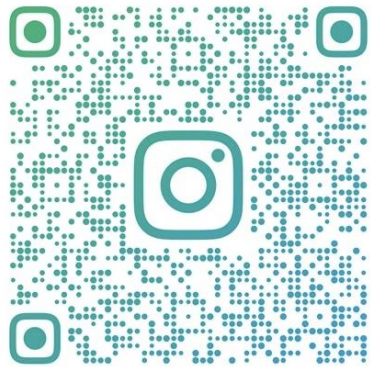


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“Paragastric Neural Block: an Emerging Tool for Pain and Nausea Management after Sleeve Gastrectomy”

A Game-Changer in Ambulatory Bariatric Surgery



Dr Matías Sosa, Dr Pablo Castellaro, Dr Luciano Deganutti,
Dr Carlos Esquivel, Dr Manuel García, Dr Nicolás Martínez

CITOS Bariatric Center
Paraná / Santa Fe
Argentina

Sanatorio Allende
Córdoba
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Can Sleeve Gastrectomy PostOp

be Improved to Shorten Hospital Stay

In Bariatric Surgery?

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BACKGROUND
AND
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There have been reports of Short Hospital Stay (<36hr) in
Bariatric Surgery for more than 20 years.

Annals of Surgery • Volume 242, Number 4, October 2005

Optimizing Outcomes in Bariatric Surgery

ORIGINAL ARTICLES



Optimizing Outcomes in Bariatric Surgery *Outpatient Laparoscopic Gastric Bypass*

Todd M. McCarty, MD,† David T. Arnold, MD,* Jeffrey P. Lamont, MD,* Tammy L. Fisher, RN,*
and Joseph A. Kuhn, MD**

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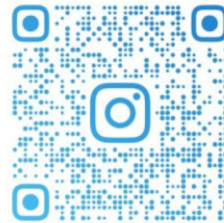


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BACKGROUND AND OBJECTIVE



AMBULATORY BARIATRIC SURGERY: WHEN IS IT FEASIBLE? OUR PRELIMINARY EXPERIENCE IN OVER 250 PATIENTS

Authors: Matías Sosa^{1,2}, Pablo Castellaro^{1,2}, Luciano Deganutti¹,
Alberto Sirabo^{3,4}, Cristóbal Davanzo^{3,4}

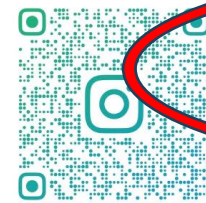
¹ CITOS Bariatric Center - Paraná, Argentina

³ Lo Curro Clinic Bariatric Center - Santiago, Chile

² CITOS Ba



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“Ambulatory Metabolic Bariatric Surgery: Feasibility And Cost-effectiveness Assessing 400 Cases”

Recruiting Criteria,
and Anesthesia Protocol



Dr. Matías Sosa, Dr Pablo Castellaro, Dr Luciano Deganutti,
Dr Alberto Sirabo, Dr Cristóbal Davanzo

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BACKGROUND
AND
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- **PostOp Pain Management in Sleeve Gastrectomy**

- **Somatic Pain:**

TAP Block

- **Visceral Pain:**

???



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BACKGROUND
AND
OBJECTIVE

- PostOp Pain Management

- Visceral Pain:

???

PostOperative Nausea/Vomiting

25-60% - High Pressure System

**Prolonged
Length of Stay and Readmissions**

Risk factors for moderate to severe pain during the first 24 hours after laparoscopic bariatric surgery while receiving intravenous patient-controlled analgesia. *Anesthesiol Res Pract.* 2019;2019:6593736



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BACKGROUND
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OBJECTIVE

- PostOp Pain Management

PostOperative Nausea/Vomiting

Obesity Surgery (2022) 32:3551–3560
<https://doi.org/10.1007/s11695-022-06257-9>



ORIGINAL CONTRIBUTIONS



Paragastric Autonomic Neural Blockade to Prevent Early Visceral Pain and Associated Symptoms After Laparoscopic Sleeve Gastrectomy: a Randomized Clinical Trial

Jorge Daes^{1,2} · David J. Morrell³ · Andrés Hanssen^{1,4} · Melissa Caballero¹ · Erika Luque¹ · Rafael Pantoja^{4,5} · Jorge Luquetta⁵ · Eric M. Pauli³

Daes J et al. Paragastric Autonomic Neural Blockade to Prevent Early Visceral Pain and Associated Symptoms After Laparoscopic Sleeve Gastrectomy: a Randomized Clinical Trial. *Obes Surg.* 2022 Nov

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Paragastric Neural Block: an Emerging Tool for Pain and Nausea Management after Sleeve Gastrectomy

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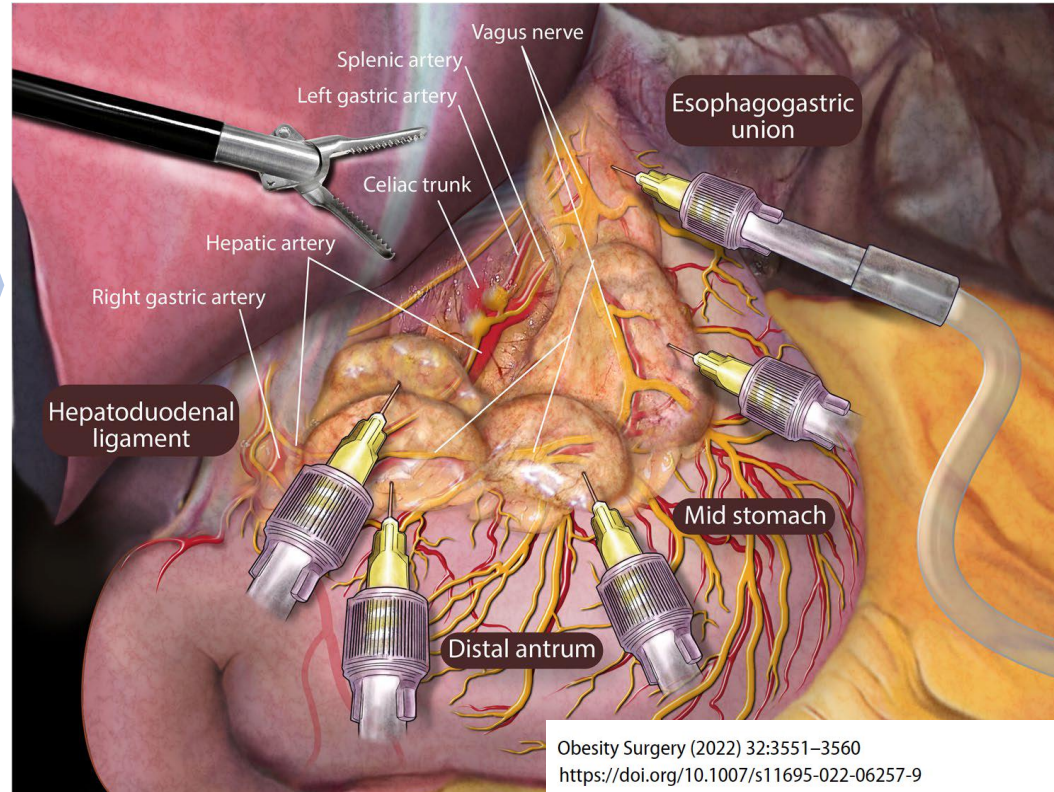
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BACKGROUND
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Objective

To assess and to compare the EFFECTIVITY of the PARAGASTRIC NEURAL BLOCK as a treatment option FOR POSTOPERATIVE PAIN AND NAUSEA/VOMITING after SLEEVE GASTRECTOMY,

And to evaluate its potential benefit in AMBULATORY BARIATRIC SURGERY achievement



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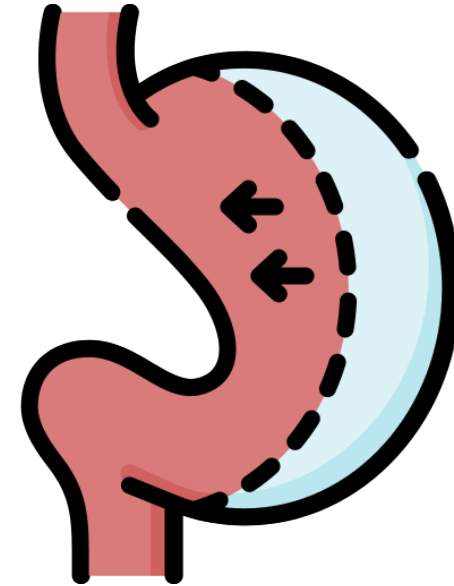
B

METHODS



- Recruiting Centers:

- 1- CITOS Paraná – Argentina
CITOS Santa Fe – Argentina
- 2- Sanatorio Allende, Córdoba - Argentina



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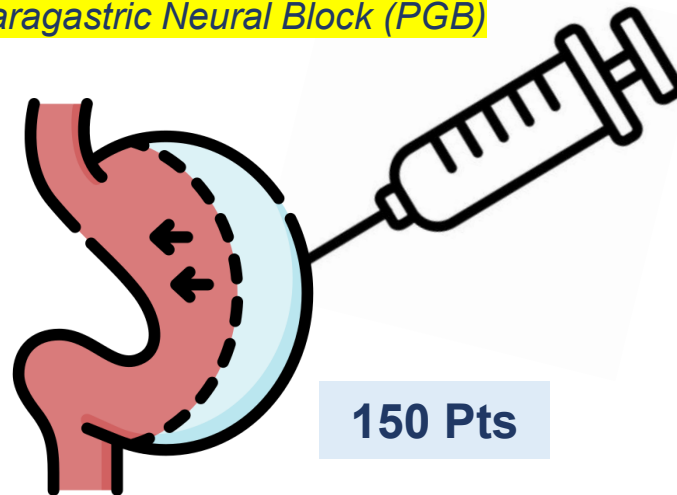
METHODS

- July 2023 to January 2025
- Total 300 pts recruited
- ParaGastric Block: 20ml of Non- diluted 0.5% Bupivacaine

Opioid-sparing Anesthesia
MULTIMODAL APPROACH

Group 1 (G1):

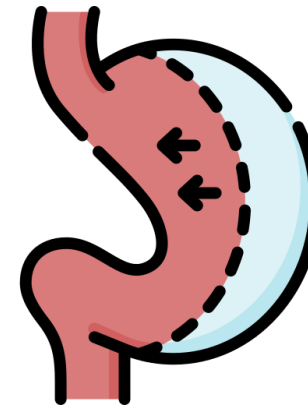
ParaGastric Neural Block (PGB)



150 Pts

Group 2 (G2):

CONTROL



150 Pts

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Access to OR Area

- PreOp Diet Suspension 6hr prior
- Clear liquids until 2hs PreOp
- Psychoprophilaxis (on demand)
- Anti-Thrombotic Soxs

Inside OR

- Pneumatic Boots
- Local Anesthesia in Trocar Access In&Out (Epi/Ropivacaine)
- **Paragastric Neural Block (Sleeve Only)**
- Tranexamic Acid
- Air Warming Blanket
- TIVA Anesthesia:
 - Propofol
 - Noradrenaline
 - Remifentanil
 - Hioscine
 - Dexmedetomidine
 - Ketamine
 - Lidocaine
 - SO4 Mg

Immediate PostOp

- Air Warming Blanket
- Metoclopramide + Ondansetron + Dexametasone
- Enoxaparine 12hr postop
- Early Mobilization
- IV Analgesia:
 - Paracetamol
 - Ketorolac
 - Morphine 3mg (if AVS >4)

Opioid-sparing
Anesthesia
**MULTIMODAL
APPROACH**

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METHODS

Paragastric Neural Block

Inclusion Criteria

- Primary Bariatric Surgery
- BMI 35-50
- No Co-Morbidities
- PreOp Anesthesia Interview 7d prior

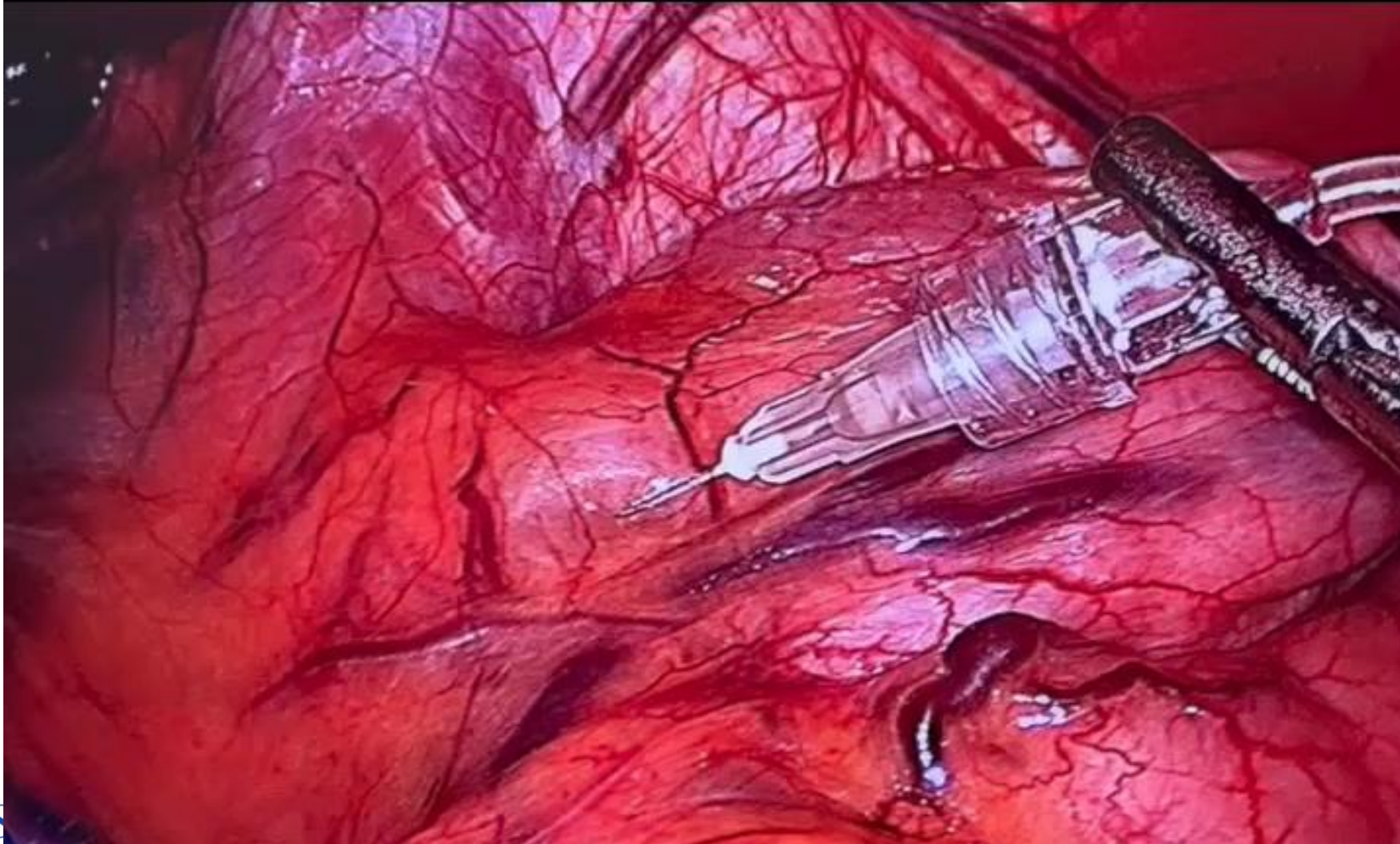
		6h	Discharge
Pain	Absent		
	Mild Moderate		
Nausea/Vomiting	Severe		
	Absent		
	Mild Moderate		
	Severe		

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Paragastric Neural Block



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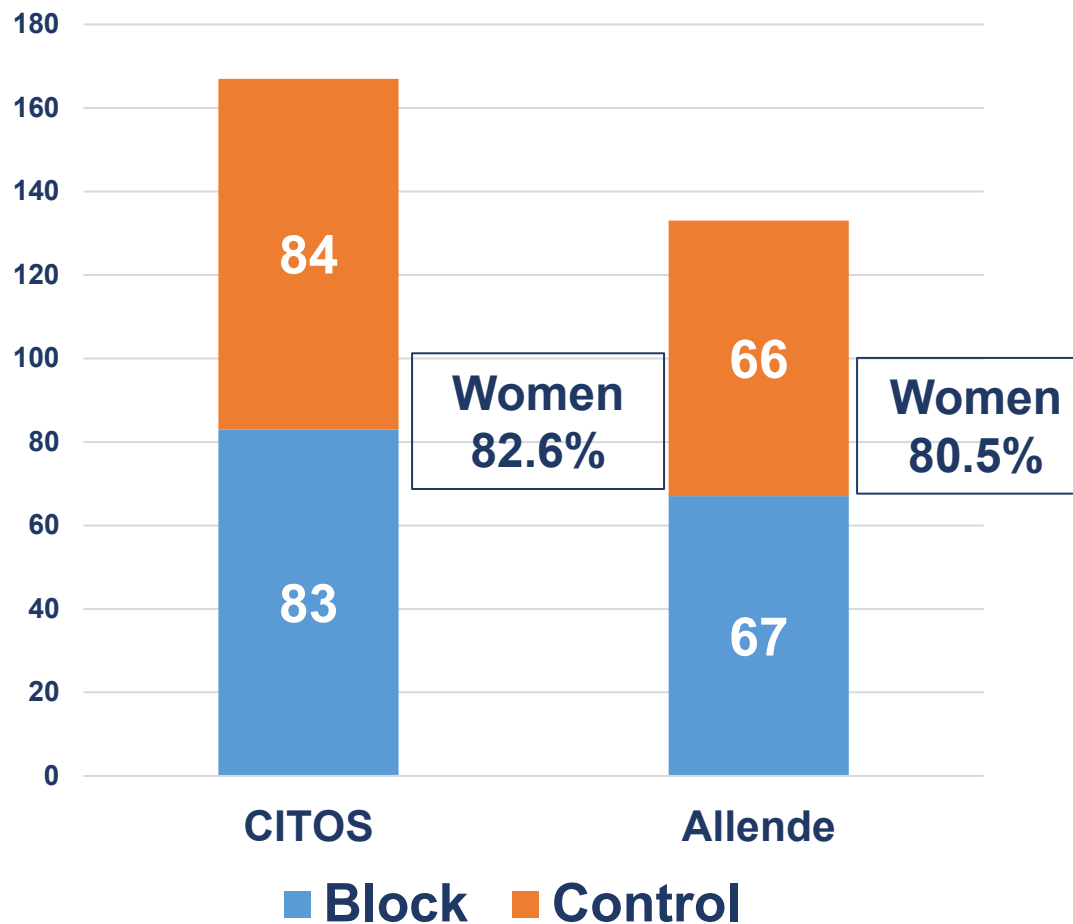
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C

RESULTS

Pts Recruited



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C

RESULTS

Pain Management



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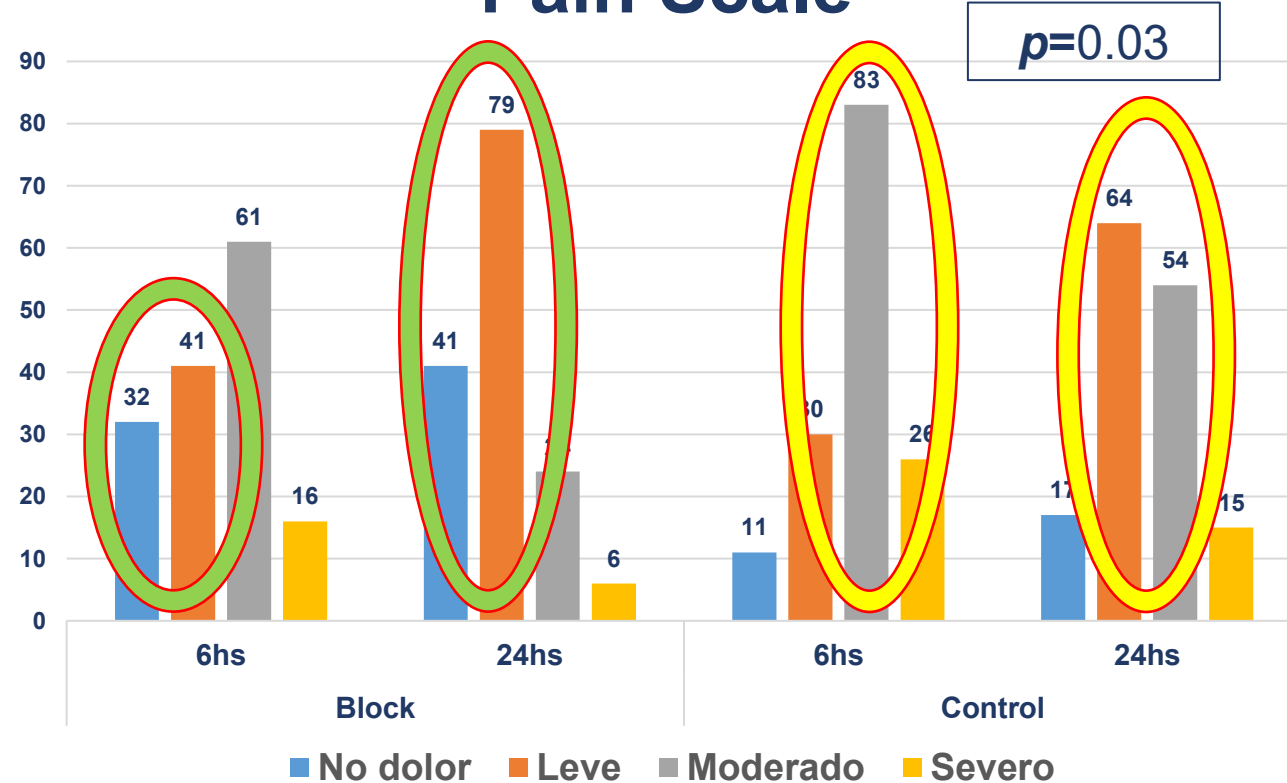
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RESULTS

Pain Management

Pain Scale



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RESULTS

And what about Nausea and Vomiting?



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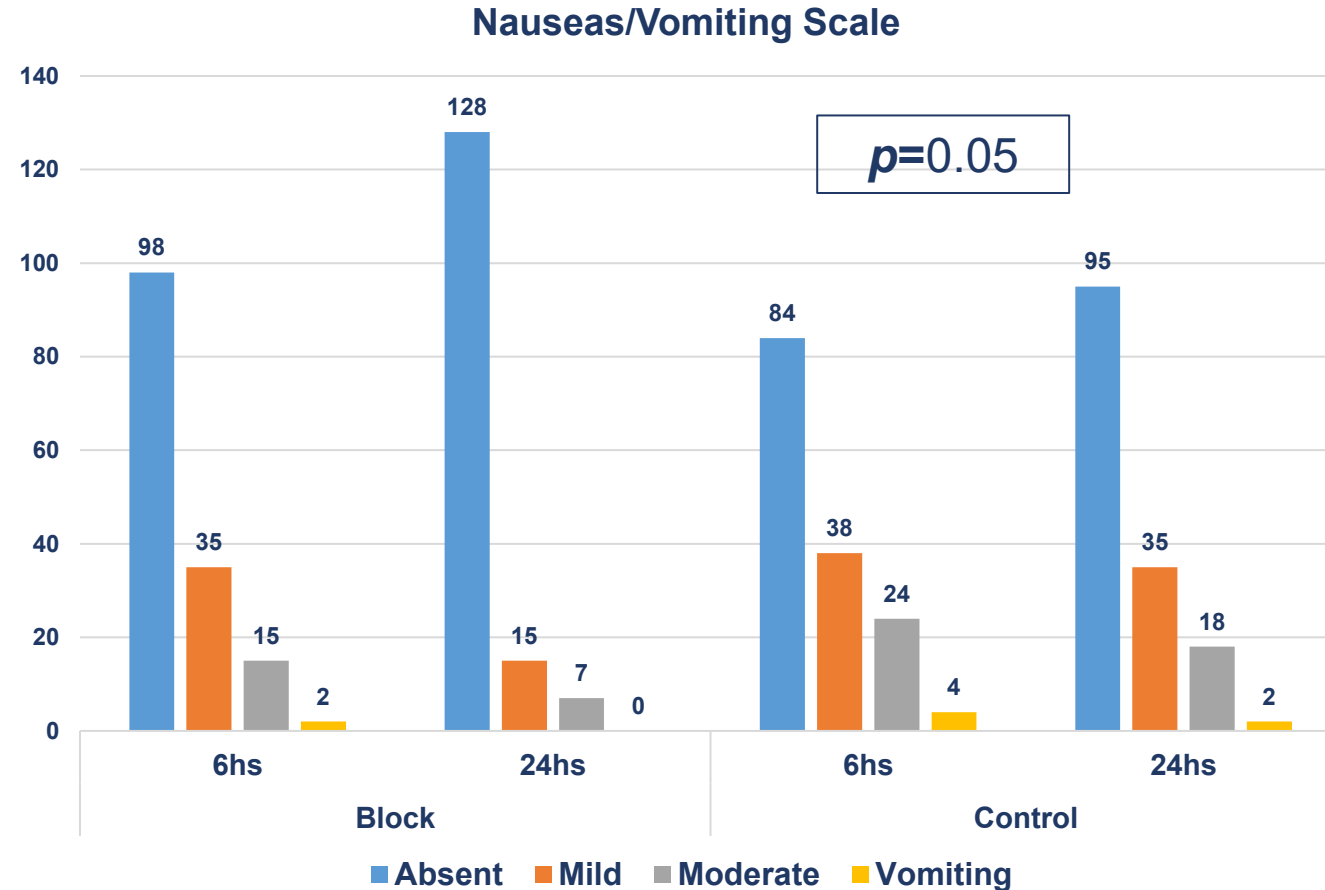
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CONCLUSIONS

To sum up:

- PGB is Safe and Effective
- Operative time DID NOT Differ
 48.9 ± 4.2 for G1 and 45.6 ± 3.3 for G2 (p= ns)
- Reduces:
 - Pain
 - Nausea/Vomiting
 - Analgesia requirements



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CONCLUSIONS

To sum up:

- Helpful Tool as part of MultiModal Anesthetic Approach in order to Reduce PAIN and NAUSEA/VOMITING as well as HOSPITAL STAY and COSTS.



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... Gastrectomy



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