RESULTS AFTER IMPLEMENTATION OF ERABS PROTOCOL – 779 PATIENTS

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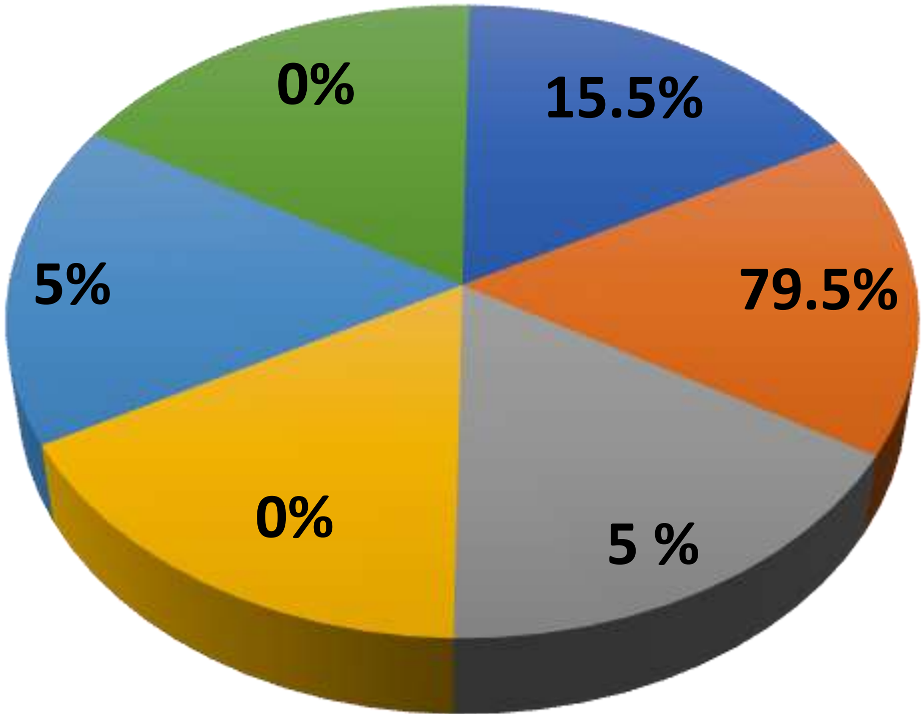
- I have no potential conflict of interest to report

CASE MIX DISCLOSURE



- RYGB
- SG
- OAGB
- DS/SADI-S
- REVISIONAL
- ENDOSCOPIC

Case Mix Disclosure Slide.

- I have performed around 2000 bariatric procedures in my whole career.
- This study represents about 40% of those procedures.
  - 779 patients (August 2017 to March 2023)

- **Enhanced Recovery After Surgery (ERAS) is an interdisciplinary multimodal approach to accelerate postoperative convalescence.**
- **ERAS protocol is well established in other fields of surgery.**
- **In bariatric surgery ERAS has demonstrated shorter length of stay without increase in perioperative morbidity, readmission rates or mortality.**
- **It is mportant to be aware of the particular challenges that bariatric patients pose both to anesthesiologist and surgeons.**
- **Evidence of ERAS in bariatric surgery is limited.**

- **Present the results after de implementation of ERAS protocol in a private practice bariatric surgery program in Mexico.**

- Retrospective analysis of 779 consecutive patients
  - Single-group / single-surgeon
  - Primary / revision
    - SG, RYGB, OAGB, revisions
- ERAS protocol
  - Goal directed patient education.
  - Specific pre and postoperative medication regimen.
    - Analgesia, nausea & vomit, anti -thrombosis.
  - Early ambulation.
  - Early oral intake.
  - Discharge if met appropriate post-surgical goals.

RESULTS

DEMOGRAPHICS			
Patients			
	Total	779	100%
	Female	635	81.50%
	Male	144	18.50%
Age			
	Median	36	(17-74 years)
BMI			
	Median	44.30	(30 - 87 kg/m2)
Procedure			
	SG	619	79.50%
	RYGB	121	15.50%
	OAGB	39	5%

RESULTS			
Primary outcomes			
	LOS	1	1-2
	30 day readmission	8	1%
	Major complications (CD >2)	8	1%
	Reoperation	5	0.64%
Secondary			
	Drain	127	16.30%
	Non-opioid pain medication	639	82%
	Minimun pain at discharge	779	100%
	Post-operative emesis	156	20%
	Oral intake	779	100%
	Ambulation	779	100%

- Studies have demonstrated that ERAS protocolo in bariatric surgery is a safe and feasible method of peri-operative care.
- Reduction of LOS.
- No difference in morbidity and mortality.
- May be associated with general cost reduction.

- I was introduced to the concept about 10 years ago.
- At first very interesting but difficult to go against dogmas and to implement in a public hospital.
- We developed the program in a private bariatric surgery group.
- The role of a team leader is key to the development of the program (NOT THE SURGEON).
- We discovered that a well-defined standardized peri-operative protocol, a properly educated medical team, and appropriate patient education and compliance are very important.

- **The commitment of the entire team is essential.**
- **The coordinator of the bariatric team plays a fundamental role.**
- **The reduction of the length of stay may be due to the implementation of various items like patient selection, patient education, opioid sparing, defined discharge criteria, etc.**
- **Database, continuous auditing, compliance, identification of any potential deviation from the protocol results in improvement of outcomes.**
- **ERABS is cost – effective.**
- **Our results are in agreement with the results presented by other groups.**

- **The main goal is full functional recovery of the patient.**

Thank you for your attention

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