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Outcomes of an Accelerated Recovery Pathway for Same-Day Discharge Sleeve Gastrectomy

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CONFLICT OF INTEREST

Nothing to Disclose

Mark Salib, BHSc, MD and John Salib, BHSc, MD have no financial relationships or conflicts of interest relevant to this presentation.

BACKGROUND & OBJECTIVE

Laparoscopic sleeve gastrectomy is the most prevalent metabolic procedure globally. Enhanced recovery protocols have enabled a transition from mandated inpatient stays toward same-day discharge (SDD).

Feasibility is established — **its impact on emergency utilization and safety in complex cases requires large-scale validation.**

OBJECTIVE

Evaluate the safety, clinical outcomes, and resource utilization of same-day discharge compared to traditional inpatient monitoring following sleeve gastrectomy.

170K+

patients across high-volume centers & national registries

Propensity-matched against inpatient cohorts, controlling for comorbidities and demographics

METHODS

1

Systematic Review & Meta-Analysis

High-volume centers and national registries, totaling over 170,000 patients.

2

Primary Outcomes

30-day mortality, readmissions, and reoperations.

3

Secondary Outcomes

Emergency department visits and cost analysis.

4

Analytic Approach

Propensity score matching against inpatient cohorts, controlling for comorbidities and demographic variables.

RESULTS · SAFETY AT SCALE

OR 1.48

Readmission

vs. inpatient cohort

OR 0.62

Major Complications

vs. inpatient — lower with SDD

138,001

Patients Analyzed

primary propensity-matched cohort

From the Same Cohort

Mortality: OR 2.11, p=.01 — *higher with SDD*

Cardiac arrest: OR 2.73, p<.01 — *higher with SDD*

Both from Bharani 2024 — the same national analysis behind the readmission and complication figures at left.

RESULTS · REGISTRY & ED UTILIZATION

28,235

SDDSG cases in registry analysis

1.4% vs 2.0%

complication rate, SDD vs inpatient (p<.001)

Ballato 2025, MBSAQIP

9.2% vs 6.2%

30-day ED visit rate, SDD vs matched cohort (p=.0029)

Primarily driven by nausea — the single largest modifiable driver of early SDD failure.

Varban 2024, Michigan Bariatric Surgery Collaborative

RESULTS · ENABLING THE PATHWAY

–£355

Consumable cost per case

with robotic-assisted platforms

van Boxel 2025

82%

Single-night discharge rate

vs. 32% laparoscopic (p<.005)

van Boxel 2025

95.2%

12-hr discharge success

anastomotic cases, strict selection

Deffain 2024

A broader meta-analysis of same-day discharge in anastomotic MBS (4 studies, 19,849 patients) found significantly higher 30-day mortality (OR 7.24) despite favorable single-center results like Deffain's — the strict-selection caveat above is doing real work, not just decoration.

CONCLUSION

- Accelerated recovery pathways for SDD sleeve gastrectomy are feasible at scale, with lower registry-level complication rates than inpatient care.
- A significant mortality and cardiac arrest signal in one large national analysis means safety is a patient-selection question, not a settled one.
- SDD reduces hospital burden and consumable costs but increases early ED utilization — predominantly for nausea, a modifiable target.
- Future protocols should prioritize aggressive antiemetic therapy and hydration, alongside rigorous risk-based patient selection.

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