OUTPATIENT BARIATRIC SURGERY IS SAFE AND FEASIBLE

Is Worth the Risk and Benefits?

Dr. Tomás C. Jakob
IFSO - FACS - SAGES
drtomasjakob@bariatricaonline.com

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Nothing to disclose

Background

Technology & Training

Evidence Based Medicine

Commercial Competition

Aspirational Goal

Medical Excelence

Value Based Care

Outpatient procedures

Risk

Patient's safety

Team Reputation

Benefits

- Less Trauma
- Early Discharge
- Minimal Loss of Productivity
- Costs Reduction
- Less risk of infections
- Less discomfort

Timeline

2006 | 2007 | 2014 | 2016 | 2020

Adv Surg. 2006;40:99-106.

Can bariatric surge

McCarty TM.

⊕ Author information

Abstract

It has become increasing lap-RYGB, and some lap- currently performed in am hour outpatient admissior care components are ass across the nation. Only tir the future, this trend shou rather by whom and in what setting can patient outcome be optimized. In the end, rhet documented patient outcome, the crown jewel of bariatric surgery, guide the future.

PMID: 17163097 [PubMed - indexed for MEDLINE]

Curr Opin Anaesthesiol. 2007

Bariatric procedure

Raeder J.

⊕ Author information

Abstract

PURPOSE OF REVIEW: review is to present recer reports on the success ar

RECENT FINDINGS: Re patient selection and prej the criteria for success. V concomitant disease, and optimal patient satisfaction may s

Surg Endosc
DOI 10.1007/s00464-016-493

ELSEVIER

Shorter than 2 and feasible

Original Contribution

Outpatient 100 cases ☆

Tomás Jakob[1] · Patricio Rachid Badaoui MD [a], Popov MD [a], Abdennaceu Hervé Dupont MD [a]

SAGES 2020 - Annual Virtual Meeting

OUTPATIENT SLEEVE GASTRECTOMY IS SAFE AND FEASIBLE

Optimizing Outcomes in Bariatric Surgery

Dr. Tomás C. Jakob
FACS SAGES IFSO

Objective

Asses Feasibility and Safety

Design

Prospective Descriptive Analysis

Voluntarily Enrolled Consecutive Series

Methods

Prospectively collected data

n=186

Hospital stay
Readmission rate
Complications
Reinterventions
Operation Time

Primary Sleeves
n=157

Primary OAGB
n=29

October 2018
February 2023

Multidisciplinary Preparation

Patient Training
5-15 % Weight Loss Previous

Staff Training

Pre-Op Protocol
4 hs prior

Pre-op Analgesia:
Paracetamol + Ketorolac

500 ml Carbs Solution

Methods

Operatory Time

Trocar to trocar

Hospital Stay

12hs

Since admitted Pre-op

Medical discharge

Discharge Criteria

Liquid Tolerance

Walking

Pain Mangement

Exclusion Criteria

High Risk (ASA 4)

No previous gastric cx

Our Protocol

Anaesthesia (General + Local)

Dexamethasone
Atracurium
Neostigmine
Sevorane Gas
Remifentanil
Ondansetron
Hyoscine
Metoclopramide
Omeprazol

Post-op Protocol

Ketorolac
Meperidine
Metoclopramide
Ondansetron
Intermittent Pneumatic Compression

Walking: 1 h
Clear Liquids: 4 h
Surgeons' Availability

Sleeves Results

n=157

Age: 40,3 ys (17-72) - **BMI:** 39,5 (31 -54,4)

73,2%	Women *n= 157 (115)*
15,28%	T2DM *n= 24*
100%	4 trocars lap. - no drainage
39'	Range: 29' - 70'

Sleeves Results

100%: discharged within 36 hs

96,2% | Discharged within 12 hs (151 p)

2,54% | 4 Discharged within 24 hs (4 p)

- Liquid Intolerance *n=1*
- Pain Management *n=2*
- Meperidine side effect *n=1*

1,27% | **2 Readmisions** for **Pain**

No major complications occurred

No patients required second procedure 30 days.

No dehydration, bleeding, leaks, collections, thrombosis

OAGB Results

n=29

Age: 38 ys (29-51) - **BMI:** 48 (34,6-62,4)

51,7%	Women *n= 15(29)*
44,8%	T2DM *n= 13*
100%	4 trocars lap.
73,6'	Range: 52' - 114'

OAGB Results

100%: discharged within 24 hs

93,1%	n=27 Discharged within 12 hs
6,89%	n=2 Discharged within 24 hs (**Pain**)
1	Day 12 Readmission (48 hs Fever)
1	Covid 19 - 36 hs POP

No major complications occurred

No patients required second procedure 30 days.

Two 30 days readmissions.

No dehydration, bleeding, leaks, collections, thrombosis

Conclusions

Evidence suggests

Outpatient LSG & OAGB

Are Safe and Feasible

Our Tips:

Training: Patients + Staff

Emergency Cell Phone
Amanda

Moving Forward:

Larger series needed

For more powerfull and

Universal evidence

Conclusions

Hemorrage

Was not the Problem

Pain

Deal Breaker

To Be or Not To Be?

Depends

What is your Objective?

Decision Making

- **What is the Need** or Objective?
- **Design a Strategy** - ANALYSE YOUR MARKET
- **Costs Reduction** - NOT ALWAYS
- **Private Practice** - Public Health - Insurance
- **Less risk of infections** - NOT SIGNIFICANT
- **Less discomfort** - VALUE BASED CARE

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UNIVERSAL LAW IS FOR LACKEYS. CONTEXT IS FOR KINGS.
GABRIEL LORCA
MAGICALQUOTE

Thanks!

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Bariátrica Online

+54 911 69071912

www.bariatricaonline.com

@bariatricaonline_