

Enhanced Recovery After Bariatric Surgery

A Retrospective Analysis of 100 Consecutive
Laparoscopic Sleeve Gastrectomy Cases

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Background

ERAS protocol

- A set of perioperative management based on evidence aiming to maintain physiological function and reduce surgical stress
- ↓ morbidity and mortality, ↓ LOS, ↓ cost

Kehlet H, et al. Am J Surg. 2002 Jun;183(6):630-41

ERABS protocol

- ↓ LOS, ↓ OR time (2016)
- A Systematic Review & Meta-analysis
↓ LOS, ↓ PONV (2021)

Mannaerts GH, et al. Obes Surg. 2016 Feb;26(2):303-12.

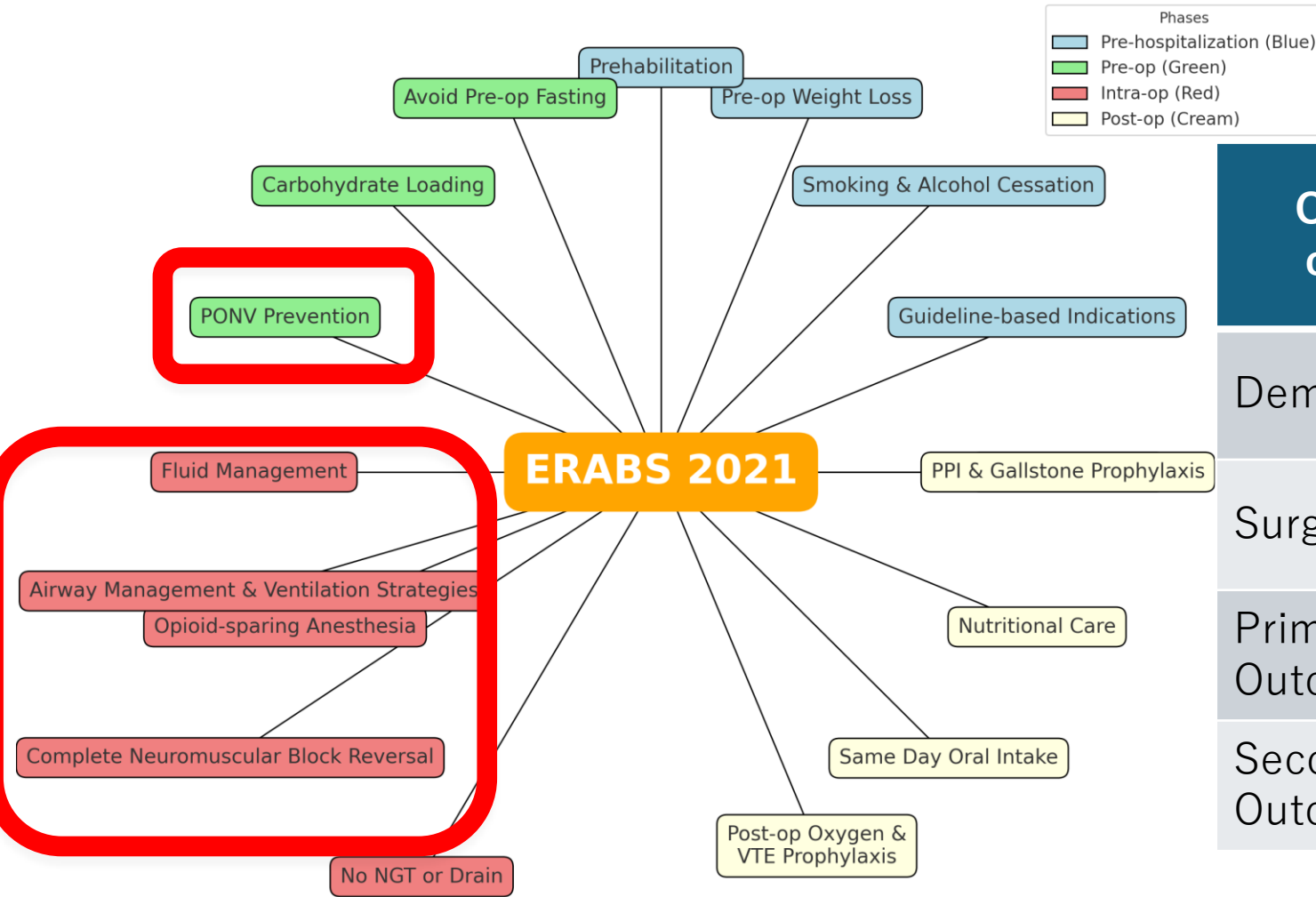
Zhou J, et al. Obes Surg. 2021 Mar;31(3):1321-1331.

Objective

- To evaluate **the impact of ERABS protocols** on post-op recovery **following LSG** at an acute care community hospital with an obesity treatment center in Japan



Methods



Compared 100 consecutive patients who completed LSG before and after ERABS

Demographics	Age, gender, weight, BMI
Surgical Details	Operative time, EBL
Primary Outcomes	LOS, post-op complications
Secondary Outcomes	Readmission rates within 1M

Results

		Before	After
Demographic	Age (years)	44 ± 9.1	43 ± 10
	M/F Ratio (%)	43/57	35/65
	Weight (kg)	114.2 ± 24	112.8 ± 28.7
	BMI (kg/m ²)	41.5 ± 7.2	41.7 ± 7.8
Operative Outcome	Operative Time (min)	129 ± 28	125 ± 30
	Total Blood Loss (mL)	15 ± 41	8.4 ± 35
	Hospital Stay (days)	2.0 ± 1.4	2.3 ± 1.9
	Complications	4%(2 Bleeding, SBO, dehydration, other)	1% Urosepsis
	30-Day Re-admission	2% (Bleeding, SBO)	0
	Mortality	0	0

↓ complications, ↓ Readmission



Conclusion and Future Outlook

- Introduction of ERABS protocols (multi-modal pain/PONV management, early mobilization) in SG led to lower complication and re-admission rates.
- Adopting the evidence-based ERABS protocol has facilitated staff education and strengthened collaboration with multi-disciplinary team .
- Further large-scale, prospective studies are needed to validate these findings and explore long-term effects.