

Same-day discharge after LRYGB: a cohort of 500 consecutive patients

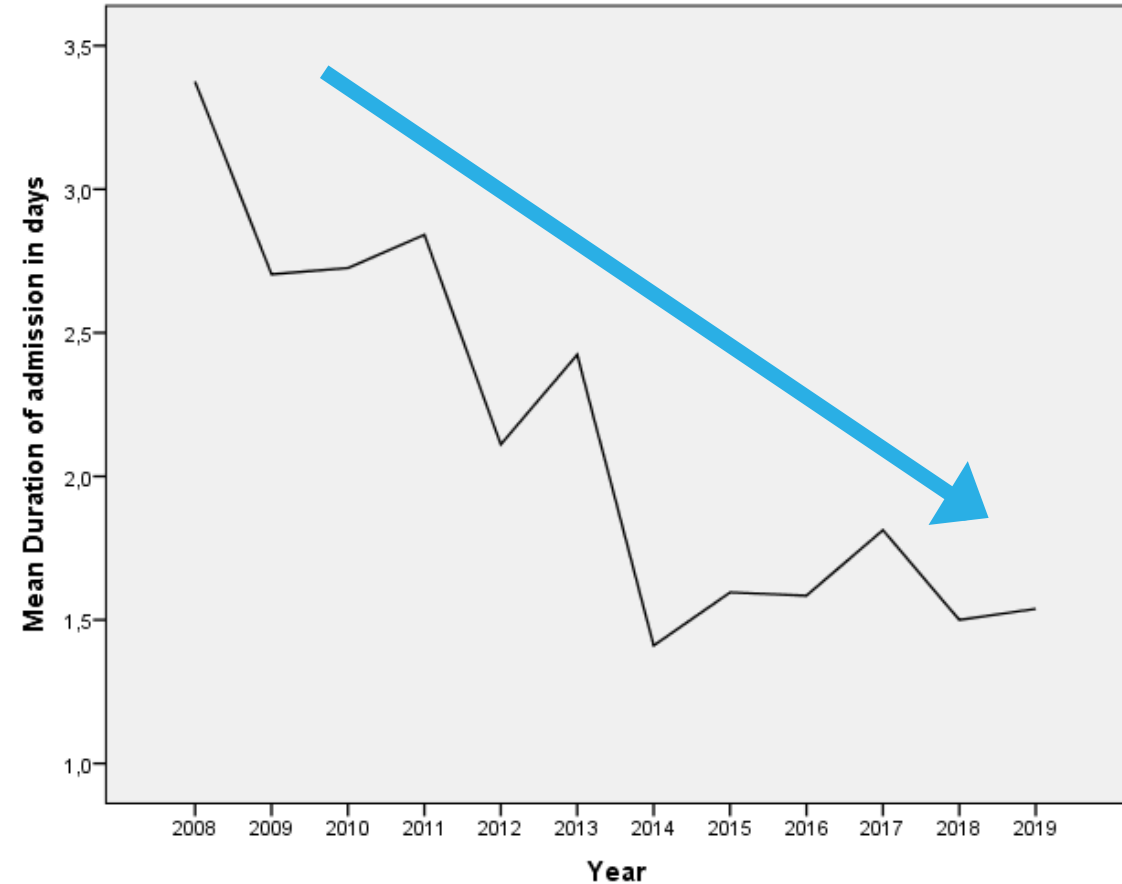
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Introduction

- Increase prevalence obesity
- COVID, staff shortages
- Fast track surgery (ERAS)
- Pilot: same-day discharge after RYGB

Mean duration of admission in days (OLVG)



Selection criteria

- Patients with BMI 35 - 50 kg/m²
- Age 18 – 65 years
- Primary Laparoscopic RYGB
- No significant cardiovascular disease; anti-coagulant use or coagulant abnormalities; severe pulmonary disease or OSA with CPAP therapy; IDDM
- No history of major abdominal surgery
- Max. travel time of 45 minutes, informal caregiver available

Day of surgery

Surgical procedure according to international guidelines

Protocol for anesthesia:

- ERA(B)S concept
- No preoperative sedatives
- Use of short-acting anesthetic agents
- Avoid PONV (opioids and anti-emetics)
- Infiltration of abdominal trocar sites
- Postoperative standard drug prescription

Day of surgery

- Dedicated bariatric nurses
- Early mobilization
- Minimum of 6 hours of observation

Criteria for approval of same-day discharge

No complications during surgical procedure

No anesthetic complications

Normal vital signs after six hours of observation

Maximum decrease in Hemoglobin-level of 1.0 mmol/L

Approval of bariatric surgeon and patient for discharge

Postoperative protocol (“safety net”)

- Information on complications
- Remote monitoring: pulseoximeter and thermometer
- Phone consultation with surgeon on postoperative day 1
- Physical consultation with bariatric nurse on postoperative day 2 – 4
- Low threshold for readmission

Results

Obesity Surgery
<https://doi.org/10.1007/s11695-023-06464-y>



ORIGINAL CONTRIBUTIONS



Same-Day Discharge After Laparoscopic Roux-en-Y Gastric Bypass: a Cohort of 500 Consecutive Patients

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Received: 28 October 2022 / Revised: 9 January 2023 / Accepted: 17 January 2023
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Results

Table 3 Postoperative outcomes

| | |
|--|------------|
| Primary outcome (<i>n</i> = 500) | |
| Same-day discharge (<i>n</i> , %) | 465 (93.0) |
| Same-day discharge without readmission within 48 h (<i>n</i> , %) | 444 (88.8) |
| Secondary outcomes after SDD (<i>n</i> = 465) | |
| Readmissions POD 0–30 (<i>n</i> , %) | 41 (8.8) |
| POD 0–2 | 21 (4.5) |
| POD 3–30 | 20 (4.3) |
| Severe complications ^a POD 0–30 (<i>n</i> , %) | 6 (1.3) |
| POD 0–2 | 3 (0.6) |
| POD 3–30 | 3 (0.6) |
| ED visits POD 0–30 (<i>n</i> , %) | 66 (14.2) |
| POD 0–2 | 31 (6.7) |
| POD 3–30 | 35 (7.5) |
| Mortality | 0 |

^aSevere complications according to Clavien-Dindo classification ≥ 3

ED emergency department, *POD* postoperative day, *SDD* same-day discharge

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ED emergency department, POD postoperative day, SDD same-day discharge

Reasons of stay:
7x PONV
6x divergent vital signs
4x Hb loss > 1mmol/L
4x pain
3x dizziness
3x complication perioperative
8x other

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Reasons for readmission within 48h:
13x rectal blood loss or hematemesis (Clavien Dindo 1/2)
3x anastomotic leakage (Clavien Dindo 3b)
4x other (Clavien Dindo 1)

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| Readmissions POD 0–30 (<i>n</i> , %) | |
| POD 0–2 | 21 (4.5) |
| POD 3–30 | 20 (4.3) |
| Severe complications ^a POD 0–30 (<i>n</i> , %) | |
| POD 0–2 | 2 (0.6) |
| POD 3–30 | 3 (0.6) |
| ED visits POD 0–30 (<i>n</i> , %) | |
| POD 0–2 | 31 (6.7) |
| POD 3–30 | 35 (7.5) |
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ED emergency department, POD postoperative day, SDD same-day discharge

Severe complications after 48h:
2x anastomotic leakage (Clavien Dindo 3b)
1x early internal herniation (Clavien Dindo 3b)

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High amount of ED visits due to low threshold for patients to contact the hospital (in order to prevent any delay in the detection of complications)

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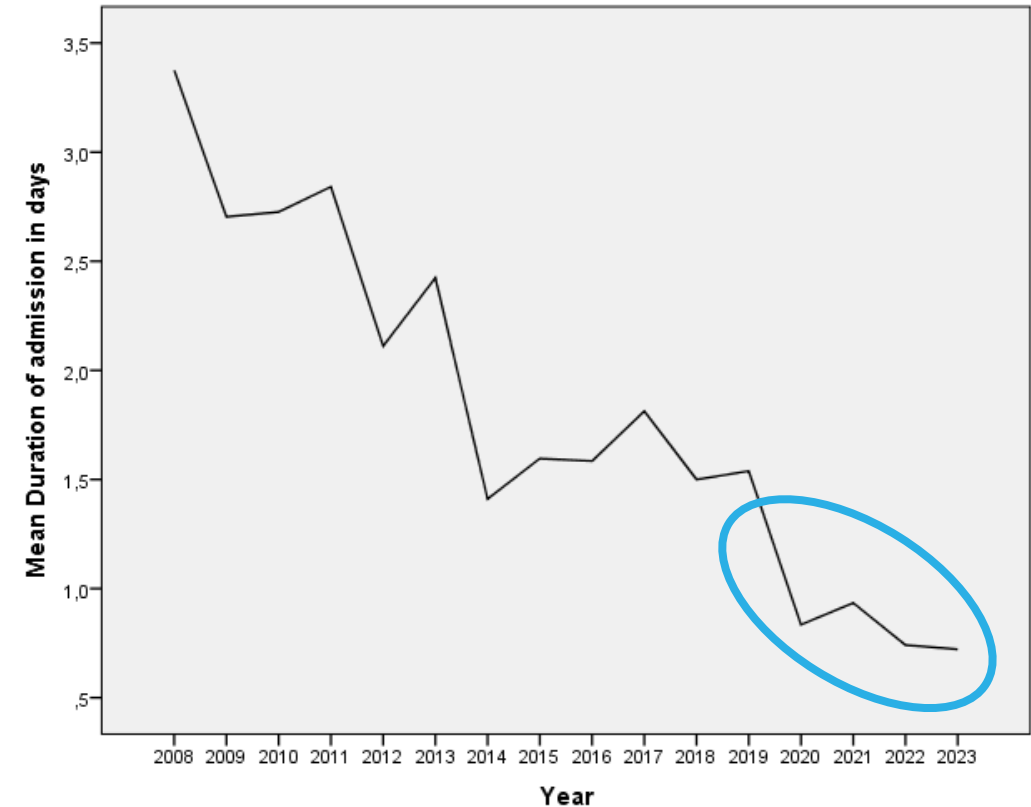
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Results

- High success rate
- Early complications are noticed on time and well treatable
- Information provision and expectation management
- ED capacity

Mean duration of admission in days (OLVG)



Other research

- RYGB with SDD is feasible patients with well-regulated OSA
- Safety net: effective in detecting all early complications
- Implementation of SDD for sleeve gastrectomy (*submitted*)
- Patient satisfaction (*ongoing research*)
- National cohort study (*ongoing research*)

Obesity Surgery (2023) 33:807–812
<https://doi.org/10.1007/s11695-022-06439-5>



ORIGINAL CONTRIBUTIONS



Feasibility of Same-Day Discharge After Laparoscopic Roux-en-Y Gastric Bypass in Patients with Well-Regulated Obstructive Sleep Apnea

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Received: 14 September 2022 / Revised: 14 December 2022 / Accepted: 27 December 2022 / Published online: 4 January 2023
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Obesity Surgery (2023) 33:2317–2323
<https://doi.org/10.1007/s11695-023-06697-x>



ORIGINAL CONTRIBUTIONS



Evaluation of Postoperative Care Protocol for Roux-en-Y Gastric Bypass Patients with Same-Day Discharge

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Received: 13 April 2023 / Revised: 8 June 2023 / Accepted: 16 June 2023 / Published online: 22 June 2023
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Questions?



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Perioperative protocol

- Protocol for anesthesia: multimodal analgesia
 - Local infiltration with bupivacaine
 - Intravenous propofol (dose using adjusted bodyweight)
 - Intravenous remifentanyl (dose using ideal body weight)
 - Rocuronium 30mg
 - Acetaminophen, Metamizol, Morphine
 - PONV: dexamethasone and granisetron
- Postoperative medication: standardized oral medication
 - Acetaminophen 1000 mg 4 times daily
 - Naproxen 500 mg 2 times daily (for 3 days)
 - If necessary: oxynorm 5 mg with a maximum of 4 times daily (for 3 days)