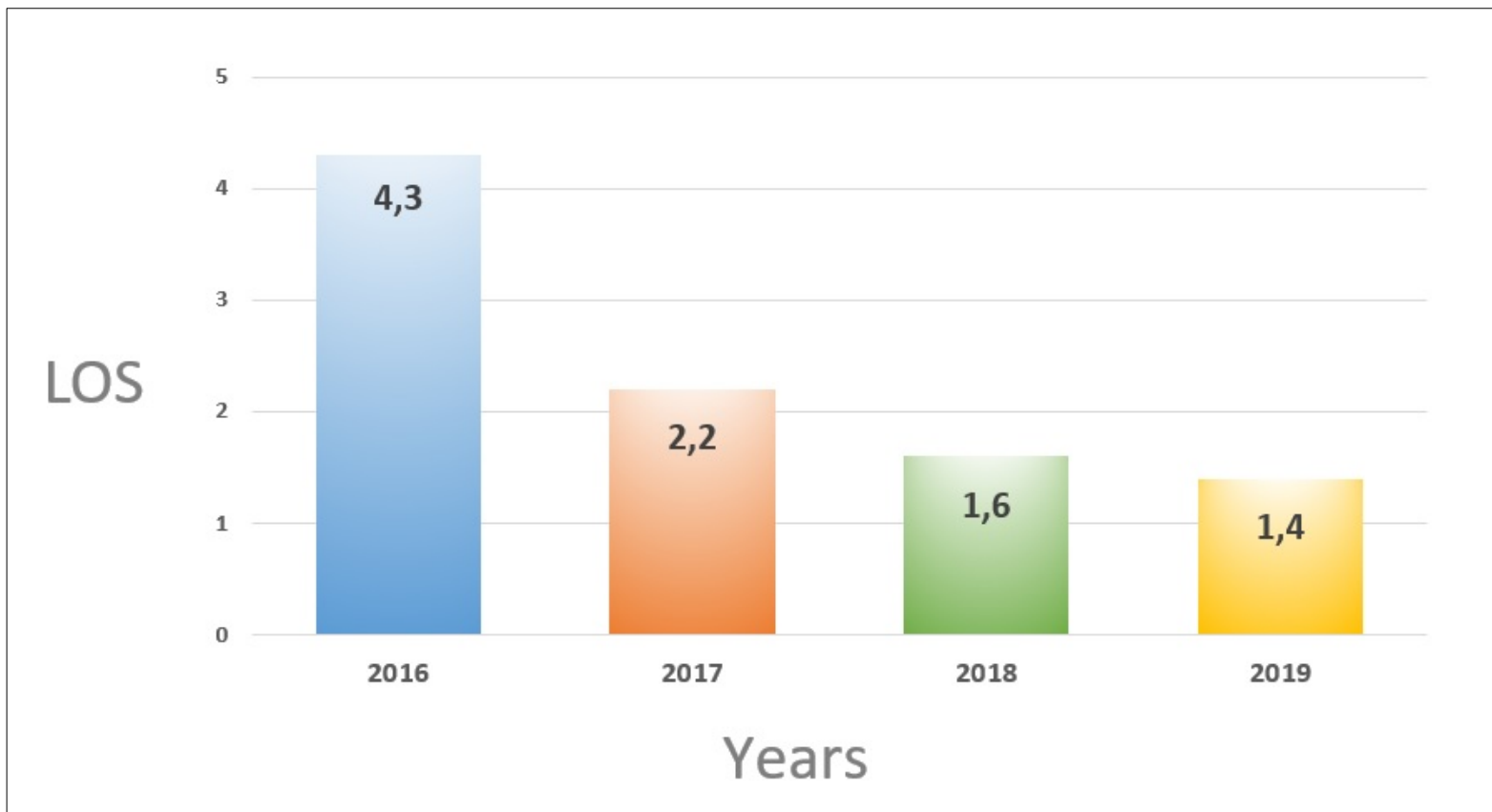
1 days (1-22 days)

Discharged in 1 st POd	159 pts	(50,4%)
Discharged in 2 nd POd	102 pts	(32,5%)
Discharged \geq 3 rd POd	54 pts	(17,1%)

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Dec 2016 - Dec 2019 (315 patients)



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Dec 2016 - Dec 2019 (315 patients)

Re-admission rate



30 days readmissions

16

(5.1%)

readmissions after LOS 1 d

7

(43,7%)

readmissions after LOS 2 d

4

(25,0%)

readmissions after LOS \geq 3 d

5

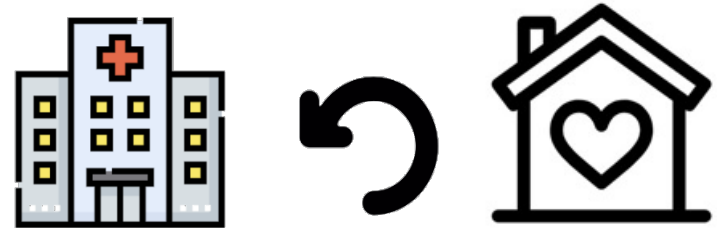
(31,3%)

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Dec 2016 - Dec 2019 (315 patients)

Re-admissions



Causes for readmission



Nausea / pain control

5 /16 (31,3%)

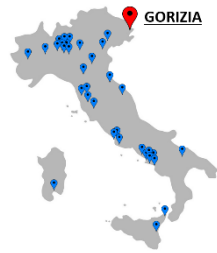
Bleeding (abdo or GI)

7 /16 (43,7%)

Leak

4 /16 (25,0%)

IS IT FEASIBLE TO DISCHARGE THE PATIENT IN THE 1ST POSTOPERATIVE DAY IN THE ITALIAN SETTING? PERSONAL EXPERIENCE AND RESULTS FROM SICOB REGISTRY QUERY.



What about the rest of the Italian Centers?

February 2020: query on the SICOB Registry

- ✓ 01/12/2016 - 31/12/2019
- ✓ Patients discharged on POD 1



[illegible]

IS IT FEASIBLE TO DISCHARGE THE PATIENT IN THE 1ST POSTOPERATIVE DAY IN THE ITALIAN SETTING? PERSONAL EXPERIENCE AND RESULTS FROM SICOB REGISTRY QUERY.



Query on the SICOOb Registry

- ✓ 01/12/2016 - 31/12/2019
- ✓ **24,649** procedure performed (balloon, gastric banding, plications excluded)
- ✓ **POD-1 discharge** was recorded in **197 cases** (0,8%)
- ✓ Readmission rate was not reported in the Registry



IS IT FEASIBLE TO DISCHARGE THE PATIENT IN THE 1ST POSTOPERATIVE DAY IN THE ITALIAN SETTING? PERSONAL EXPERIENCE AND RESULTS FROM SICOB REGISTRY QUERY.



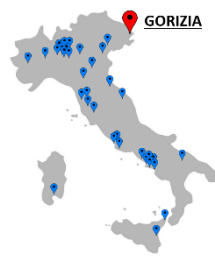
Query on the SICOb Registry

- ✓ 01/12/2016 - 31/12/2019
- ✓ Patients discharged on POD-1 **per procedure**

• Sleeve gastrectomy	107	(54.4%)
• Roux-en-Y gastric bypass	84	(42.6%)
• One-anastomosis gastric bypass	5	(2.5%)
• Biliopancreatic diversion	1	(0.5%)



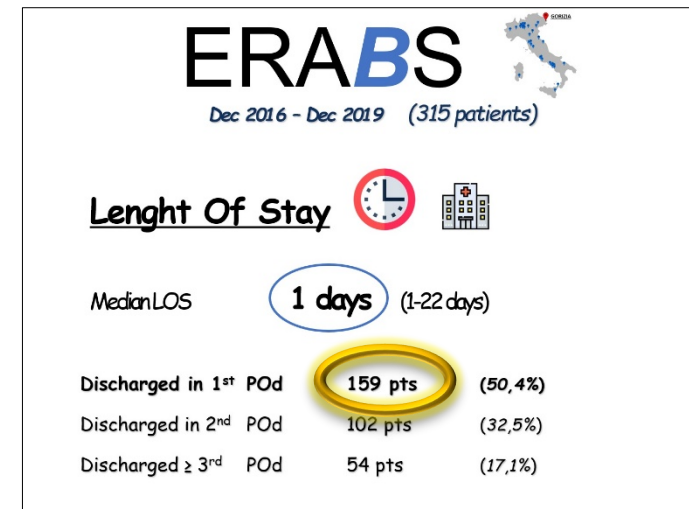
IS IT FEASIBLE TO DISCHARGE THE PATIENT IN THE 1ST POSTOPERATIVE DAY IN THE ITALIAN SETTING? PERSONAL EXPERIENCE AND RESULTS FROM SICOB REGISTRY QUERY.



Query on the SICOb Registry

- ✓ 01/12/2016 - 31/12/2019
- ✓ **POD-1 discharge** was recorded in **197 cases** (0,8%)
- ✓ According to the Italian Registry, in the study period most of them were performed in our Bariatric Center

_ 159 /197 (80.7%)



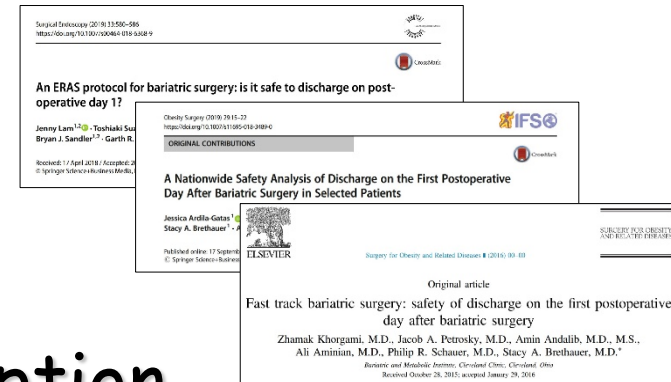
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CONCLUSIONS

1st Post Op day discharge:

- ✓ Known as a safe and feasible option
- ✓ Still not very popular in the Italian setting



✓ Team working



✓ Patient involvement

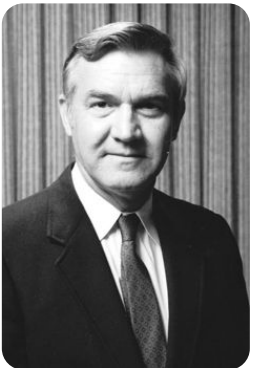


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CONCLUSIONS

*" This multidisciplinary approach requires further refinement in its individual components to provide the ultimate goal, the 'stress, pain, and risk-free operation based on answering the simple question:'
why is the patient in hospital today? "*



H. Kehlet

IS IT FEASIBLE TO DISCHARGE THE PATIENT IN THE 1ST POSTOPERATIVE DAY IN THE ITALIAN SETTING? PERSONAL EXPERIENCE AND RESULTS FROM SICOB REGISTRY QUERY.



Thank you

Ospedali Gorizia - Monfalcone

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Direttore: Prof. Alessandro Balani