

# Ambulatory bariatric surgery is safe and feasible

*Experience from a high volume bariatric center*

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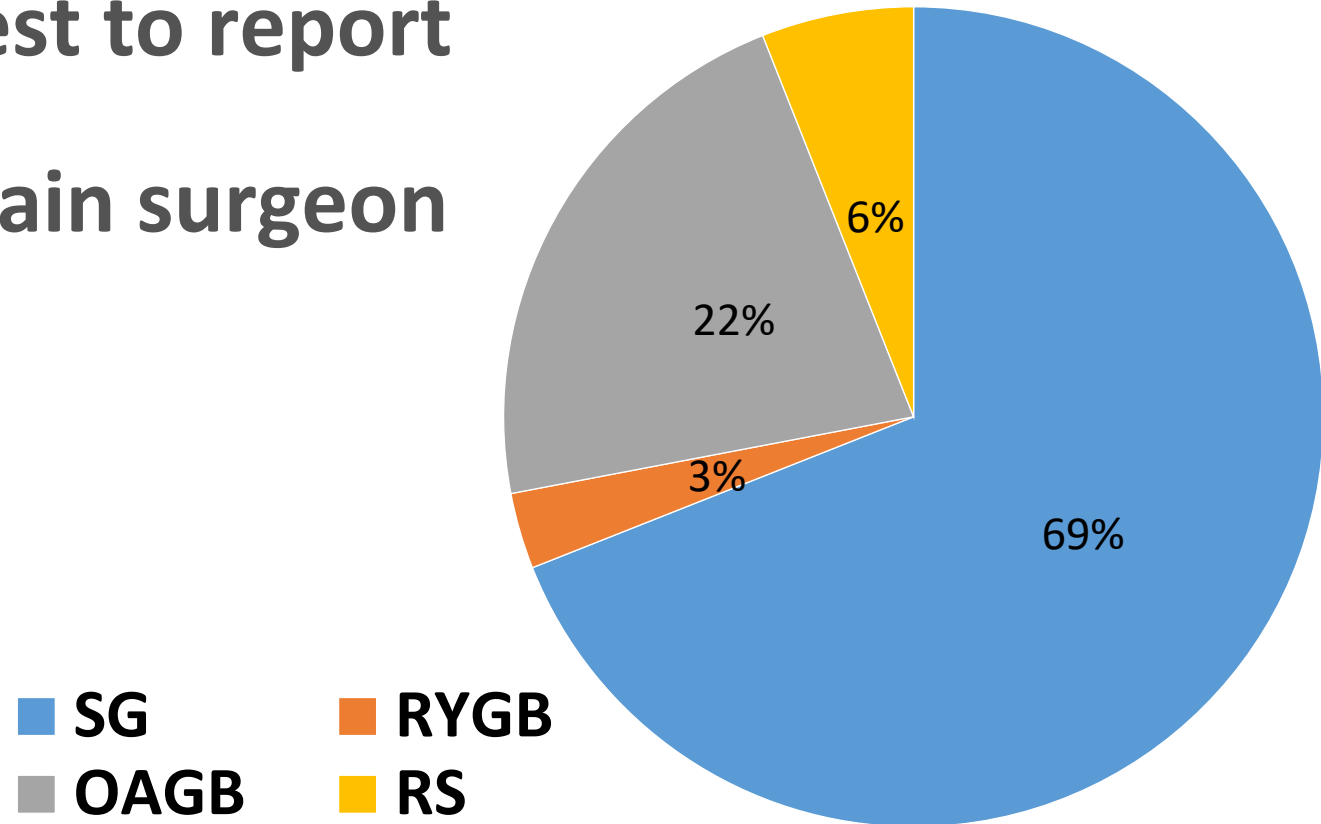
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**Luciano Deluca, MD**

- NO conflict of interest to report
- 2100 Surgeries as main surgeon



# INTRODUCTION

**ENHANCED  
RECOVERY  
PROTOCOLS**

LATE 1990's

**FASTER RECOVERY**

**FEWER MORBIDITY**

**REDUCTION IN  
HOSPITALIZATION TIME**

**FEWER COMPLICATIONS**

**GREATER CONFORT**

**LOWER COST**



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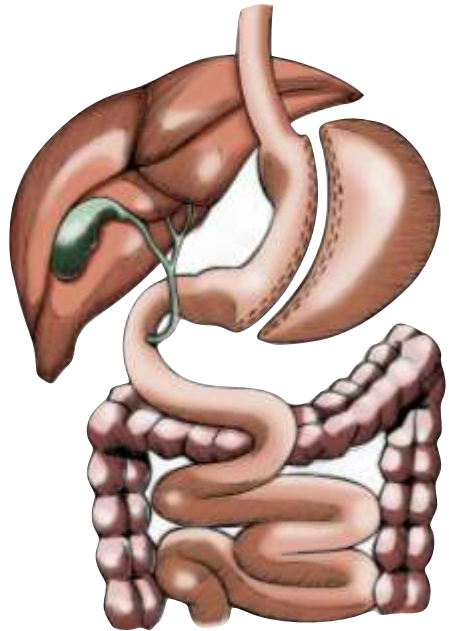


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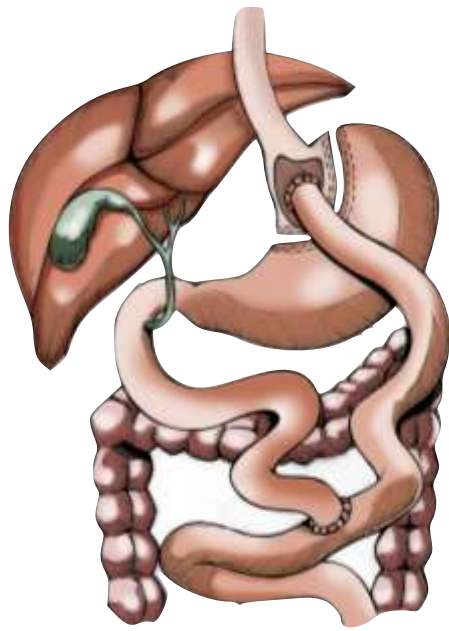
**To assess the feasibility and safety of outpatient bariatric surgery in a high-volume bariatric center.**

## METHODS

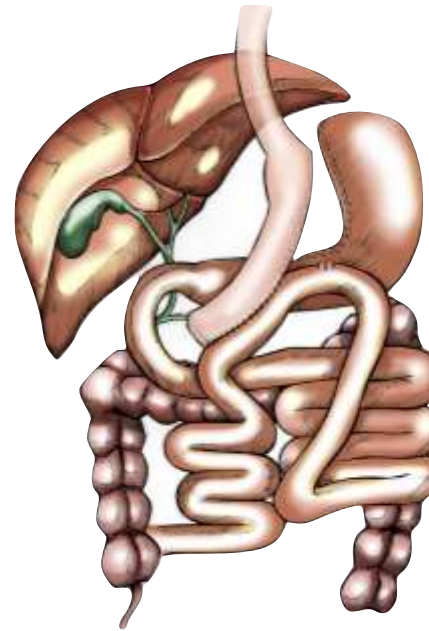
- Retrospective review of a prospective database



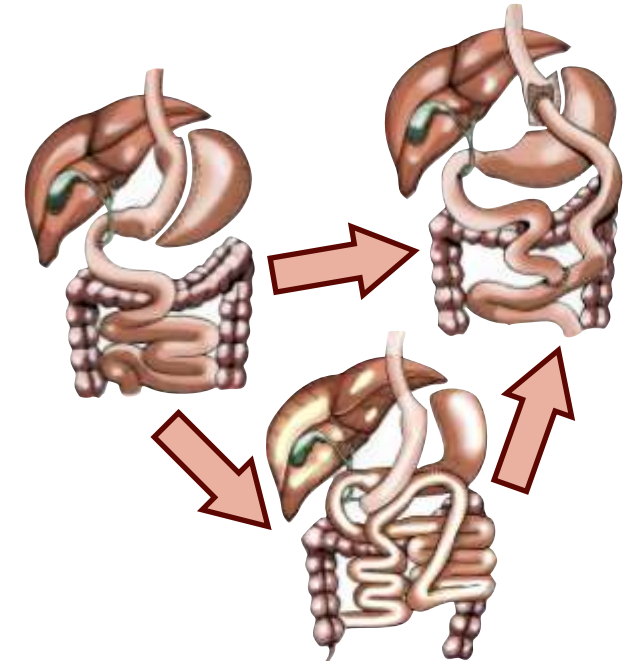
SG



RYGB



OAGB



RS

WITH IMPLEMENTATION OF ENHANCED RECOVERY PROTOCOLS



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## METHODS

### - Inclusion criteria

Age < 65 years

BMI < 65 kg/m<sup>2</sup>

Closer than 50km

NO anti coagulants

NO severe medical condition

Surgical team consideration

### - Elimination criteria

#### Intra-operative

Surgical team subjective consideration

Sistemic events

Surgical drainage need

#### Post-operative

Poor pain management

Oral intolerance

Bad glycemic management

Altered hemodynamic parameters

Patient preference



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## METHODS

- We recorded:

Anthropometric data

Comorbidities

Length of stay

Need of Readmission

Reoperation

30-day morbidity

- Enhanced recovery protocol:  
Pre-operative (4hs)



Isotonic drink (500ml)



Sublingual ketorolac  
(20mg)



Acetaminophen  
(1g)

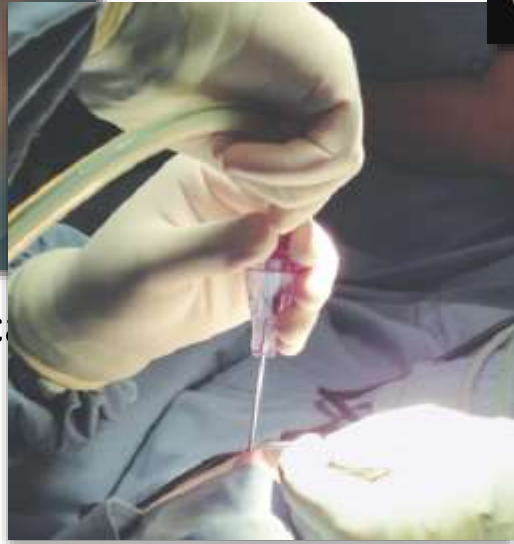


## METHODS

- Enhanced recovery protocol:  
Intra-operative (surgeon)



Skin injection with bupivacaine  
(0,5%)



Low pressure  
pneumoperitoneum  
(12mmHg)



Exhaustive control of hemostasis



Intraperitoneal  
bupivacaine

## METHODS

- Enhanced recovery protocol:  
Intra-operative (anesthesiologist)

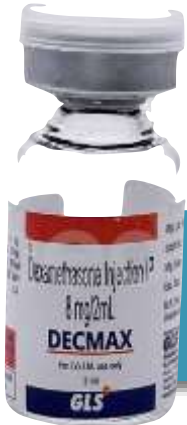
Ondansetron 8mg



Hyoscine 20mg



Dexamethasone 8mg



- Enhanced recovery protocol:

Post-operative

Early mobilization (1.5h)



Early fluids tolerance (3h)



Oral NSAIDs pain management



24/7 surgical team access





## RESULTS



March 2021 - February 2023

**1109 patients**

**149 Didn't fulfill inclusion criteria**

**N= 960 patients**



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Prociba  
Programa de diagnóstico y tratamiento  
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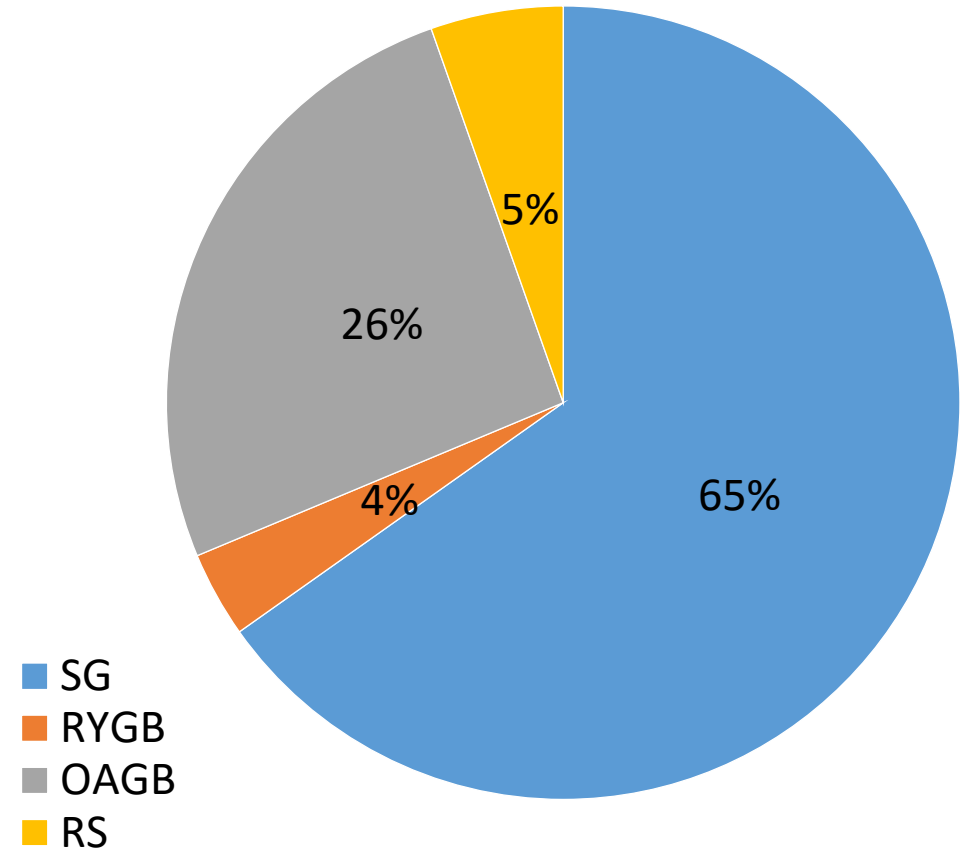
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# RESULTS

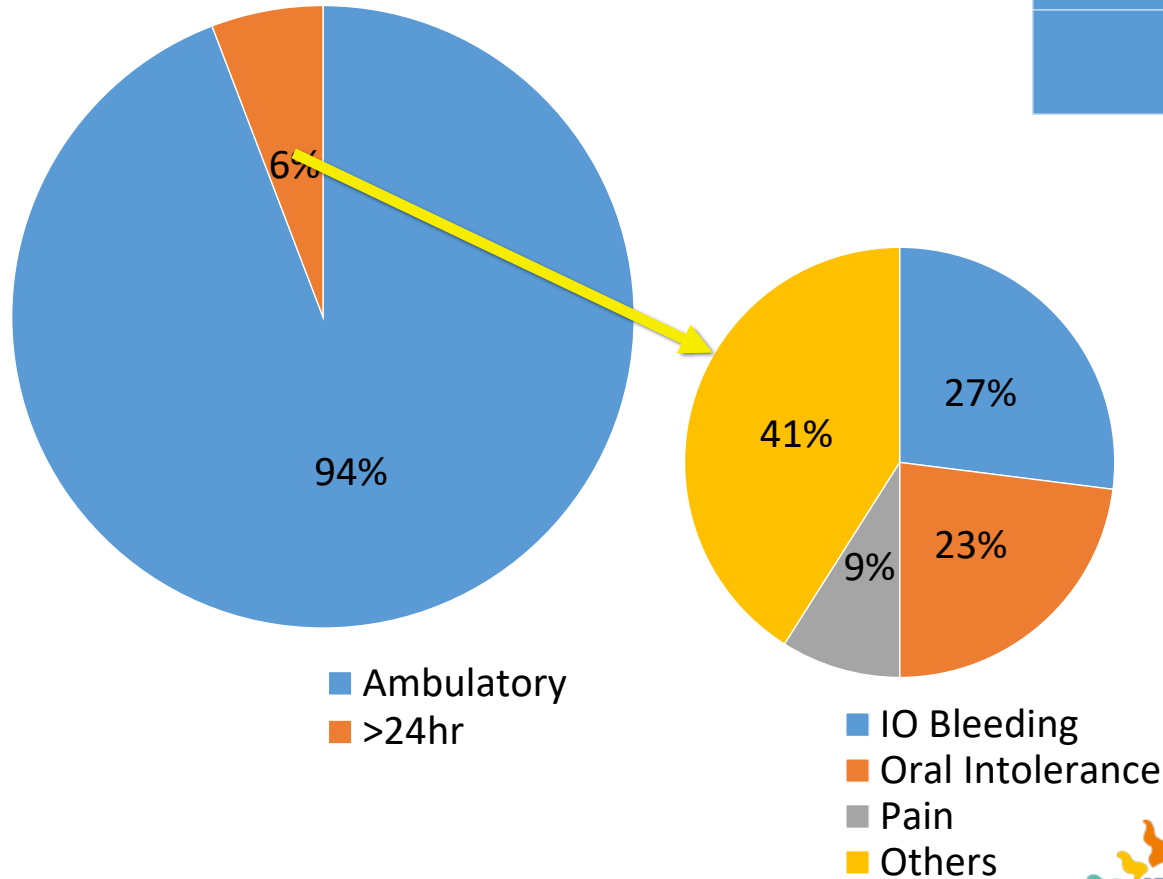
N= 960 patients

SEX	85,4% FEMALE
BMI	44.3 (22.2-64.9, SD 6.3)
AGE	40.7 (18-65, SD 9.9)



## RESULTS

N= 960 patients



Readmission	1,46 %
Reoperation	0,7 %
Mortality	0

- There was no significant difference in age, gender, BMI, HTA or DBT between both groups.
- **HTA** was an independent risk factor for readmission (OR=4.47) and **SG** group had the lower readmission rate (OR=0.34)

- After adjusting by:

- GENDER
- AGE
- BMI
- DIABETES
- HYPERTENSION**
- SMOKING
- TYPE OF SURGERY
- SURGEON

**Independent Risk Factor  
for readmission**

## CONCLUSION

- Outpatient bariatric surgery is feasible and safe.
- Readmission and reoperation rate were acceptable.
- HT patients and those undergoing any GB seem to suffer a higher readmission rate.
- Enhanced recovery protocols are playing an important role in outpatient bariatric surgery.







# THANK YOU!



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