



Reduction of opioid consumption after the implementation of Enhanced Recovery After Surgery (ERAS) Protocol to an established Bariatric Surgical Program

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Disclosures

- I have no potential conflict of interest to report












Background

- Enhanced Recovery After Surgery (ERAS) Protocol is an evidence-based, multimodal approach to improve perioperative care
- ERAS and Bariatric Surgery 2023 Meta Analysis (Gao B. et. al. Efficacy and safety of enhanced recovery after surgery protocol on minimally invasive bariatric surgery: a meta-analysis. Int J Surg. 2023 Apr 1;109(4):1015-1028.)
- Goals: to implement our own ERAS protocol to improve outcomes and reduce hospital length of stay



Our ERAS overview

Pre-Operative	Intra-Operative	Post-Operative
Multimodal Pain Approach 	Minimize opioids 	Liquids POD 0 
Carb Loading x 2 up to 2 h pre-op 	SSI prevention 	Acetaminophen & NSAIDs around the clock 
N/V prophylaxis 	Goal-directed fluids 	Opioids prn 
Goal: Decreased LOS, Decreased Opioid use, Discharge POD 1		

Objectives

To determine if the following outcomes improved post-ERAS implementation in our bariatric surgical program:

- **length of stay**
- **ambulation**
- **amount of opioid administration**

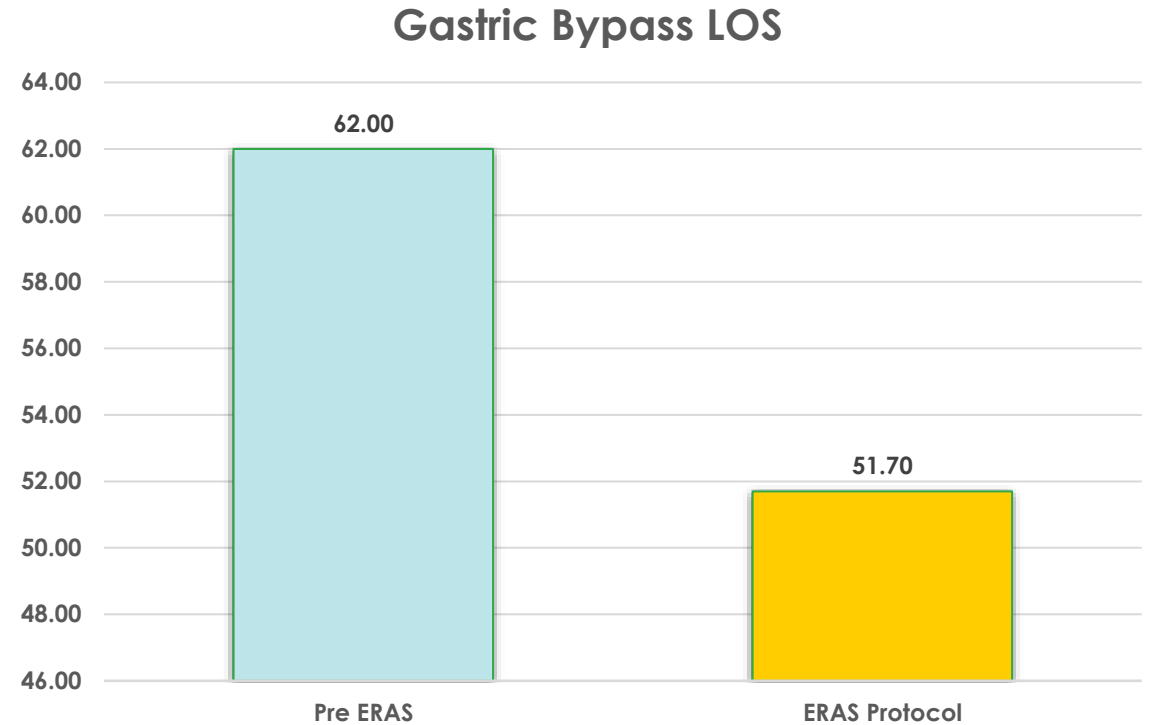
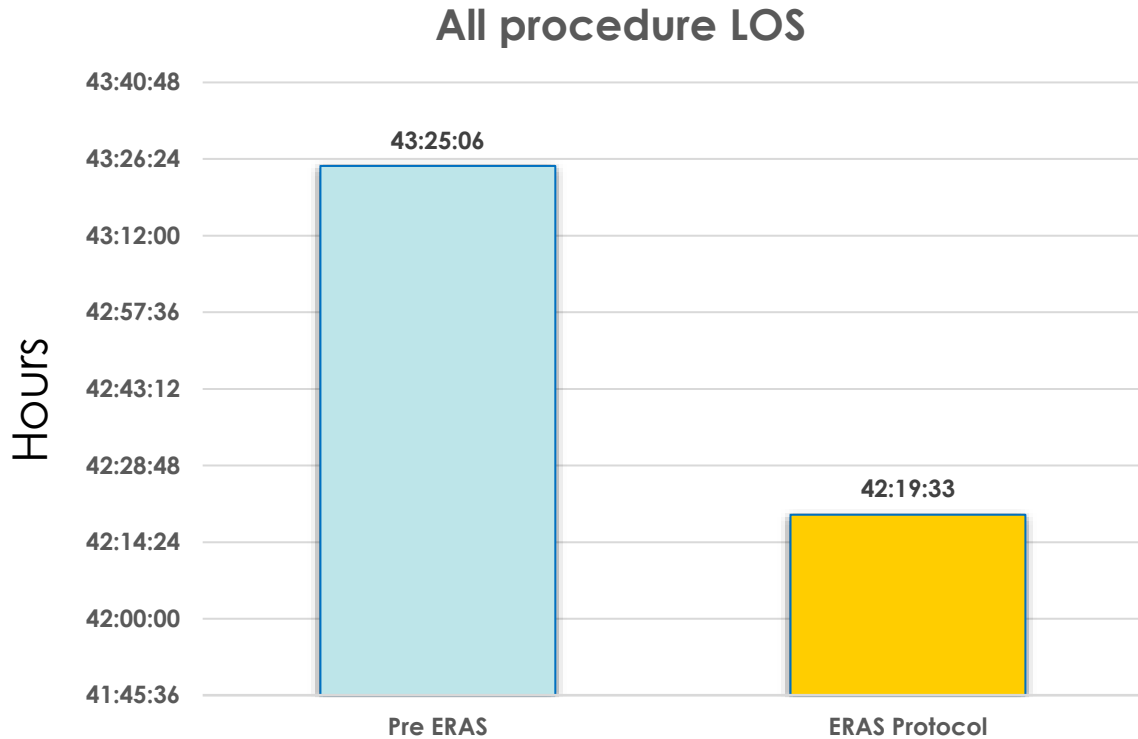


Methods

- **Retrospective, observational study**
- **Patient population:**
 - Traditional care (TC) patients preceding ERAS protocol in 2019 vs post-ERAS implementation in 2020, total of 290 patients (145 each arm)
 - mean similar age (41 and 46) years
 - mean BMI (42 and 44) kg/m²
- **Setting:** South Miami Hospital, Miami, FL, USA.
- **Procedures** (done by 4 different surgeons):
 - Robotic gastric bypass (19.7%)
 - Robotic sleeve gastrectomy (79.2%)



Length of Stay (LOS)

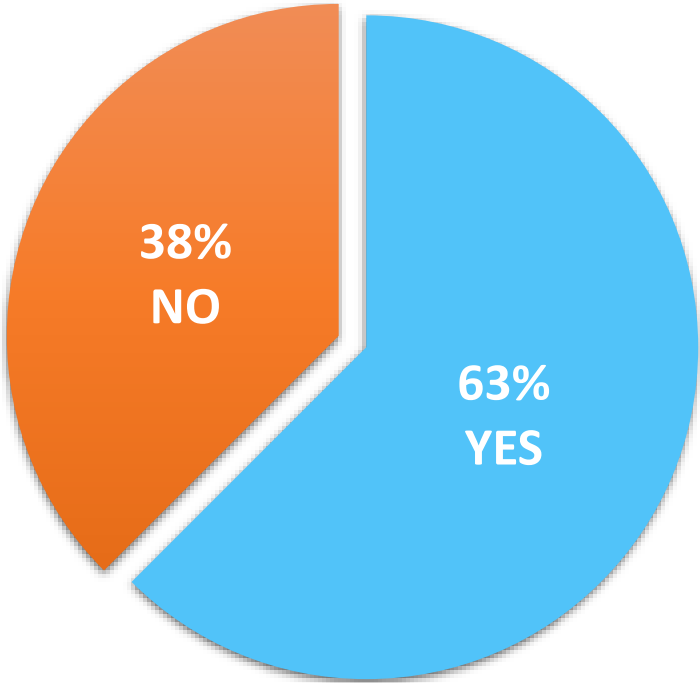


- LOS improved by 1.5 hours in the ERAS group for all procedures
- Gastric bypass ERAS cohort LOS reduced by almost 11h across all surgeons

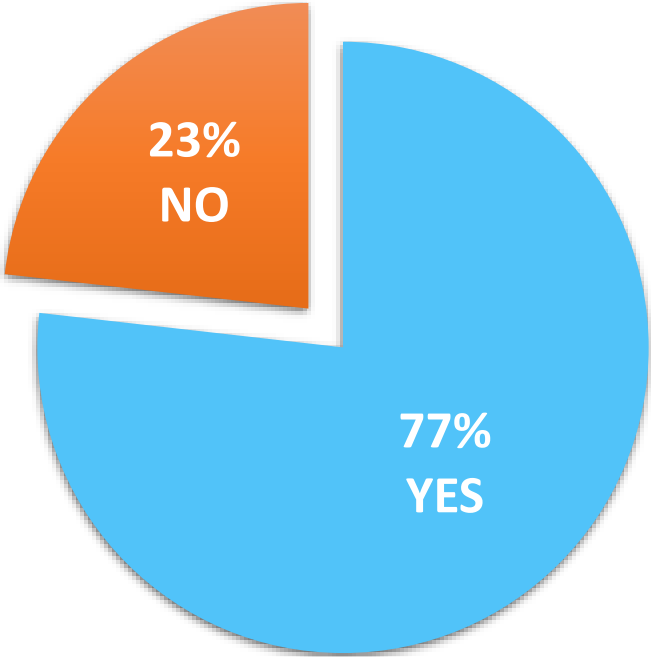
Ambulation & Mobility Compliance Rates

Goal: Ambulation Within 6 Hours

Pre-ERAS

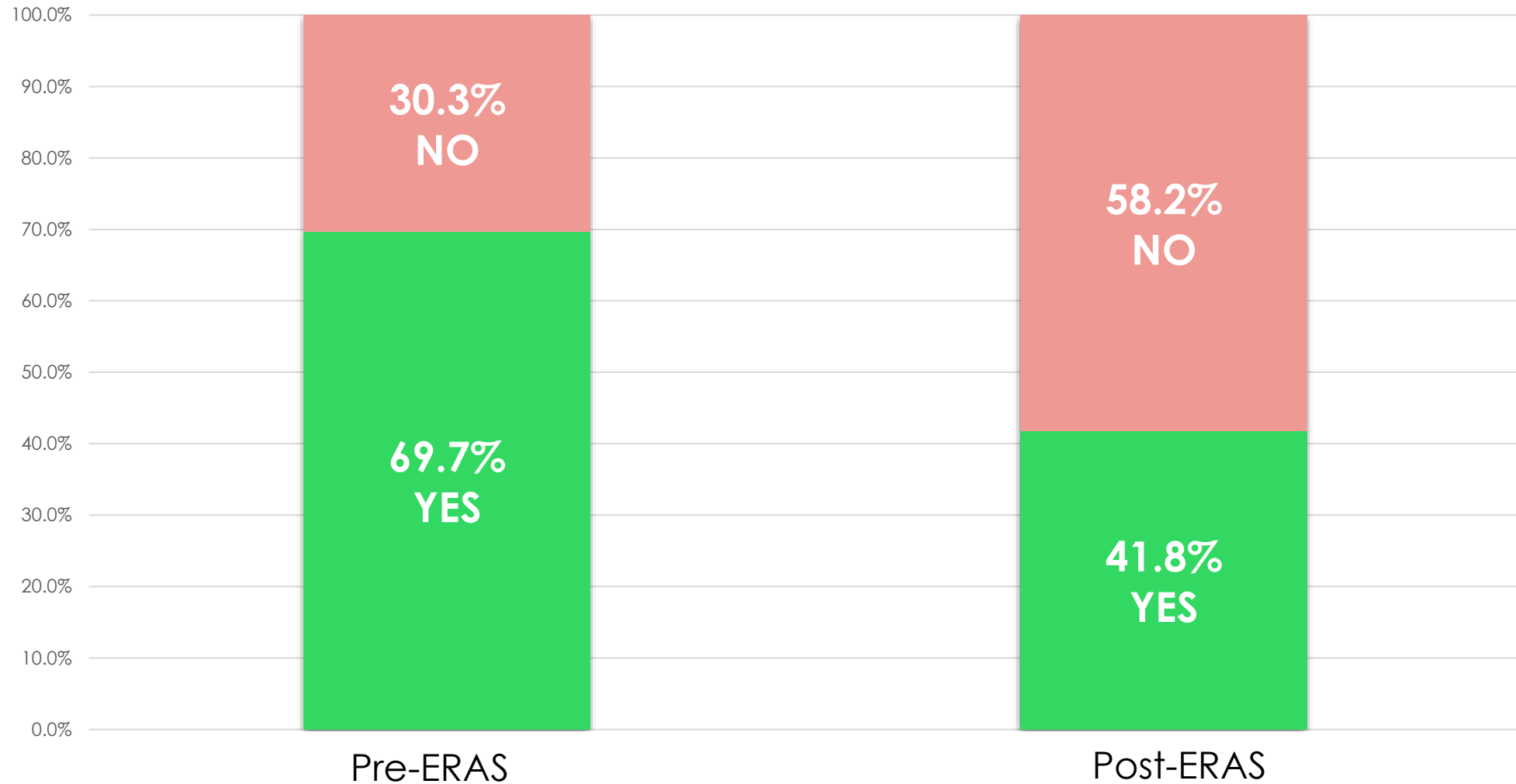


Post-ERAS



Patients ambulated about 1h earlier in the ERAS group

Opioid Administration (Day 1)



- 40.2% reduction in number of patients receiving opioids post-ERAS implementation (69.7% pre vs. 41.8% post-ERAS; $p < 0.001$)

Results

Differences seen among pre and post-ERAS groups:

- LOS only improved by 1.5 hours in the ERAS group;
 - gastric bypass ERAS cohort LOS reduced by 11h across all surgeons;
- Patients ambulated 1h earlier in the ERAS group;
- 40.2% reduction in number of patients receiving opioids on day 1 post-ERAS implementation, $p < 0.001$



Conclusions

- Implementation of ERAS protocols was effective in reducing opioid administration, encouraging earlier ambulation and reducing LOS.
- Employment of ERAS protocols requires a multidisciplinary team approach and commitment from healthcare providers, patients, and caregivers.
- ERAS protocols are an important tool in optimizing perioperative care in bariatric surgery.



Thank You.

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