

Is Ambulatory Surgery the Future for Bariatric Surgery

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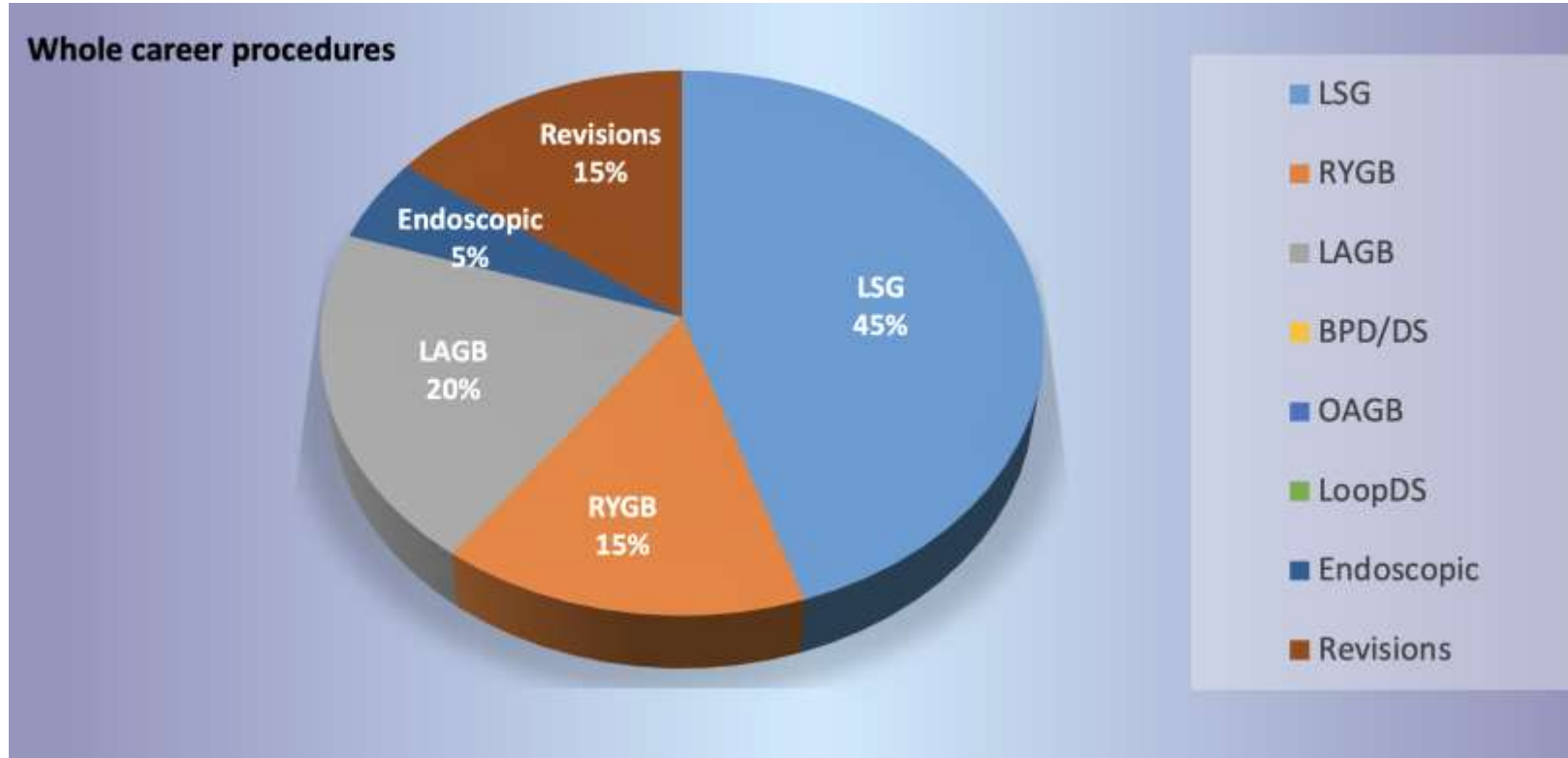
Chattanooga, TN, USA



Conflict of Interest Disclosures

- Gore: speaker, consultant
- ReShape Lifesciences: consultant
- Olympus: speaker
- Allurion: consultant
- Medtronic: consultant, speaker
- Applied Medical: consultant
- Ethicon: speaker
- Intuitive: speaker

Case Mix Disclosure



MBSAQIP Accreditation Standards for Ambulatory Surgery Centers

- Meet all Standards (Coordinator, Data submission, equipment, clinical pathways, staff, QIP, multidisciplinary team access, support groups, inpatient admitting privileges/transfer agreement, etc.)
- Volume: ≥ 25 cases/year
- **Patient Selection Criteria**
 - Age ≥ 18 and < 65 years
 - Males with a BMI < 55 and females with a BMI < 60
 - Patients without:
 - Organ failure (for example, severe congestive heart failure, end-stage renal disease, severe liver disease, etc.)
 - An organ transplant
 - Significant cardiac or pulmonary impairment
 - Patients must not be a candidate on a transplant list
 - Patients must be ambulatory

MBSAQIP (2015-2017)

SOARD 16 (2020) 1713–1720

	SG			RYGB		
	Non-AMB n = 288,675	AMB n = 8941	<i>P</i> value	Non-AMB n = 110,247	AMB n = 1032	<i>P</i> value
Demographic characteristics						
Age, yr	43.8 ± 11.9	42.3 ± 10.9	<.0001	44.7 ± 11.8	44.7 ± 11.9	.91
Female, %	79.1	79.4	.47	80.2	83.0	.03
Body mass index, kg/m ²	45.5 ± 7.7	44.7 ± 7.2	<.0001	46.5 ± 7.8	46.7 ± 7.8	.35
White, %	72.1	71.0	.15	75.5	71.0	<.0001
Smoker, %	8.9	7.1	<.0001	8.3	8.8	.57
Individual functional status, %	99.0	99.5	<.0001	99.0	99.3	.46
Mobility device, %	1.5	.7	<.0001	1.9	1.7	.77
Preoperative co-morbidities, %						
GERD	27.8	27.4	.35	37.8	34.9	.05
History of MI	1.2	.5	<.0001	1.5	1.1	.28
History of DVT	1.5	.7	<.0001	1.8	1.9	.66
History of PE	1.1	.5	<.0001	1.2	1.4	.63
Cardiac surgery	1.1	.5	<.0001	1.0	1.2	.64
Hypertension on meds	46.6	40.3	<.0001	52.4	51.0	.37
Hyperlipidemia	21.8	15.3	<.0001	28.3	26.0	.10
Preoperative dialysis	.3	.1	.0003	.2	.1	.59
Renal insufficiency	.6	.3	<.0001	.6	.6	.97
On anticoagulation therapy	2.4	1.0	<.0001	2.5	2.3	.67
IDD	6.4	4.6	<.0001	13.4	11.6	.20
COPD	1.6	.6	.49	1.9	1.4	.24
Oxygen dependent	.6	.2	<.0001	.8	.2	<.05
OSA	36.2	30.1	<.0001	43.4	40.5	.06
Steroids	1.8	1.0	<.0001	1.5	.7	<.05

MBSAQIP Outcomes

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	SG			RYGB		
	Non-AMB n = 288,675	AMB n = 8941	<i>P</i> value	Non-AMB n = 110,247	AMB n = 1032	<i>P</i> value
<u>Major complications, %</u>						
PE	.1	.0	.13	.1	.1	.075
CVA	.0	.0	.83	.0	.1	<.01
Intraoperative cardiac arrest	.0	.0	.61	.0	.1	.33
Postoperative MI	.0	.0	.61	.0	.0	.58
DVT requiring treatment	.2	.2	.85	.1	.1	.70
Unplanned intubation	.1	.0	.12	.1	.01	.93
<u>30-d reoperation</u>	.7	.7	.44	1.6	1.5	.72
30-d nonoperative intervention	.8	.7	.20	2.1	1.6	.23
<u>30-day mortality</u>	.1	.0	.02	.1	.0	.26
<u>Minor complications, %</u>						
Superficial SSI	.2	.3	.23	.8	.7	.58
Deep SSI	.0	.0	.47	.1	.1	.84
Postoperative sepsis	.1	.0	.18	.1	.2	.40
Postoperative pneumonia	.1	.1	.22	.2	.1	.40
Acute renal failure	.0	.0	.52	.1	.1	.65
Postoperative UTI	.3	.2	.07	.5	.3	.42
Unplanned ICU admission	.4	.1	<.001	.6	.9	.25
<u>30-d readmission</u>	2.9	3.0	.81	5.6	5.6	.98
<u>Additional variables</u>						
OR time, mins	73.3 ± 36.4	57.3 ± 31.8	<.0001	118.9 ± 53.4	114.4 ± 56.0	<.01
Drain placement, %	16.4	11.5	<.0001	27.9	22.4	<.0001

Is ambulatory surgery the future for bariatric surgery?

Debaters:

For: Titus Duncan (Atlanta, USA)

Against: Rami Lutfi (Chicago, USA)

Panel Discussion:

Muffazal Lakdawala (India)

Camilo Boza (Chile)

Tomás Jakob (Argentina)