

FAST TRACK BARIATRIC SURGERY WITH EXCELLENT OUTCOMES – THE FORERUNNER FOR DAY CASE BARIATRIC SURGERY?

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Fast track surgery has been in vogue in major centres performing bariatric surgery

Small gains in pre-op, intra op and post op measures result in larger gains across the patient journey

Most centres report a 70 – 80 % day 1 discharge rate

Our experience

BACKGROUND



- ▶ All patients who underwent elective bariatric surgery in a high volume centre over a 4 year period – retrospective
- ▶ Outcomes in terms of length of stay, 30 day complication rate, readmission rate and mortality rate assessed.

METHODOLOGY



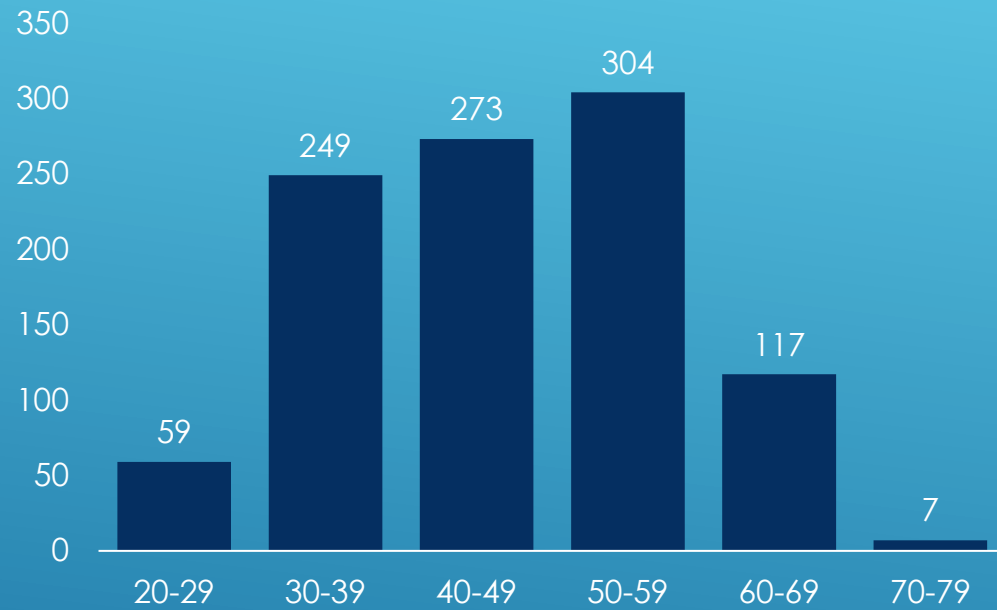


▶ 1009 46(20-77) 190:819 120.3(57.4-190.7) 44.3(20.6 – 62)

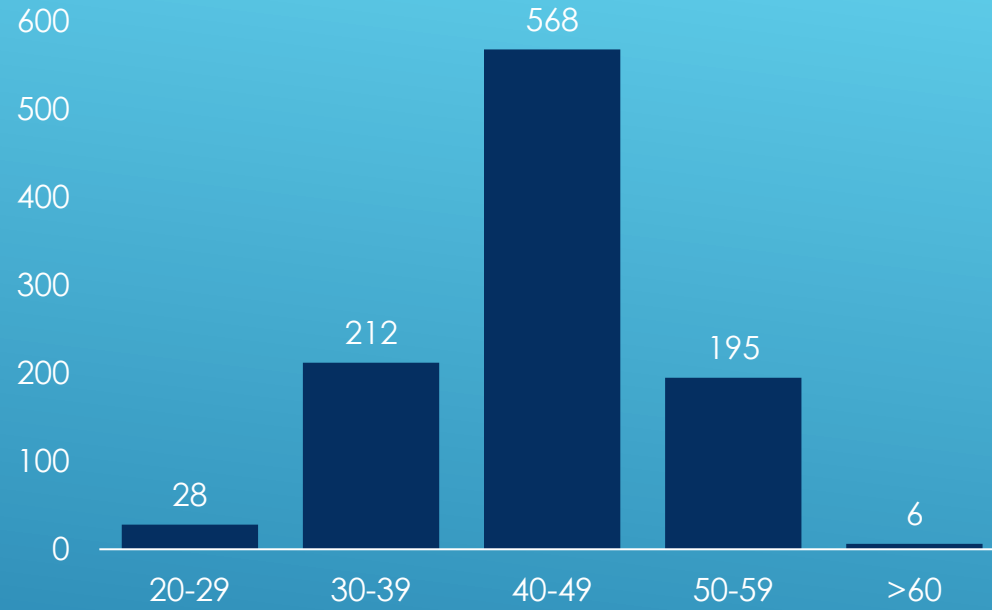
▶ ASA 1 (n=6); ASA 2 (n=556); ASA 3 (n = 447)

RESULTS

Age distribution

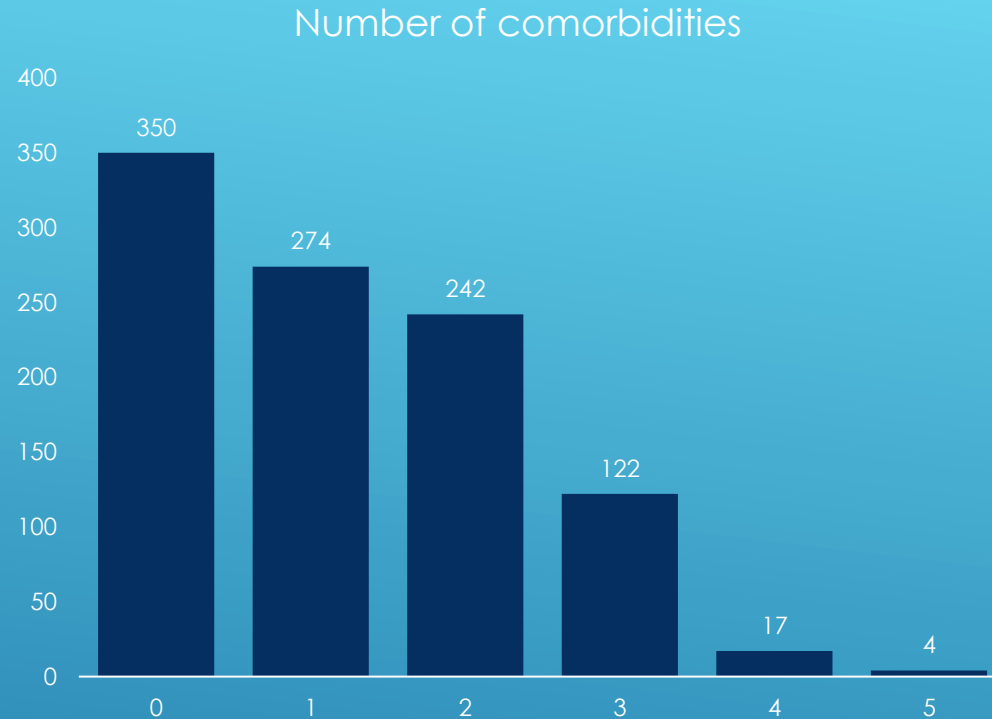


BMI



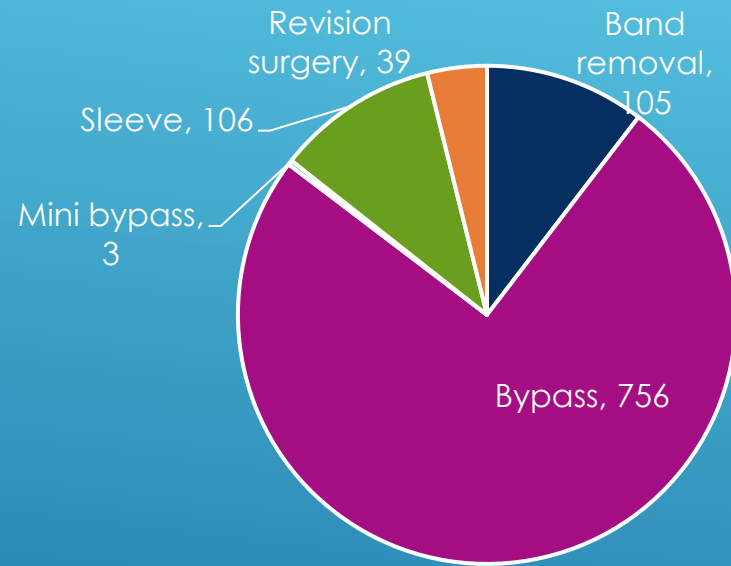
RESULTS

- ▶ DM, HT, IHD, OSA, Asthma, DVT, PE, Fibromyalgia, AF, Hypothyroidism, UC, Crohn's, Raynaud's, CVA, MS, Epilepsy, Parkinson's, Benign ICH, Bipolar disorder
- ▶ 73 patients had history of previous surgery (Hysterectomy, open cholecystectomy, laparotomy, right hemicolectomy, incisional hernia repair)

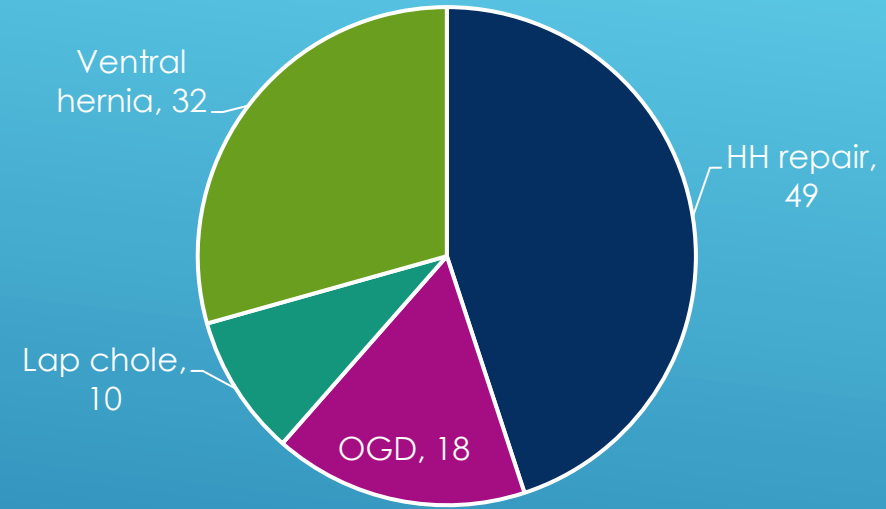


RESULTS

Type of surgery (n=1009)



Supplementary procedures (n = 109)



RESULTS

- ▶ 21 complications (2.1%)
 - ▶ 11 JJ obstruction
 - ▶ 3 bowel perforation
 - ▶ 6 bleeds
 - ▶ 1 liver bleed

- ▶ No mortality

RESULTS

- ▶ LOS – 1.7 (1-23); 79% one day discharge (n=799)
- ▶ Readmission : 49 (4.8%)
- ▶ Day of presentation: 8 (1-29)
- ▶ 8 had complications requiring surgery (obstruction =5; paraumbilical hernia, appendicitis, leak)
- ▶ Abdominal pain (n=41), constipation (n=11), wound issues, chest infection, exacerbation of colitis, crohn's, diverticulitis, cholecystitis, nausea, port site haematoma, splenic haematoma, liver haematoma
- ▶ ? Role for pre-op laxatives during liver shrink diet

30 DAY READMISSION/REATTENDANCE

- ▶ Presence of comorbidities (OR = 1.92; 95% CI: 1.26-2.94; p=0.002) and history of previous abdominal surgery increases risk of delayed discharge (OR = 2.22; 95% CI: 1.27 – 3.89; p = 0.005) – logistic regression analysis
- ▶ 30 day readmission rate was higher in patients who had concomitant surgery (Chi squared test p=0.032) and who failed the fast track protocol (p-0.000; chi squared = 13.2).

RESULTS

Pre-op: patient preparation, familiarisation, admitted on the day of surgery

Intra-op: avoiding opioids, adequate fluids with dexamethasone and anti emetics, avoiding drains, catheters, instillation of LA

Post-op: short stay in recovery, early mobilisation –with in 4 hours, early oral intake, regular analgesia, anti-emetics

FAST TRACK BARIATRIC SURGERY





NHS

University Hospitals of North Midlands
NHS Trust

- ▶ All patients have a named bariatric specialist nurse
- ▶ Discharged with two week open access to the acute surgical unit
- ▶ Get three phone call follow ups by the BSN in first week and two calls in the second week
- ▶ Any 'worrying symptoms' – review in SAU
- ▶ 24 X 7; 365 days a year cover by a bariatric surgeon on call

SAFETY NET



	Location	Number	Mean age	Age range	% Female	Mean BMI	BMI range	ASA grade	Operative time (mins)	Mean LOS	Next-day discharge rate (%)	30-day complication rate	Re-admission rate	Postoperative mortality
Bamgbade et al. [2]	Manchester, UK	406	42	17-70	75	48.6	36-81	ASA 2-4	100	1-2 days ^a	5-65 ^b	14/406 (3.4 %)	0 %	0 %
Sommer et al. [21]	Vejle, Denmark	1,300		18-65	81		35-85	ASA 2, 3	50.1	24 h	88	52/1,300 (4.0 %)	35/1,300 (2.7 %)	
Fares et al. [9]	New Jersey, USA	96	41.7	19-64	84	49.3	36.2-71.3		120		94.8	5/96 (5.2 %)	0 %	0 %
McCarty et al. [16]	Texas, USA	2,000	41.8	14-67	88	49	35-77			1.8 days	84	38/1,000 (1.9 %)	34/2,000 (1.7 %)	2/2,000 (0.10 %)
Dos Santos Moraes et al. [8]	Passo Fundo, Brazil	67	36	16-67	73	41.2			169		81	7/67 (10.45 %)	5/67 (7.5 %)	0 %
Sasse et al. [20]	Nevada, USA	38	46.5	21-70	89	44.7	33-66.3	ASA ≤3	99.4	22.7 h	100	1/38 (2.63 %)	0 %	0 %
Total		3,907												

UHNM 756 46 20-74 79 45.6 30 - 1-3 1.5 78 2.5% 5.8% 0%

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FAST TRACK LAPAROSCOPIC BARIATRIC SURGERY: A SYSTEMATIC REVIEW; JA ELLIOT ET AL... UPDATES SURGERY (2013) 65: 85-94

Significant progress in fast track bariatric surgery

Increased understanding of factors may help in further improvement

Day case bariatric surgery – not in the too distant future?

CONCLUSION

