



Day-case Bariatric Surgery: Evaluating Feasibility, Safety, and Outcomes at a Tertiary Bariatric centre in the United Kingdom

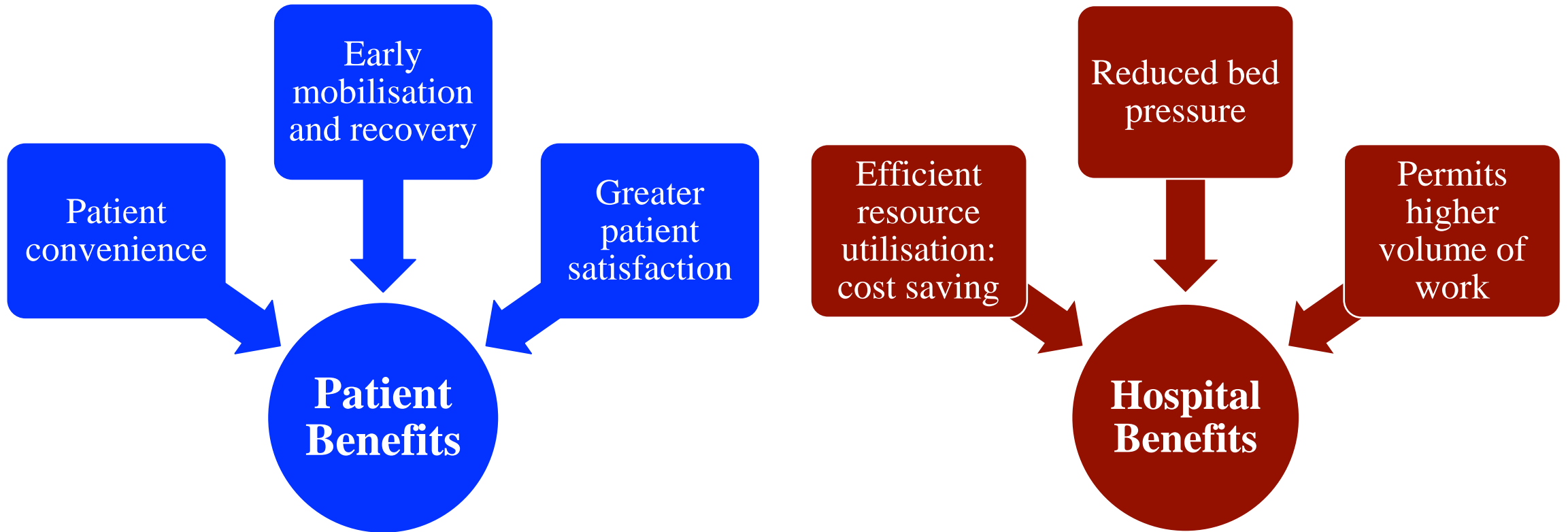
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D Whitelaw, P Jambulingam, V Jain, A Munasinghe, Md T Adil, F Rashid, O Al-Taan

Luton and Dunstable University Hospital

Background

- Initially in early 20th century (James Nicoll – Glasgow)
- Increasing number of day-case procedures
- Bariatric day-case surgery:
 - Becoming more widespread over the last decade
 - Currently numerous UK units and greater number internationally
 - Commenced in Luton & Dunstable Hospital in October 2019

Background



Selection Criteria

Inclusion

- BMI <65
- Age <65 years old
- Home: lives in East of England (as long as willing to stay in Travel-Lodge if home not local)
- Primary Bariatric procedure: Sleeve or Bypass only
- Having a single procedure (except adhesiolysis or small hiatus hernia repair)
- Fully mobile with our without walking aid
- Monday - Thursday cases only
- If OSA or DM - must have good compliance/control
- Consultant/Post CCT Fellow as Primary operators

Exclusion

- Conversion, or revision procedure
- Having a moderate/large hiatus hernia repair as well as bariatric surgery
- One Anastomosis Gastric Bypass (OAGB), Single Anastomosis Duodenal-Ileal bypass with Sleeve (SADI-S) or Duodenal Switch (DS)
- Poor glycaemic control (HbA1c >69)
- Ischaemic Heart Disease (IHD) or Cardiac Pacemaker
- Chronic pain (on regular opioids)
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Kidney Disease III (eGFR <60)
- Diabetes Mellitus on Insulin or Gliclazide
- Multiple previous laparotomies
- Social: does not have responsible adult to accompany them overnight

Aims & Objectives



Evaluate our bariatric day-case surgery performance



Identify trends in and contributors to success and failure



Utilise data to better inform decision making and service provision

Methods



Prospectively
maintained
database



Microsoft
SharePoint –
Excel (data
validation
techniques)



Corroboration:
ERAS team,
Obesity
nurses, Coding

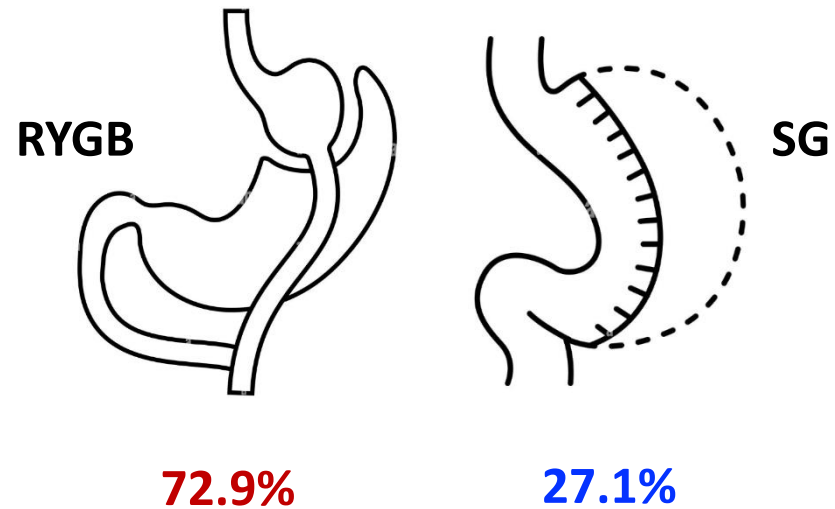
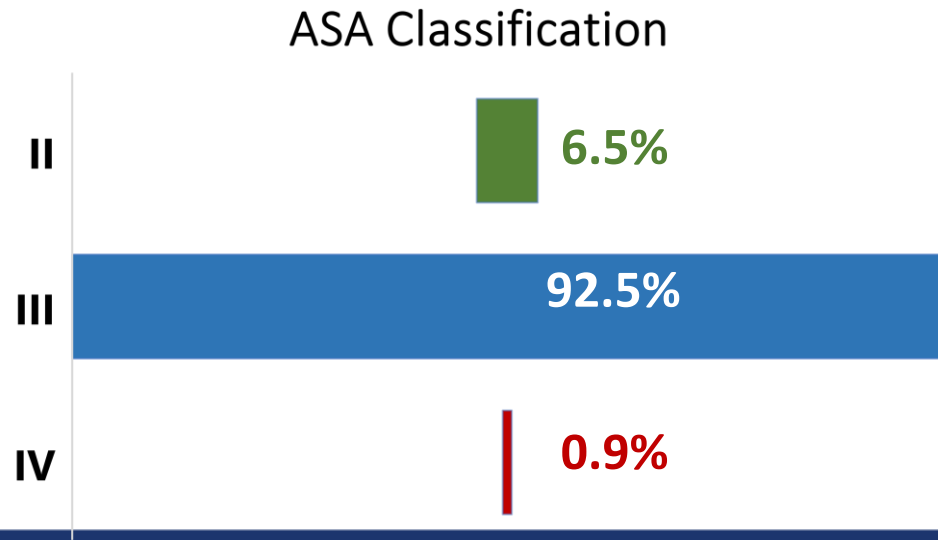
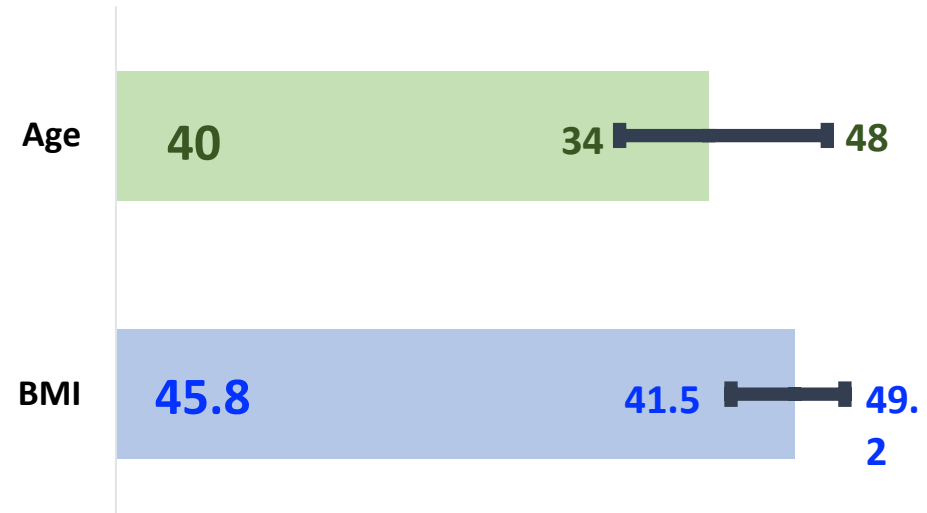
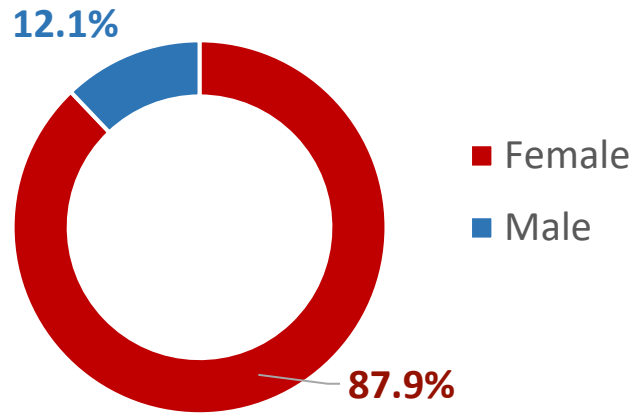


NHS Secure
database,
Caldicott
security
compliant

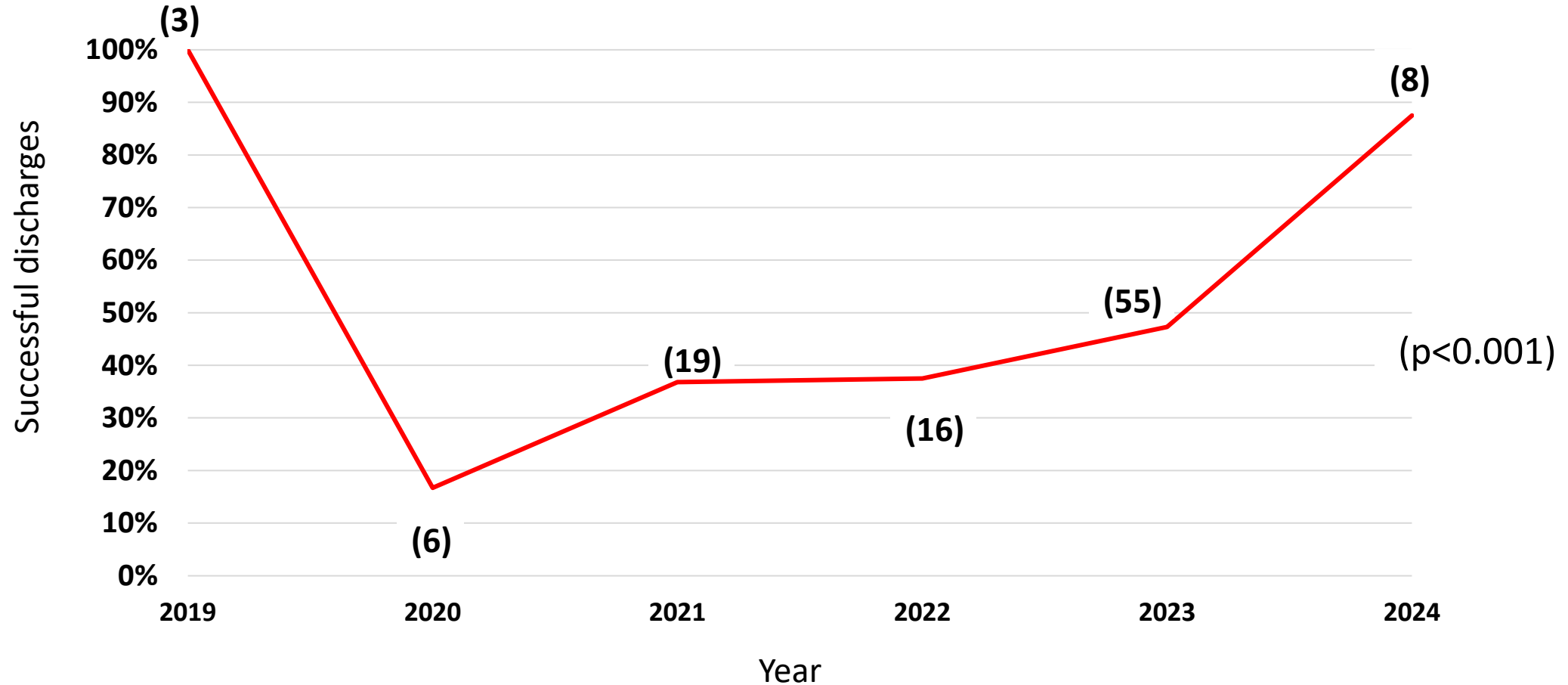


Comparative
statistical
analysis SPSS

Results: Oct 2019 – Feb 2024 (n=107)

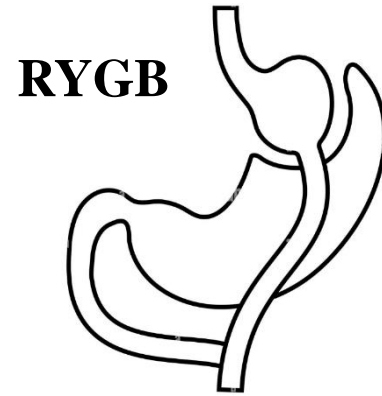


Results: Day-Case Success

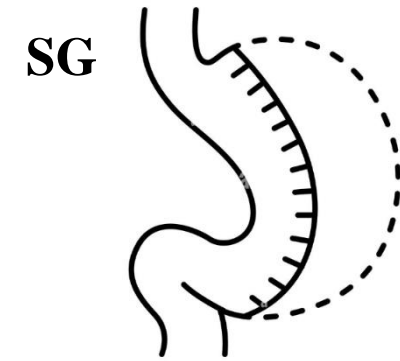


Results

Day-Case Success
 $p < 0.021$



52.6%



40.7%

Hospital Stay (median)
 $p < 0.001$

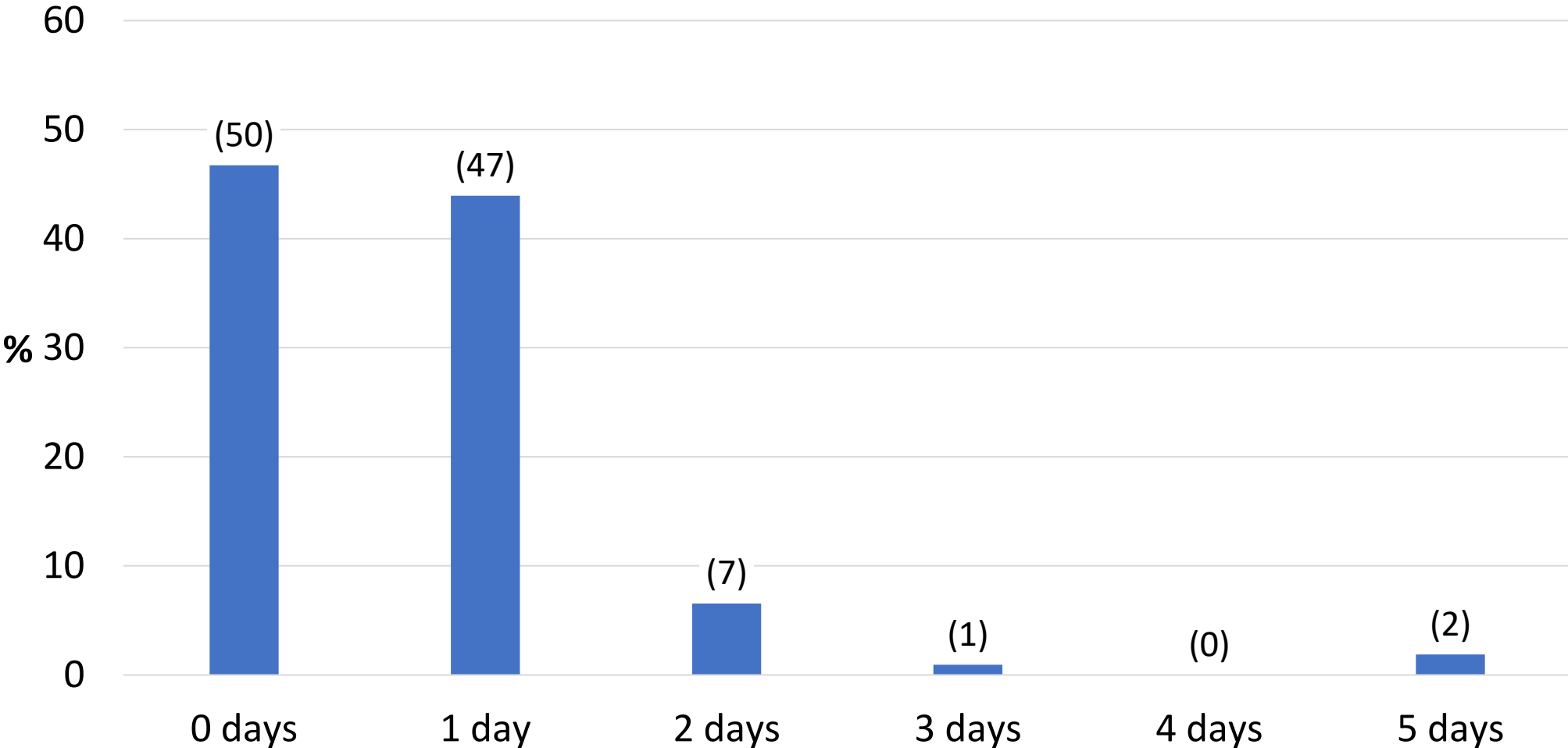
2019/2020

27.5 hours

2023/2024

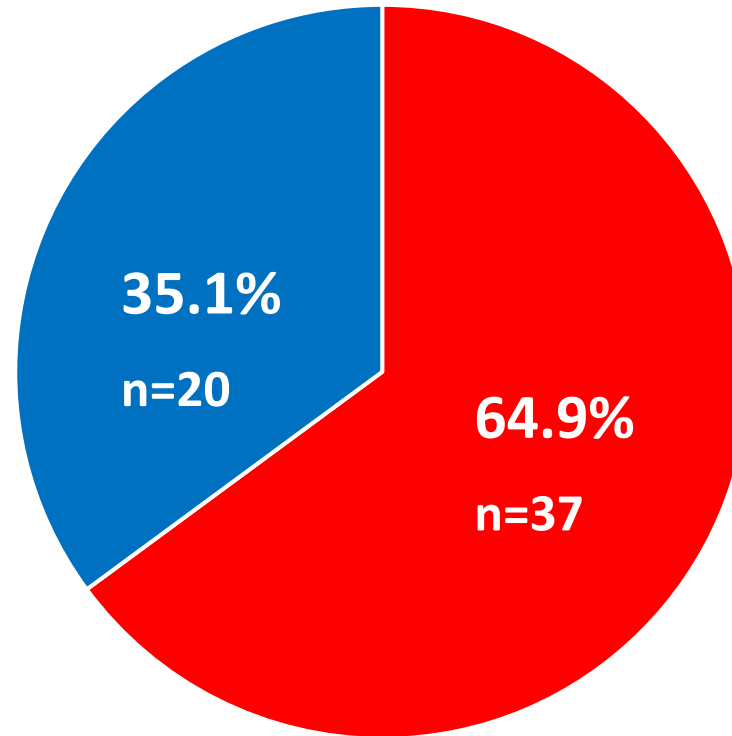
15.9 hours

Number of days as Inpatient (n)



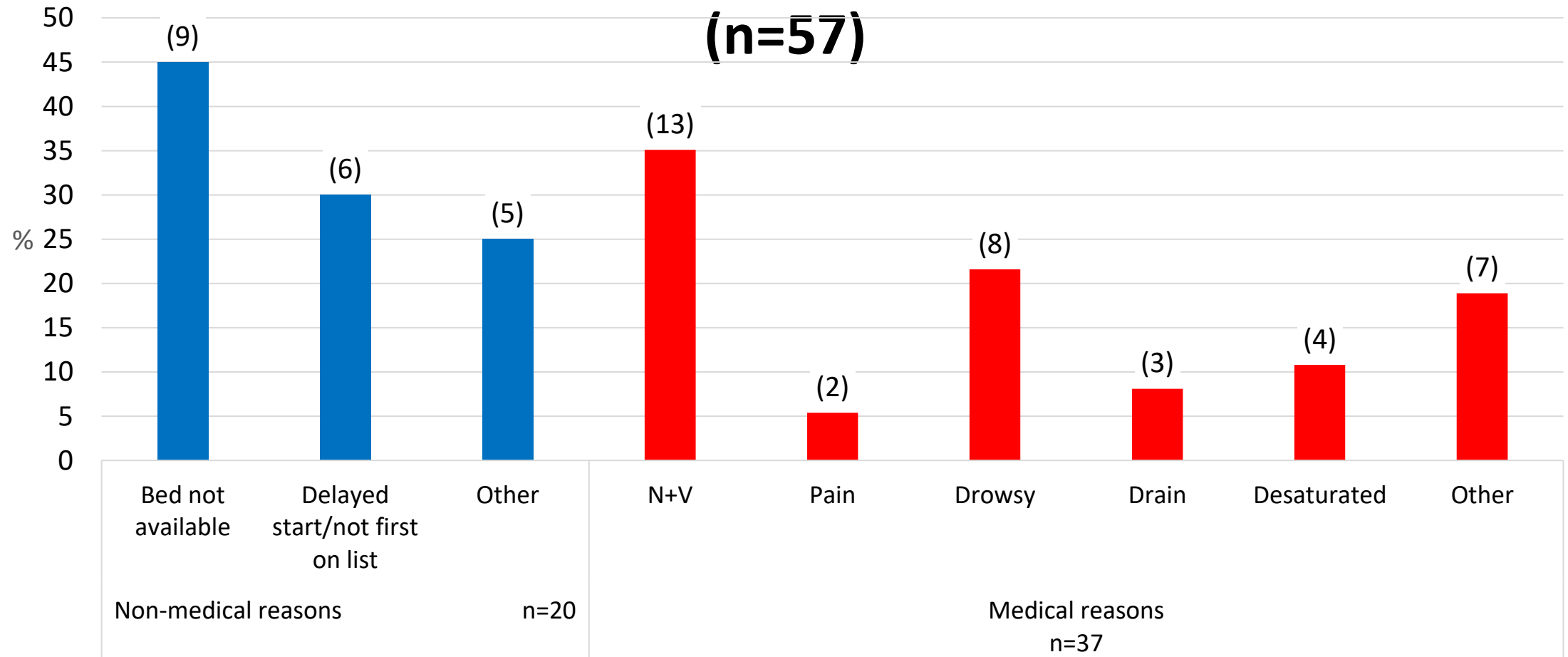
Reasons for Failed Day-Case Discharge

(n=57)



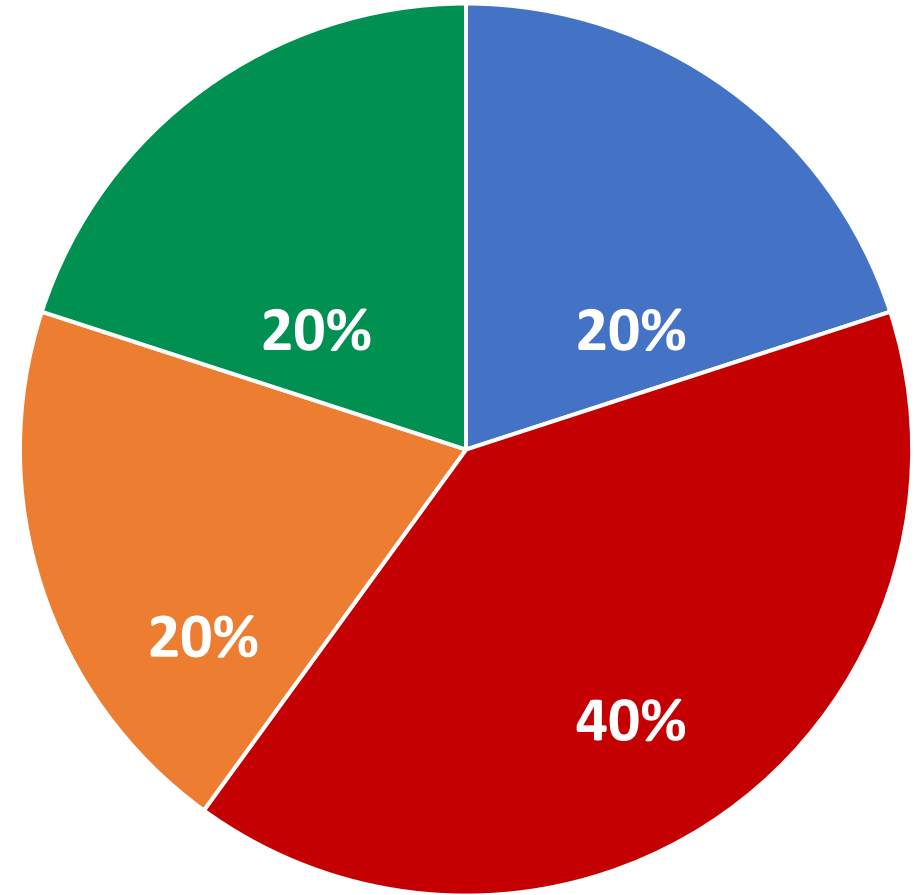
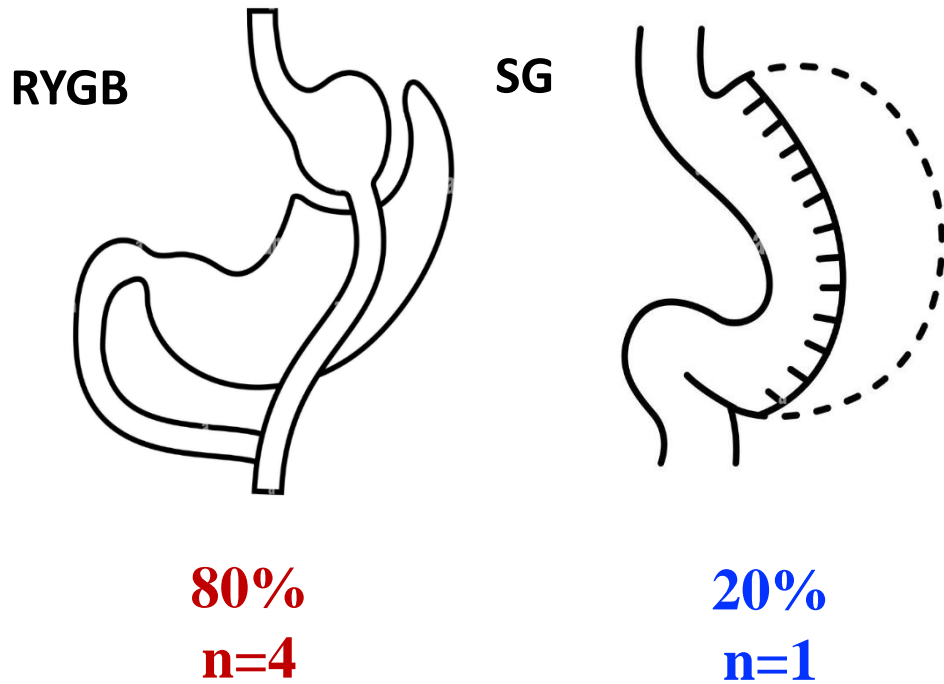
■ Medical ■ Non-medical reasons

Reasons for Failed Day-Case Discharge



30-Day Readmission

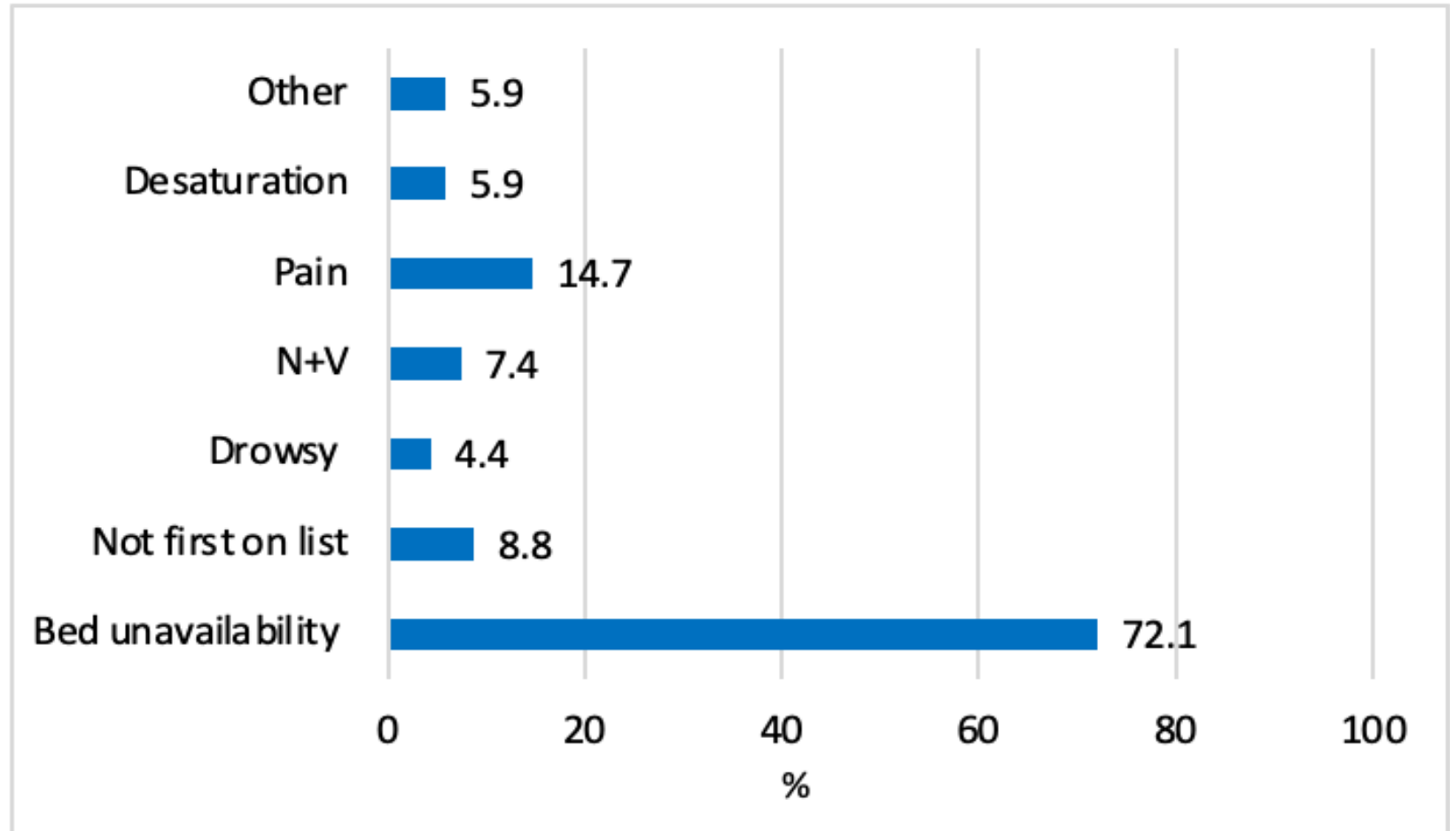
(n=5)



- Post-op N+V
- Post-op pain
- Infected liver haematoma
- Post RYGB leak

Challenges faced

- Delays to ward
- Inexperienced staff
- Incorrect ward
- Communication error
- Patient selection



Delays transferring from theatre recovery to surgical ward (n=68)

Conclusion

Day-case bariatrics works

Communication is key

Essential to adhere to selection criteria

Nursing and Medical Staff (on call) education

Access to day-case unit or protected bed



Thank you

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