

IFSO ERAMBS Survey

Conducted by

IFSO Task Force on ERAMBS

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Introduction

A taskforce was set up by the IFSO, consisting of leading members of IFSO, IPSCOP (International Society for the Perioperative Care of the Obese Patient) and the ERAS Society to evaluate the peri-operative practices of the Bariatric patient by IFSO members, and subsequently to validate and develop guidelines for the peri-operative management of the bariatric patient according to the ERAS guidelines published in 2016 and updated in 2022.

The First objective of the taskforce was to gather information on the current practices within the membership of the three societies. A very comprehensive questionnaire was developed, vetted by the 23 members of the taskforce, and sent out between April and August 2022 to all members of the three societies. The results the survey are presented in this paper.



The Design of the Survey

- In all 53 questions were fielded, some common, some specific to the surgeons (48 questions) and others specific to the anesthesiologists (33 questions) covering all aspects of the perioperative care of the patients undergoing Bariatric Surgery.
- In all 207 completed responses were received from surgeons and 59 responses from the Anesthesiologists. The combined responses to all questions reflect the collective practices of all respondents.



Question Categories

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| | |
| A | Doctors Practice Setting and Demographics |
| B | Pre Operative Assessment |
| C | Pre-op Care on Day of Surgery |
| D | Intra-Operative Care |
| E | Post Operative Intra Hospital Care |
| F | Discharge Planning |

ERAMBS survey: Physician Practice settings & Demographics

| Questions | Response Choices | Surgeons % | Anesthesiologists % |
|--|--|------------------------------|---------------------|
| Site of Practice | Academic/Private Hospital/ Public / Private Clinic | 37/ 58 /32/21 | 14/23/29 |
| No. of years in Practice (in bariatric surgery) | <5 yrs/5-10 yrs/>10 yrs | 16/25/ 60 | 22/17/ 61 |
| No. of bariatric cases performed per year | < 100 /100-200/200- 300/>300 | 30/33/ 14 / 23 | 68 /15/7/10 |
| What procedures | Next Slide | Next Slide | N/A |
| Day of Discharge | Next Slide | Next Slide | N/A |

Procedures Performed & Hospital Stay

| Questions | % Surgeons | Hospital Stay Choices | Responses |
|---------------------------|------------|----------------------------|-------------------------|
| LAGB | 20% | 0/1/2/3/4/5+/Don't perform | 7/19/4/2/0/0/68 |
| RYGBP | 88% | 0/1/2/3/4/5+/Don't perform | 0/38/41/9/1.5/3/7 |
| LSG | 96% | 0/1/2/3/4/5+/Don't perform | 0.5/52/32/9/1/2.5/3 |
| OAGB | 50% | 0/1/2/3/4/5+/Don't perform | 0/20/23/9/2.5/1.5/ 44 |
| BPD/ DS | 12% | 0/1/2/3/4/5+/Don't perform | 0/6/7/3/2/0.5/ 81 |
| SADI | 28% | 0/1/2/3/4/5+/Don't perform | 0/11/15/5/1/1/67 |
| LGCP | 5% | 0/1/2/3/4/5+/Don't perform | 0.5/5/5/0/0/ 90 |
| Open RYGBP | 4% | 0/1/2/3/4/5+/Don't perform | 0/3/3/1.5/3/2/ 88 |
| Open BPD | 2% | 0/1/2/3/4/5+/Don't perform | 0/1/1.5/0.5/1.5/2.5/ 93 |
| Revisional Surgery | 82.5% | 0/1/2/3/4/5+/Don't perform | Not Specified |
| Other | 15.6% | 0/1/2/3/4/5+/Don't perform | Not Specified |

Pre-Hospital Assessment and Care :Surgeons

| | | |
|---------------------------------|--|----------------------------------|
| Pre operative weight loss | | 69% |
| Pre-operative Diet | | 84% (VLCD 41%,LCD,47.5, FFD11.5) |
| Pre-operative smoking cessation | | 78% |
| Pre-operative alcohol cessation | | 65% |
| Pre-operative Exercise program | | 43% |
| Counselling on Surgery | | 96% |
| Counselling on Hospital Course | | 82% (18% don't!) |
| Counselling on Post OP scenario | | 91% (8% don't) |
| | | |

Preoperative Assessment- Anesthesiologists

| | Anesthesiologists | Surgeons |
|-----------------------------------|-------------------|----------|
| STOP BANG score | 52% | N/A |
| Bicarbonate levels | 17% | N/A |
| Assessment of Metabolic syndrome | 61% | N/A |
| Incentive Spirometry | 25% | 38% |
| General Muscle strength exercises | 10% | 26% |
| CPAP for >4 weeks | 12% | 23% |
| No preoperative optimization | 64% | 47% |
| | | |

Day of Surgery- Preperation

| Questions | Choices | Responses Anesthesiologists | Responses Surgeons |
|---|---|-----------------------------|--------------------|
| Clear Fluids up to 2 hrs before surgery | Up to 8 hrs/2 hrs/from Midnight | ??/78%/?? | 33/44/23 % |
| Fasting for solids | Overnight/8 hours/6 hours | 25/19/56% | 43/33/24 % |
| Receive oral carbohydrate drinks | 6-8 hrs before/2 hrs before/none | 8/32/ 60% | 21/15/ 65 % |
| Preoperative antiemetics | None/5HT3/Dexamethasone/Aprepitant | 66/24/32/5 % | 57/30/21/5 % |
| Preoperative Meds | Acetaminophen/NSAIDs/Steroids/Gabapentin/None | 18/25/27/3/ 53% | 21/20/7/7/ 62 % |
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Intra-operative Management Anesthesiologists

| Questions | Response choices | Responses % |
|--|---|---------------------|
| Sitting up/Head up position | Preoxygenation/Induction/Surgery/Extubation/Recovery/Never | 73/71/59/81/68/39/5 |
| Opioid Free anesthesia | Yes/No | 25/75 % |
| Drugs Used | Dexmedetomidine/Lidocaine/Ketamine/NSAID/Local | 68/57/57/88/49/3 |
| Peritoneal Protection (Anti Inflamm. Response) | Steroids/IP Lidocaine/Lowest IAP/Deep NMB | 73/5/68/54 |
| IV Fluids | 1-2 L/2-3L/Goal Directed | 66/5/19 |
| Intraoperative glucose monitoring | Routine/Selective | 10/64 |
| | | |
| Postop CPAP use | Always/During sleep or if they needed opioids/Desaturation or obstruction | 52/39/19 |
| Postoperative Pain Mx | Non narcotics/Opioids/Opioids as last | 5/12/ 83 |

Intra-operative Management Surgeons

| Questions | Response Choices | Responses |
|------------------------------------|--|------------------|
| Standardized Technique | All cases/surgeon dependent/Case dependent | 70/22/8 |
| Foley's Catheter | Routine/ Selective/ Never | 9/18/72 % |
| Abdominal Drains | Never/Selective/Routinely | 33/48/19 % |
| Oesophageal Tube | Never/Selective/Routinely | 88/9/3 % |
| Blood Pressure reduction/ Increase | Not Request reduction/ Request reduction/ Increase | 56/9/37 % |
| Aspiration/ Rinsing/ Gastroscopy | | 7 % |
| Regional Blocks | None /Spinal-epidural/TAP/ Port site /Other block | 39/2.5/17/51/2.5 |
| Performance of Leak test | GBP/SG/Conversion/Never | 73/54/39/19 |
| | | |

Post Operative In Hospital Care

| Questions | Response Choices | Responses Anesthesiologists % | Responses Surgeons % |
|-----------------------------|--|-------------------------------|-------------------------------------|
| Postop CPAP use | Always/During sleep or if they needed opioids/Desaturation or obstruction | 52/39/19 | N/A |
| Postoperative Pain Mgmt. | Non narcotics/Opioids as first line/Opioids as last resort | 5/12/ 83 | 35/11/47 (11% anesthesiologist led) |
| Post op Anti-emetics | 5HTa/Steroids/Dopamine antagonists/Aprepetant/Anti-cholinergic/ Other/None | N/A | 84 /38/15/4/11/20/6 |
| Liquid drinks after Surgery | When Awake/8 hours from surgery/post flatus/ bowels open | N/A | 53/43/1.5/2.5 |
| Leak Test intra/post op | GBP/LSG/ Conversions/Never | 73/54/39/19 | 77/52/58/16 |
| Ambulation | ASAP when awake /8 hours/24 hrs | N/A | 87/9/4 |
| Time to stop IV fluids | 12/24/>24 hours | N/A | 26/54/20 |
| Oral Fluids per day | < 1L /1-2L / 2-3L | N/A | 39/53/8 |
| HDU/ICU admissions | Yes/No/ Selectively/ Hospital Policy | N/A | 5/63/26/6 |

Some General Conclusions

- The rather modest response rate 207/10000 Bariatric surgeons and 59 / 250 Bariatric anesthesiologists suggests that the practice of ERAS in Bariatric Surgery is still in the Early Adopter Stage.
- The majority of responses from the respondents seem to be falling within reasonable ERAS Practices with some exceptions, which may need further emphasis
- We believe that IFSO validated Guidelines require internal promotion within IFSO and IPSCOP **to be widely adopted**
- The taskforce is currently in the process of creating a validating consensus, leading to the publication of “IFSO ERAS Practice Guidelines”



Discussion on Specific points from the Survey

By members of the IFSO ERAMBS Taskforce present

