



FRIDAY, 1 SEPTEMBER

PAVILION 4
ROOM CAPRI

AMBULATORY BARIATRIC SURGERY: THE FUTURE OR NOT WORTHY
09.00 - 10.30



Chair: Camilo Boza (Chile)

Moderators: Moataz Bashah (Qatar), Vincenzo Borrelli (Italy)

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President: ISPCOP

<https://www.ispcop.net>



I have no potential conflicts
of interest to report



DIFFICULTIES IN IMPLEMENTING ERABS

09.20-09.30



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ERABS:
ENHANCED RECOVERY AFTER
BARIATRIC SURGERY

MULTI-DISCIPLINARY

EVIDENCE BASED

EARLY INTERVENTION





SCIENTIFIC REVIEW

Guidelines for Perioperative Care in Bariatric Surgery: Enhanced Recovery After Surgery (ERAS) Society Recommendations

A. Thorell¹ · A. D. MacCormick^{2,3} · S. Awad^{4,5} · N. Reynolds⁴ · D. Roulin⁶ ·
N. Demartines⁶ · M. Vignaud⁷ · A. Alvarez⁸ · P. M. Singh⁹ · D. N. Lobo¹⁰

Published online: 4 March 2016
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ENHANCED RECOVERY AFTER BARIATRIC SURGERY
EARLY INTERVENTION
EXTENSIVE
EVIDENCE-BASED MODIFICATIONS
IN ALL PERIOPERATIVE PHASES
MULTIMODAL
MULTIDISCIPLINARYPROTOCOLS FOR A
SURGICAL EPISODE.



ERABS AIMS TO ENHANCE :
PRE

INTRA &

POST-OPERATIVE PHYSIOLOGY

FOR OPTIMIZATION OF RECOVERY

AFTER SURGERY



RESULTS:

BETTER PATIENT OUTCOMES,

LESS SURGICAL / PERIOP COMPLICATIONS,

DECREASED LENGTH OF HOSPITAL STAY,

RAPID PATIENT TURNOVER,

SHORTER OPERATING ROOM TIMES,

LOWER HEALTHCARE COSTS



NAPOLI
2023

SO WHY ISN' T EVERYBODY DOING IT?!

THE SURGEONS DON'T WANT IT

THE ANESTHESIOLOGISTS DON'T WANT IT

THE HOSPITAL WON'T FUND IT

THE NURSES DON'T WANT IT

THE PATIENTS DON'T WANT IT*



PHYSICAL AND LOGISTIC FACTORS*

Preoperative Opioid Use,
History Of Psychiatric Illness,
Chronic Kidney Disease,
Revision Cases - delayed discharge
Creatinine >1.5 Mg/Dl
Ejection Fraction < 50%,
Increased Case Duration - Increased LOS

Fifteen Patients Were Readmitted Within 30 Days (2.6%)

*Jonsson, A. Lin, E. Patel, L. et al: Barriers to Enhanced Recovery after Surgery after Laparoscopic Sleeve Gastrectomy. Journal of the American College of Surgeons 226(4):p 605-613, April 2018. | DOI: 10.1016/j.jamcollsurg.2017.12.028



INSTITUTIONAL-CULTURAL FACTORS

1. INEFFECTIVE LEADERSHIP
2. POOR ENGAGEMENT
3. POOR COMMUNICATION.
4. CLINICAL VARIATION
5.poor compliance

POOR COMPLIANCE EVEN THE BEST...



Brazilian Journal of ANESTHESIOLOGY



ORIGINAL INVESTIGATION

Compliance with Enhanced Recovery After Surgery (ERAS) protocol recommendations for bariatric surgery in an obesity treatment center



Júlia Gonçalves Zandomenico *, Fabiana Schuelter Trevisol , Jean Abreu Machado 

The study evaluated all patients undergoing bariatric surgery in 2019. Mean compliance with the recommendations per participant was 42.8%, with a maximum of 55.5%, and was distributed as follows: 22.6% of compliance with preoperative recommendations, 60% to intraoperative recommendations, and 58.1% to postoperative recommendations. The anesthesiologist is the professional who provides most measures for the perioperative optimization of bariatric surgery patients. In our study we found that anesthesiologists complied with only 39.5% of ERAS recommendations.



ANESTHESIOLOGIST ROLE OVERCOMING BARRIERS

- Preoperative Preparation:
- Pathophysiological Optimization And Premedication
- Intraoperative Management:
- Pain Prevention
- PONV Prevention
- Consider OFA
- Consider recent advances

- Consider recent advances

- [https://www.asahq.org/about-asa/newsroom/news-releases/2023/06/american-society-of-anesthesiologists-consensus-based-guidance-on-preoperativeManagement of Patients \(Adults and Children\) on Glucagon-Like Peptide-1 \(GLP-1\) Receptor Agonists](https://www.asahq.org/about-asa/newsroom/news-releases/2023/06/american-society-of-anesthesiologists-consensus-based-guidance-on-preoperativeManagement of Patients (Adults and Children) on Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists)



ANESTHESIOLOGIST ROLE

- IMPROVED fasting guidelines,
- SUPERVISE carbohydrate loading
- OPTIMIZATION of risk factors,
- MULTIMODAL analgesia,
- FLUID management,
- prevention of HYPOTHERMIA,
- early FEEDING
- early MOBILIZATION.
- APPLY SPECIFIC PROTOCOLS TO OBTAIN
MAXIMUM BENEFITS OF ERAS.



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- Thorell A, MacCormick AD, Awad S, Reynolds N, Roulin D, Demartines N, Vignaud M, Alvarez A, Singh PM, Lobo DN. Guidelines for Perioperative Care in Bariatric Surgery: Enhanced Recovery After Surgery (ERAS) Society Recommendations. *World J Surg.* 2016 Sep;40(9):2065-83. doi: 10.1007/s00268-016-3492-3. PMID: 26943657.
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- Zandomenico JG, Trevisol FS, Machado JA. Compliance with Enhanced Recovery After Surgery (ERAS) protocol recommendations for bariatric surgery in an obesity treatment center. *Braz J Anesthesiol.* 2023 Jan-Feb;73(1):36-41. doi: 10.1016/j.bjane.2021.10.018. Epub 2021 Dec 25. PMID: 34963616; PMCID: PMC9801194

THANK YOU

