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The Future of Bariatric Surgery is in the Ambulatory Surgery Center

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Disclosures

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- Partner Pearl SurgiCenter (Portland USA)

Today: 13 years after sleeve gastrectomy!

Think Outside the Box

- Bariatric surgical volume stable but obesity is increasing.
- Medicare will define bariatric surgery as OUTPATIENT.
- Reimbursement decreases.
- Programs discontinued.
- Decrease access to care.

My Story

- Mayo Clinic, Rochester, MN 1993-2000, General Surgery, Clinical Investigator Diabetes and Transplantation (1996-1997).
- First Day-Case sleeve gastrectomy in ASC 2008
- 2008-2023 Over 4000 cases including MBSAQIP high acuity patients
  - Band to Sleeve conversions
  - Bypasses
  - Elderly
  - High BMIs
- Replicating program at other ASCs.

Concerns of outpatient or ASC bariatrics

- Safety.
- Equipment.
- Staffing.
- Accreditation
- Insurance contracts.
- Some payers require bariatric COE accreditation.
- Malpractice Exposure
- Declining reimbursement

Benefits of a Bariatric ASC

- Improved access
- Lower cost
- Dedicated team.
- Consistent messaging.
- Patient satisfaction.
- Lower infections.
- Perceived as less invasive.
- ERAMBS
- Improved outcomes.

Outpatient laparoscopic sleeve gastrectomy in a free-standing ambulatory surgery center: first 250 cases

Billing PS, Crouthamel MR, Oling S, Landerholm RW. Outpatient laparoscopic sleeve gastrectomy in a free-standing ambulatory surgery center: first 250 cases. Surg Obes Relat Dis. 2014 Jan-Feb;10(1):101-5. doi: 10.1016/j.soard.2013.07.005. Epub 2013 Jul 17. PMID: 24094869.

Selection Criteria

- Age ≥ 18.
- Weight ≤ 450 lbs.
- Expected operative time ≤ 2 hours.
- Low cardiac risk.
- Ambulatory.
- Sleep apnea clearance and no significant pulmonary concerns.
- No expected ongoing medical monitoring beyond 23 hours.
- No need for specialized equipment or specialist consultation.

Our First 250 ASC Cases

- Safety study on SAME DAY Sleeve Gastrectomy done in the ASC.
- Started in Jan, 2008.

Complications within 30 days post-op	
Mortalities	0
Hospital Transfer Rate	0.8% (2/250)
Hospital Re-admission	3.6% (9/250)
Post-op Bleeding	0.8% (2/250)
Leaks	0.4% (1/250)

The MBSAQIP and Ambulatory Surgical Centers

- In 2014 guidelines were proposed that ASC's that allowed to perform stapling procedures
- Oct. 2016 a new ASC designation was created with restrictions on stapling cases done in the ASC
- ASCs restricted to "low acuity" patients.

Low Acuity Patient and Procedure Selection
Age ≥ 18 and < 65
Males with a BMI < 55 and females with a BMI < 60
Patients without organ failure, organ transplant, or significant cardiac or pulmonary impairment
Patients must be ambulatory
Patients must not be a candidate on a transplant list
ASC's are only approved to perform revisional procedures when classified as an emergent case with the exception of gastric band revisions.

High Acuity Sleeve Gastrectomy Patients In A Free-Standing Ambulatory Surgical Center

Billing P, Billing J, Kaufman J, Stewart K, Harris E, Landerholm R. High acuity sleeve gastrectomy patients in a free-standing ambulatory surgical center. Surg Obes Relat Dis. **2017** Jul;13(7):1117-1121. doi: 10.1016/j.soard.2017.03.012. Epub 2017 Mar 27. PMID: 28456510.

High Acuity Patient Cases Performed in an ASC

- Presented at Obesity Week 2016
- Cases were primarily revisions such as band to sleeve conversions, patients > 65 years of age, and high BMI patients.

Complications	
Re-admissions	3.3% (4/120)
Re-operations	0.83% (1/120)
Transfers	0.83% (1/120)
Leaks	0
Open Conversion	0
Mortalities	0

Does the future of laparoscopic sleeve gastrectomy lie in the outpatient surgery center? A retrospective study of the safety of 3162 outpatient sleeve gastrectomies

Nine surgery centers
Twenty-one surgeons
Same day sleeve gastrectomy cases

Surve A, Cottam D, Zaveri H, Cottam A, Belnap L, Richards C, Medlin W, Duncan T, Tuggle K, Zorak A, Umbach T, Apel M, **Billing P**, Billing J, Landerholm R, Stewart K, Kaufman J, Harris E, Williams M, Hart C, Johnson W, Lee C, Lee C, DeBarros J, Orris M, Schniederjan B, Neichoy B, Dhorepatil A, Cottam S, Horsley B.

Surg Obes Relat Dis. 2018 Jul 29. pii: S1550-7289(18)30441-6. doi: 10.1016/j.soard.2018.05.027

Safety and efficacy of outpatient sleeve gastrectomy: 2,534 cases performed in a single free-standing ASC

Billing P, Billing J, Harris E, Kaufman J, Landerholm R, Stewart K. Safety and efficacy of outpatient sleeve gastrectomy: 2534 cases performed in a single free-standing ambulatory surgical center. Surg Obes Relat Dis. 2019 Jun;15(6):832-836. doi: 10.1016/j.soard.2019.03.003. Epub 2019 Mar 20. PMID: 31129000.

Enhanced Recovery After Metabolic Bariatric Surgery (ERAMBS): Results of a De Novo Program for Same-day Cases in a Free-standing Ambulatory Surgical Center

Peter Billing MD FACS, Josiah Billing BS, Steven Balee RN BSN
British Journal of Surgery Dec 2022.

Enhanced Recovery After Metabolic Bariatric Surgery (ERAMBS) Protocol

- Age ≥ 18.
- Weight ≤ 400 lbs.
- Expected operative time ≤ 2 hours.
- Low cardiac risk.
- Ambulatory.
- Patient screened sleep apnea.
- No need for specialized equipment or specialist consultation.
- Same day cases.

Enhanced Recovery After Metabolic Bariatric Surgery (ERAMBS) Protocol

- Set patient expectations.
- Minimal use of narcotics
- IV fluids 3-4 liters
- Operative times 1-2 hours.
- Avoid concomitant procedures if able to.
- Minimal use of intraabdominal drains.
- Discharge criteria: able to drink, pain under control, patient is voiding, no nausea, ambulating. No need for labs or imaging.
- Give patient your cell number.

Enhanced Recovery After Metabolic Surgery (ERAMBS) Medications

- Scopolamine transdermal patch placed the night before.
- Emend (Aprepitant) 80 mg po within 3 hours of the procedure.
- Acetaminophen 1000 mg po in preop holding.
- Dexamethasone 4-8 mg IV intraoperatively.
- Minimal intraoperative use of fentanyl (<100 ug).
- Ondansetron 4-8 mg IV.
- Toradol 30 mg IV.
- Promethazine 12.5-25 mg, or Metoclopramide 10 mg as last options.
- Hydromorphone orally for pain control.

Conclusions

- Same-day case is safe.
- Decreases cost and improves access to care.
- Patients denied care resort to medical tourism which brings an assortment of issues to our burdened healthcare system.
- Two-thirds of bariatric cases can be same day.
- A successful Same-Day Case program needs
  - Experienced surgeon
  - ERAMBS protocols,
  - Appropriate patient selection.

Thank You

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