Safety and Efficacy of a Same-Day Discharge Protocol for Primary Roux-en-Y Gastric Bypass: A Prospective Single-Center Study

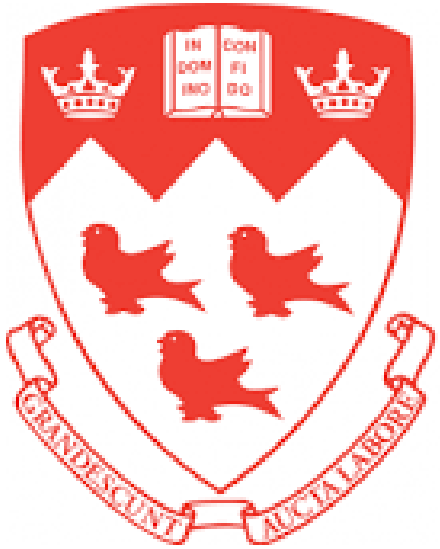
A. Safar, P. Vourtzoumis, S. Demyttenaere, O. Court, B. Farzin, A. Andalib

Disclosures

No disclosure

Background

- Progressive effort in the last 2 decades to reduce hospital length of stay (LOS) post elective procedures
- Bariatric surgery had followed this path with significant reduction of post-op LOS
- The importance of ambulatory surgery in reducing healthcare costs , reducing risks of inpatient complications, and patient convenience had already been established
- There appears to be reluctance on the part of surgeons and patients to perform ambulatory RYGB



Background

- Following a successful implementation of a robust same-day discharge (SDD) protocol for sleeve gastrectomy, we expanded the protocol to include Roux-en-Y gastric bypass (RYGB) procedure

2022 SAGES ORAL

Ambulatory sleeve gastrectomy: a prospective feasibility and comparative study of early postoperative morbidity

Safiya Al-Masrouri[1,3] · Abdulaziz Alnumay[1,3] · Phil Vourtzoumis[1,3] · Olivier Court[1,3] · Sebastian Demytten
Liane S. Feldman[2,3] · Amin Andalib[1,3]

Received: 6 August 2022 / Accepted: 11 October 2022 / Published online: 21 October 2022

Abstract

Background Given its short procedure time and low morbidity, there is enthusiasm to perform sleeve gastr
in an outpatient setting. However, most relevant studies include an overnight stay at a medical facility (≤24-h
investigated the feasibility and safety of a same-day discharge (SDD) protocol for laparoscopic SG.

Methods In a prospective pilot study (02/01/2021–02/28/2022), all patients planned for SG were screened fo
Patients met the inclusion criteria if they were ≤65 years old, without major comorbidity, and lived close to
Postoperatively, patients who met discharge criteria were sent home directly from the recovery room. Patients we
same night and the next morning. Feasibility was defined as discharge on the day of surgery without emergency
(ED) visit or readmission within 24-h. Secondary outcomes, including 90-day morbidity, were compared to p
met inclusion criteria but chose a same-day admission (SDA) approach during the same study period. Descript
are displayed as count (percentage) and median (interquartile range).

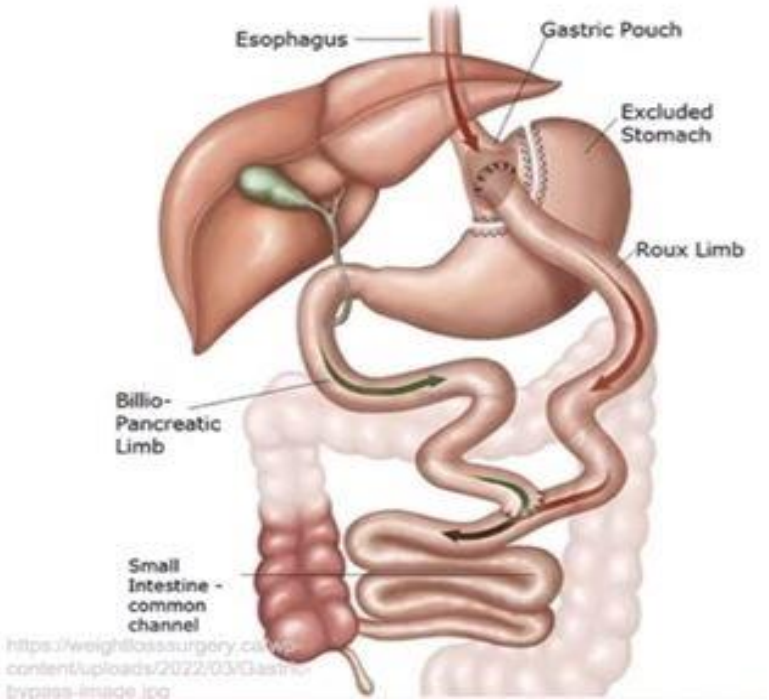
Results A total of 320 patients were planned for SG during the study period, 229 of whom met eligibility criteri
went SG with 56 agreeing to SDD-SG while 173 opted for SDA-SG. Baseline characteristics were all similar b
groups except for obstructive sleep apnea being more prevalent in SDA-SG group (38.2% vs. 16.1%; $P<0.001$
characteristics including procedure time were similar between both groups. Successful SDD-SG was achieved in
patients with a median of 6.0(1.0) hours of stay in the recovery room. Ninety-day morbidity was similar betwe
and SDA-SG groups (1.8% vs. 6.9%, respectively; $P=0.196$).

Conclusion A SDD protocol for laparoscopic SG was feasible and safe in selected patients. Larger studies that eva
reported outcomes and include bypass-type procedures may be needed to guide safe use of ambulatory bariatr

Keywords Ambulatory bariatric surgery · Same-day discharge · Day surgery · Sleeve gastrectomy · Bariatric su

Objective

- To evaluate efficacy and 90-day outcomes after primary RYGB using our SDD protocol



Method

- A prospective single-center single-cohort study
- Descriptive assessment of all eligible patients who chose to undergo a SDD primary RYGB
- Study period: between January 2022 and December 2025
- Patients were discharged home from recovery room the same day after meeting all criteria and received a phone follow-up by the surgical team to screen for alarming symptoms on postoperative day (POD) 1

Inclusion/Exclusion criteria

Inclusion criteria
Age ≤ 65 years
BMI ≤ 60 kg/m^2
No mobility restriction (i.e., no need for wheelchair or walker/cane)
Lives within proximity of MUHC for the first 48 h after surgery (50 km or 30 min drive)
Adequate support at home (e.g., live in support within first 48 h)
Exclusion criteria
ASA class ≥ IV
Presence of cognitive impairment
Uncontrolled HTN
Untreated or poorly controlled OSA
Poorly controlled DM
Need for therapeutic anti-coagulation
Evidence of end-stage organ failure, organ transplant, or significant cardiac or pulmonary impairment (congestive heart failure, end-stage renal disease, severe liver disease, etc.)
Chronic opioid use
Inability to communicate in French or English
Revisional bariatric surgery e.g., adjustable gastric band removal to SG

BMI Body mass index, *MUHC* McGill University Health Center, *ASA* American Society of Anesthesiologists, *HTN* Hypertension, *OSA* Obstructive sleep apnea, *DM* Diabetes mellitus, *SG* Sleeve gastrectomy

ORDONNANCE DU PRESCRIPTEUR / PRESCRIBER'S ORDERS

Signes vitaux / Vital signs :
Unité de soins post-anesthésique (USPA) : Suivre les standards de la salle de réveil et aviser immédiatement le «Fellow» en bariatrie ou le chirurgien. Fuite de la ligne d'agrafes possible si : la température (T°) est de 38.5 °C et plus *et/ou* la fréquence cardiaque (FC) est à 100 battements/minute et plus. Garder le patient NPO / In PACU: Follow PACU standards and notify immediately bariatric fellow or the surgeon. Assume staple-line leak if temperature (T°) is greater than 38.5°C and/or heart rate (HR) greater than 100 beats/minutes and keep patient NPO

Tests :

- **Vérifier la glycémie capillaire dès l'arrivée à l'USPA – informer le service si le taux de glycémie est plus élevé que 10 mmol/L** / Capillary blood glucose monitoring /chemstrip on arrival to PACU- inform service if blood glucose greater than 10 mmol/L
- **4 heures après l'admission à l'USPA envoyer STAT Formule sanguine complète (FSC) et aviser le service des résultats /** Send Complete Blood Count (CBC) STAT 4 hours after arrival to PACU and notify service of results.

Diète / Diet **:**
Patient doit recevoir un repas de diète bariatrique de liquides clairs lors du séjour à USPA. Commander une diète bariatrique de liquides clairs / Patient to receive a bariatric clear fluid tray while in PACU. Enter bariatric clear fluid diet

Lactate Ringer à 250 mL/h pour 6 heures ensuite réduire l'infusion à 10 mL/h
Ringers lactate infuse at 250 mL/h for 6 hours then decrease rate to 10 mL/h

Suivre le protocole de rétention urinaire postopératoire /
Follow postoperative urinary retention (POUR) protocol

Activités / Activities :
Activités selon tolérance / Activity as tolerated (AAT)
Mobiliser le patient avant son congé/ Ambulate patient prior to discharge
Spirométrie incitative 10 x /h / Incentive spirometry 10 x /h

ORDONNANCE DU PRESCRIPTEUR / PRESCRIBER'S ORDERS

Prévoir congé si le patient répond à tous les critères de congé et l'approbation de l'équipe chirurgical /
Patient may be discharged if all Discharge criteria are met and the surgical team approves.

Avant le congé à la maison le patient doit: / Prior to Discharge home the patient must

- **Tolérer les liquides** / Tolerate liquids,
- **Avec la prise d'analgésie oral, dire que sa douleur est acceptable au repos et avec mouvement /** Report reasonable pain control at rest and with movement on oral analgesia,
- **Être capable de se mobiliser /** Be able to ambulate,
- **Ne pas avoir une baisse d'hémoglobine plus que 20 g/L par rapport au niveau rapporté à la phase préopératoire /** Have no decrease in hemoglobin level greater than 20 g/L compared to the preoperative level,
- **Avoir une FC inférieure à 100 battements/minutes et une T° inférieure à 38°C**
  Have a HR lower than 100 beats/minute and a T° less than 38° C.
- **Être évalué par une infirmière** / Be evaluated by a nurse.

Avant le congé, les pansements doivent demeurer secs et intacts
Prior to discharge home, patient's dressings should remain dry and intact
Enlever l'accès veineux avant le congé à la maison.
Remove Intravenous access prior to discharge home.

Aim

Primary endpoint : Successful discharge on the day of surgery without any visits to the emergency department or readmissions within 24-hours

Secondary outcomes: any morbidity up to POD 90

Results

- A total of (n=372) primary RYGB procedures were performed during the study period

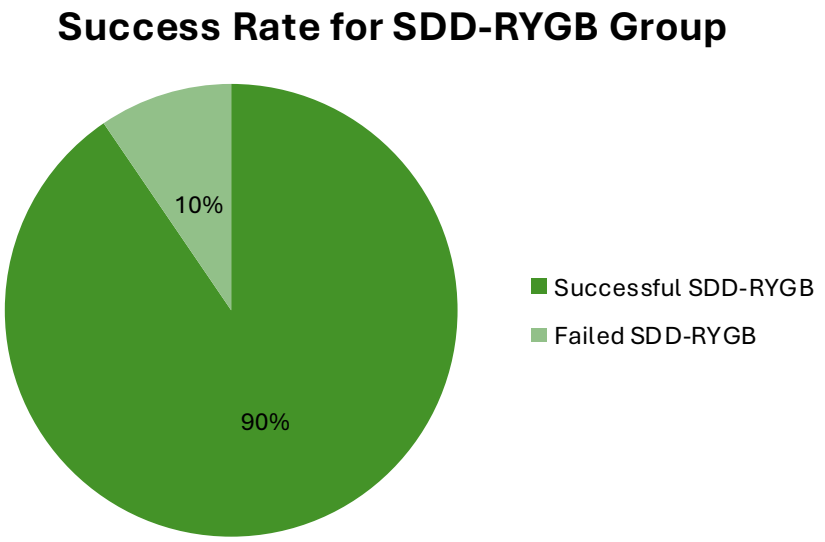
- Among them, 39 (11%) were SDD-RYGBs
  - Median age=43 years
  - Median baseline BMI=43.4 kg/m^2
  - Gastrojejunostomy: linear stapler (72%) vs. handsewn (28%)

Results

- The success rate for the SDD-RYGB cohort was 90% (n=35/39) with a median length of hospital stay of 6 hours after surgery

- There were no ED visits, readmissions, or reoperations within 90-days following the SDD-RYGBs

- <u>Reasons for failed SDD-RYGB:</u>
  - Inability to wean off oxygen
  - Poor pain control
  - Intraoperative concern



Conclusion

The SDD protocol for anastomotic metabolic bariatric surgeries, particularly primary RYGB, in carefully selected patients exhibits a favorable safety profile, characterized by a high success rate and a notably low readmission rate

Implementing a multi-disciplinary protocol is essential to achieve these outcomes

XXX IFSO WORLD CONGRESS

"Advancing Multimodal Obesity Care"

24-27 August 2027

ifso2027.org

IFSO PARIS 2027

See you in

PARIS