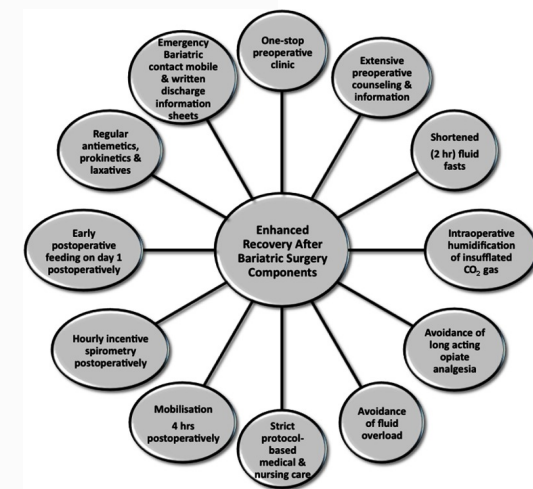




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NAZIONALE SICOB

23 - 25 MAGGIO 2024
GIARDINI
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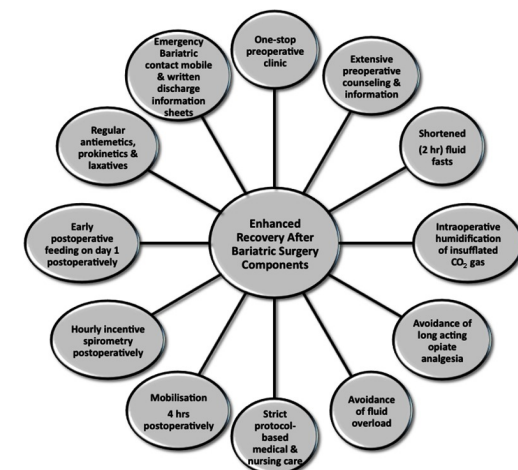
OSPEDALE DI GORIZIA



Evaluating the Impact of Enhanced Recovery After Surgery Protocols on Surgical Outcomes Following Bariatric Surgery—A Systematic Review and Meta-analysis of Randomised Clinical Trials

Matthew G. Davey^{1,2}  · Noel E. Donlon^{1,2} · Naomi M. Fearon³ · Helen M. Heneghan³ · John B. Conneely²

Received: 6 November 2023 / Revised: 8 January 2024 / Accepted: 18 January 2024 / Published online: 26 January 2024
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Definitions

- Intensive care unit stay — time measured in hours from the end of the surgery until discharge criteria from the ICU were met.
- Functional hospital stay — time measured in hours from the end of the surgery until discharge criteria had been met, as described by Geubells et al. [28].
- Total hospital stay — time measured in hours from the end of the surgery until actual time of discharge from hospital, as described by Geubells et al. [28].
- Overall complications — all complications, as measured using the Clavien-Dindo classification for surgical complications [35]

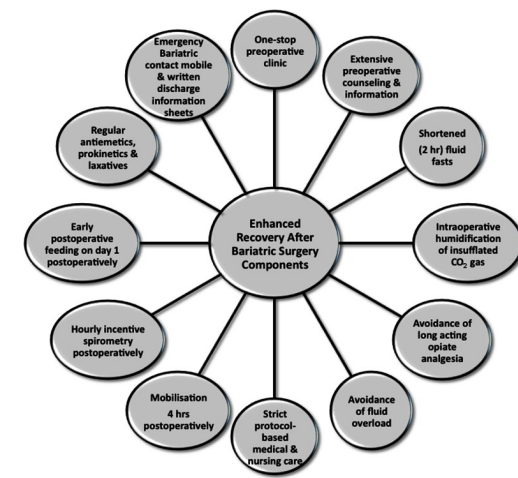
In conclusion, this systematic review and meta-analysis of RCT data demonstrates the clinical utility of ERAS protocols in reducing post-operative nausea and vomiting, time to ambulation, ICUS, FHS, and THS. Based on the results of this study, we advocate for the routine implementation of ERAS protocols to bariatric surgical units, where feasible. Thus, the next generation of prospective randomised clinical trials should focus on refining and adjusting our approach to ERAS following bariatric surgery, in order to further improve outcomes for patients undergoing bariatric surgery.



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Parameter	ERAS	SC	<i>P</i> -value
Overall complications	11.9% (44/371)	11.7% (43/369)	1.000,
Major complications	3.6% (10/281)	3.2% (9/279)	1.000,
Anastomotic leaks	1.5% (3/196)	1.5% (3/196)	1.000,
Bleeding	1.5% (3/196)	1.5% (3/196)	1.000,
Nausea and vomiting	6.4% (10/156)	13.5% (21/156)	0.056,
Reoperation rates	0.5% (1/221)	0.9% (2/221)	1.000,
30-day readmission rates	11.9% (15/371)	11.7% (13/369)	0.848,

The Application of Enhanced Recovery After Surgery (ERAS) for Patients Undergoing Bariatric Surgery: a Systematic Review and Meta-analysis

Jiajie Zhou¹ · Rui Du¹ · Liuhua Wang² · Feng Wang¹ · Dongliang Li³ · Guifan Tong¹ · Wei Wang² · Xu Ding³ · Daorong Wang^{2,4} 

Received: 16 July 2020 / Revised: 22 December 2020 / Accepted: 29 December 2020 / Published online: 9 January 2021
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Abstract

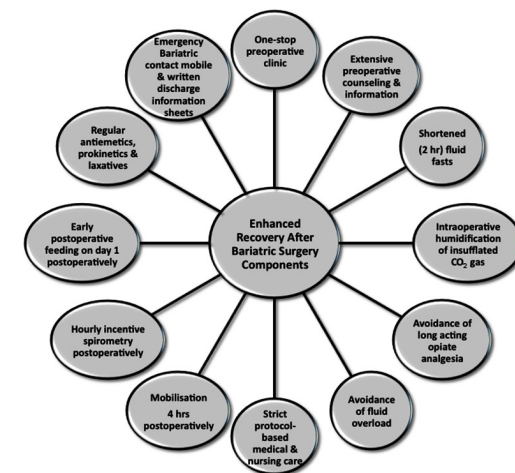
To systematically evaluate the effectiveness and safety of the enhanced recovery after surgery (ERAS) for patients undergoing bariatric surgery. A literature search was conducted using PubMed, Medline, EMBASE, Clinical Trial Register, and Cochrane Library identifying all eligible studies comparing ERAS and standard care for bariatric surgery through May 2020. Relevant perioperative parameters were analyzed. The primary outcome was the length of hospital stay, and secondary outcomes included postoperative nausea and vomiting (PONV), postoperative complications, readmission, and emergency room visits. Postoperative complications were categorized according to the Clavien–Dindo classification. The analysis included 15 randomized controlled trials (RCTs) involving 1015 patients in the ERAS group and 1015 patients in the SC group. The ERAS group had significantly shorter hospital stays ($p < 0.001$), lower rates of PONV ($p < 0.001$), fewer postoperative complications ($p < 0.001$), fewer readmissions ($p < 0.001$), and fewer emergency room visits ($p < 0.001$) compared to the SC group. ERAS significantly shortened the length of a

Conclusion

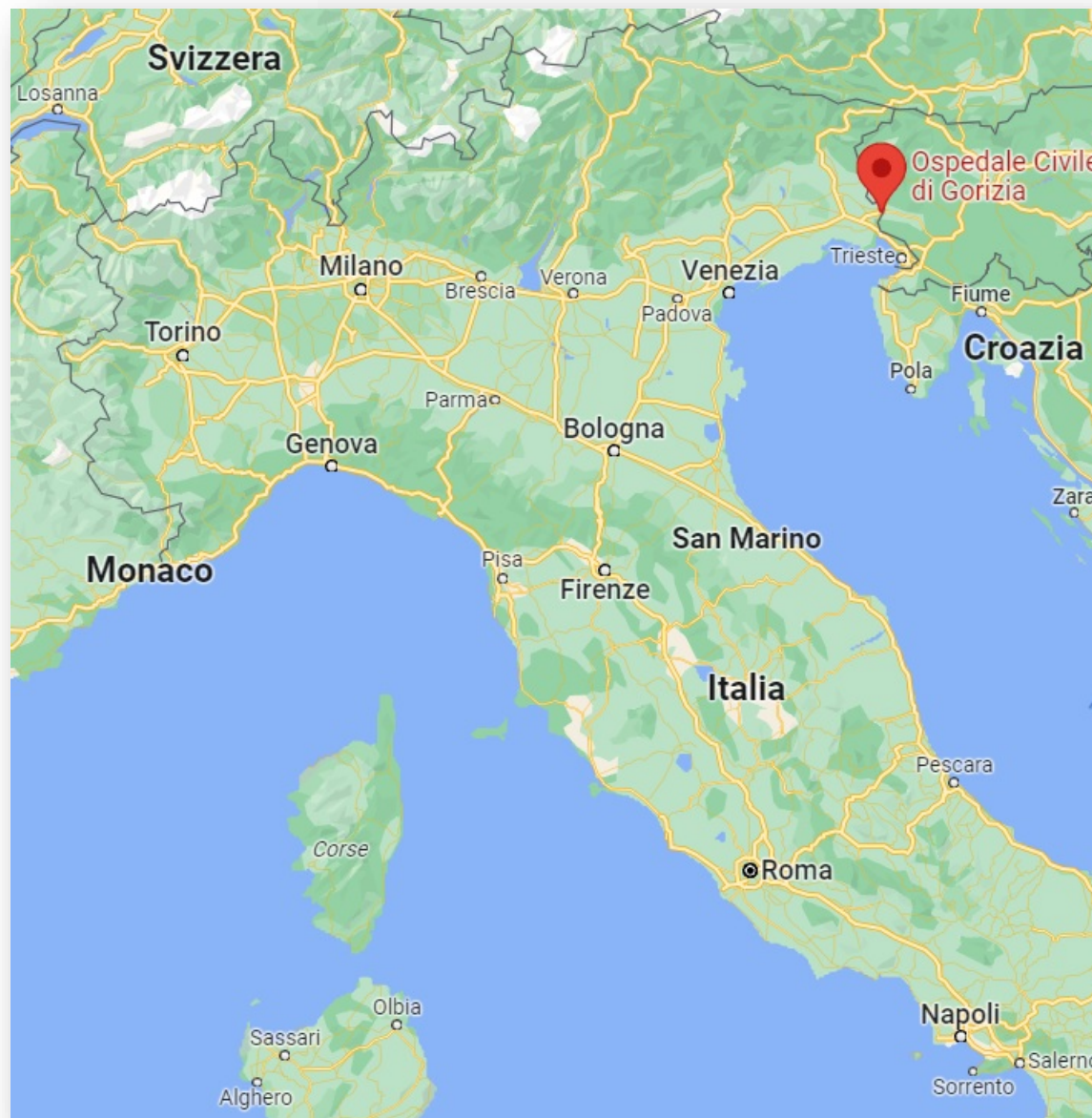
The current meta-analysis demonstrated that the implementation of ERAS protocols reduces the length of hospital stays

The current meta-analysis demonstrated that the implementation of ERAS protocols reduces the length of hospital stays without increasing the occurrence rate of postoperative complications, readmission, reoperation, and emergency room visits. Furthermore, ERAS

The development of a unified and standardized ERAS plan for bariatric surgery and its pathways is an opportunity for future research.



Gorizia



ERABS



"strictly adherence
on ERABS protocol"



https://www.ncbi.nlm.nih.gov/pubmed/?term=ERAS+AND+bariatric++NOT+general+surgery

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Publication dates: 5 years, 10 years, From 2000/01/01 to 2016/06/01

Species: Humans, Other Animals

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Search results

Items: 8

Filters activated: Publication date from 2000/01/01 to 2016/06/01. Clear all to show 27 items.

- [Fast track bariatric surgery: safety of discharge on the first postoperative day after bariatric surgery.](#)
1. Khorgami Z, Petrosky JA, Andalib A, Aminian A, Schauer PR, Brethauer SA. Surg Obes Relat Dis. 2017 Feb;13(2):273-280. doi: 10.1016/j.soard.2016.01.034. Epub 2016 Feb 2. PMID: 27986577
[Similar articles](#)
- [Is there a role for enhanced recovery after laparoscopic bariatric surgery? Preliminary results from a specialist obesity treatment center.](#)

Titles with your search terms

- An ERAS protocol for bariatric surgery: is it safe to discharge on post-operati [Surg Endosc. 2018]
- Implementation of the Spanish ERAS program in bariatric surge [Minim Invasive Ther Allied Tec...]
- The Successful Implementation of a Modified Enhanced R [Surg Laparosc Endosc Percutan ...]

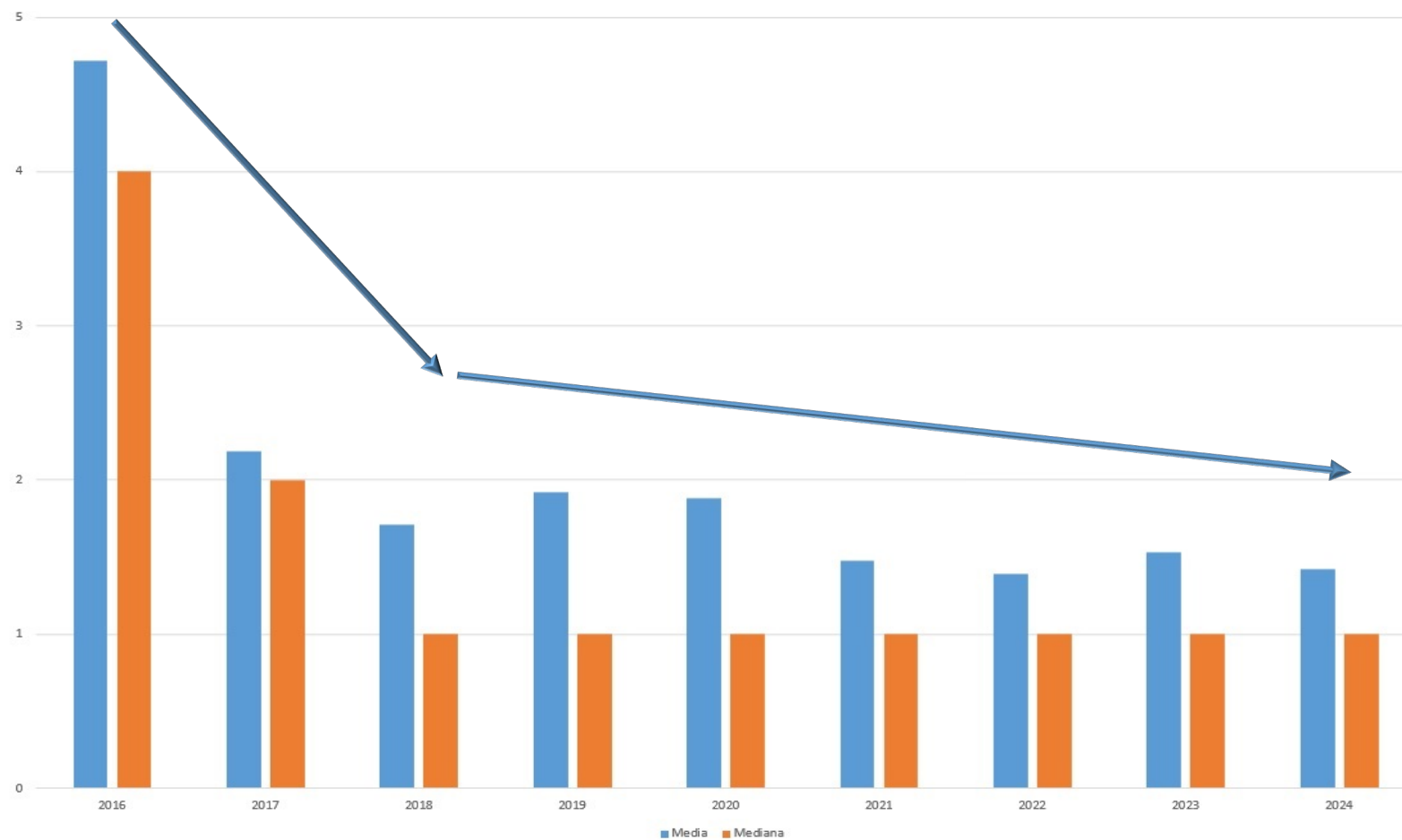
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PROTOCOLLO PERIOPERATORIO



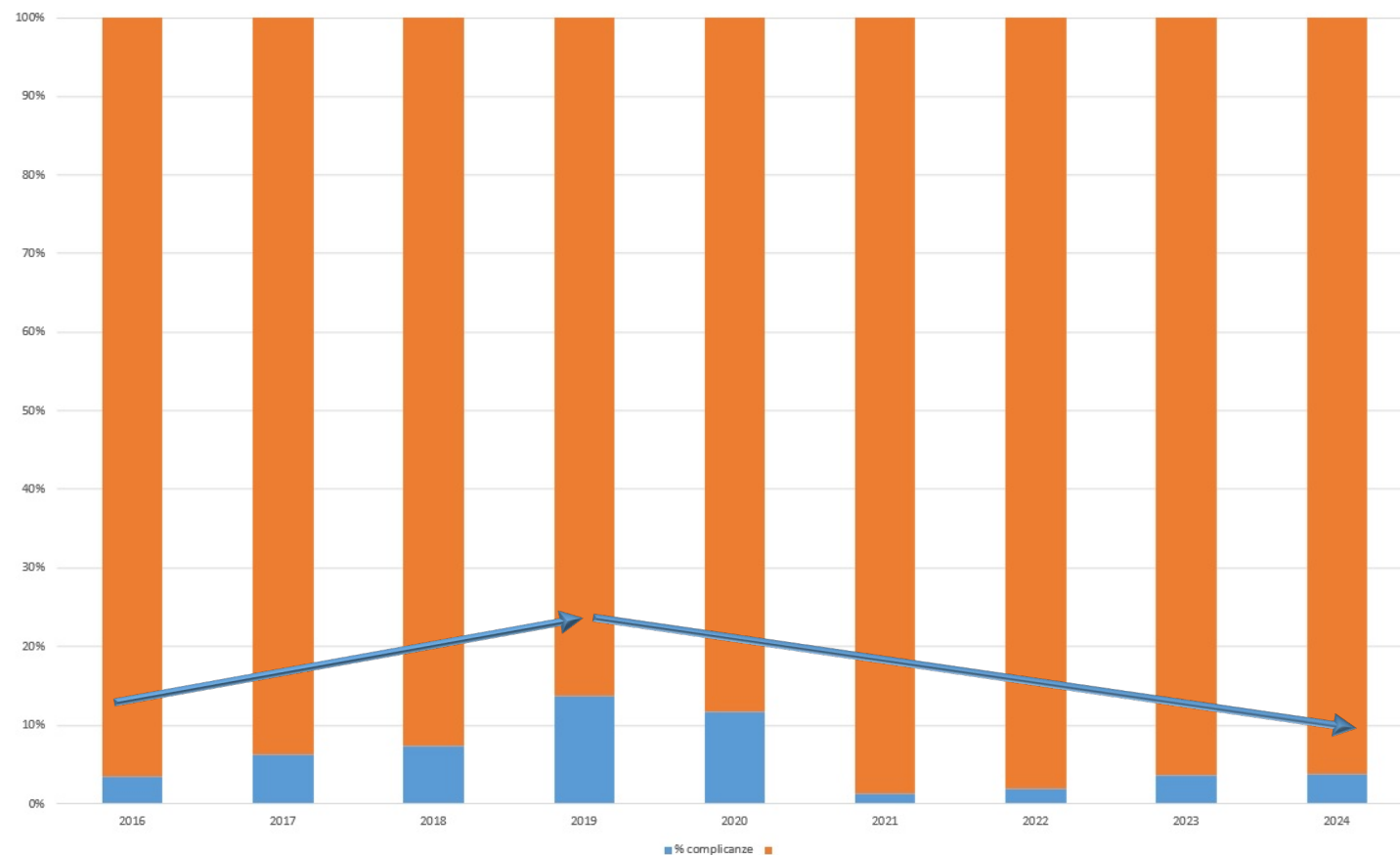
Day 0	Admission (6h fasting to solid food) RR and back to the ward (no ICU) Sips of clear fluids, mobilised
1° PO Day early morning	Stop IV medications (all by mouth) Gastrograffin swallow Blood tests
1° PO Day	Surgeon, Nurse and Dietition reviewed (soft diet) Fit for Discharge (oral and written plan of follow up, phone numbers, advises)

OUTCOME FINALE: la degenza..



2023
Degenza media 1,5 gg

Complicanze

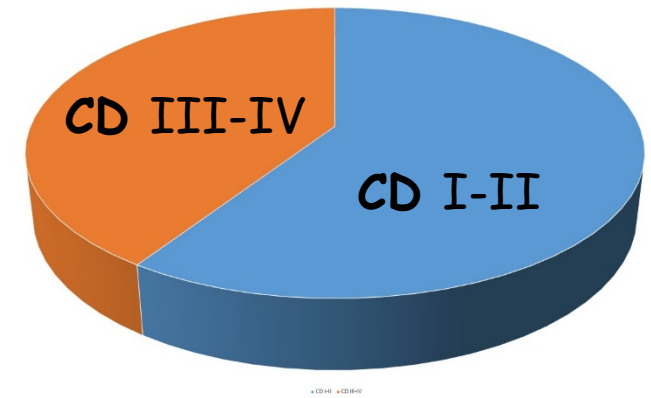
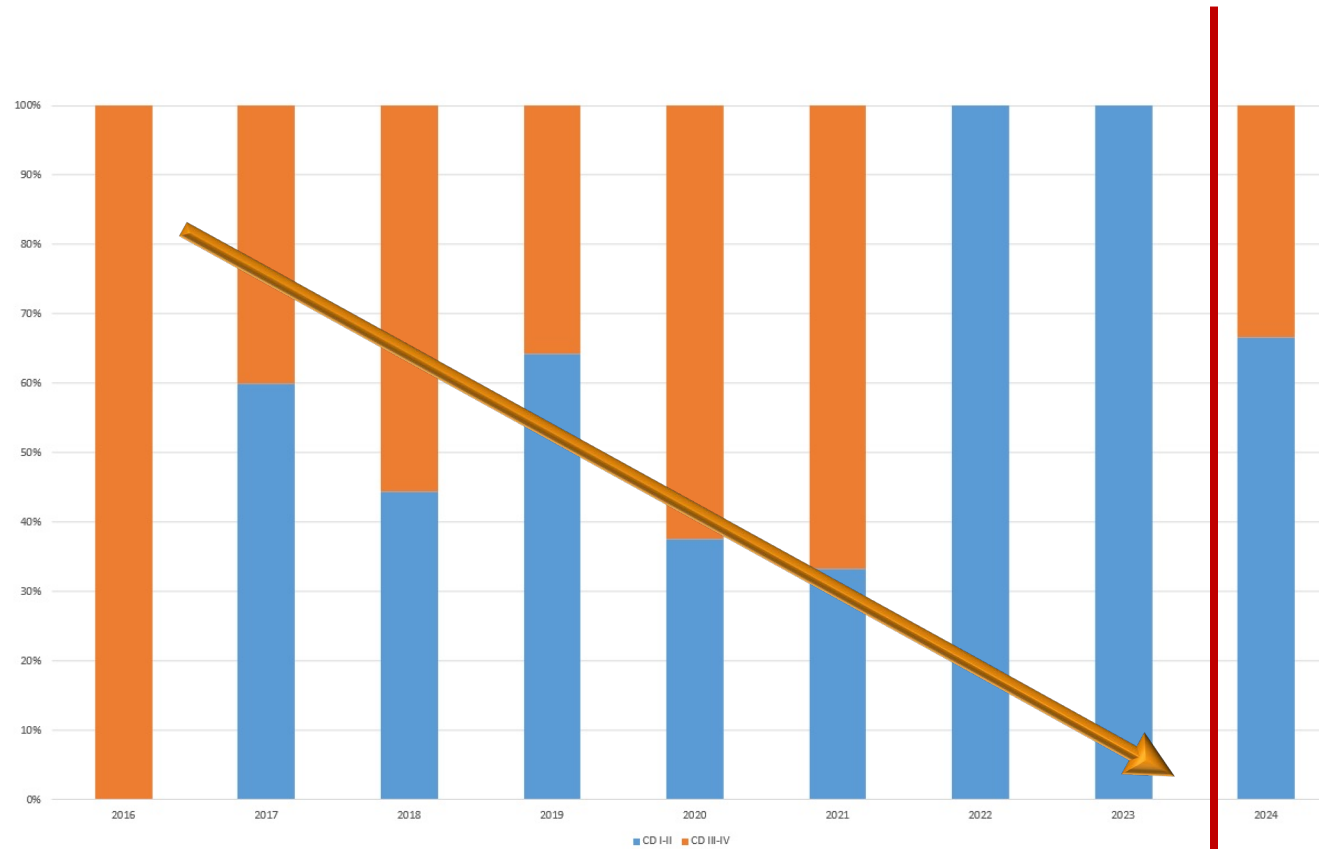


2023
Complicanze tot 3,7 %

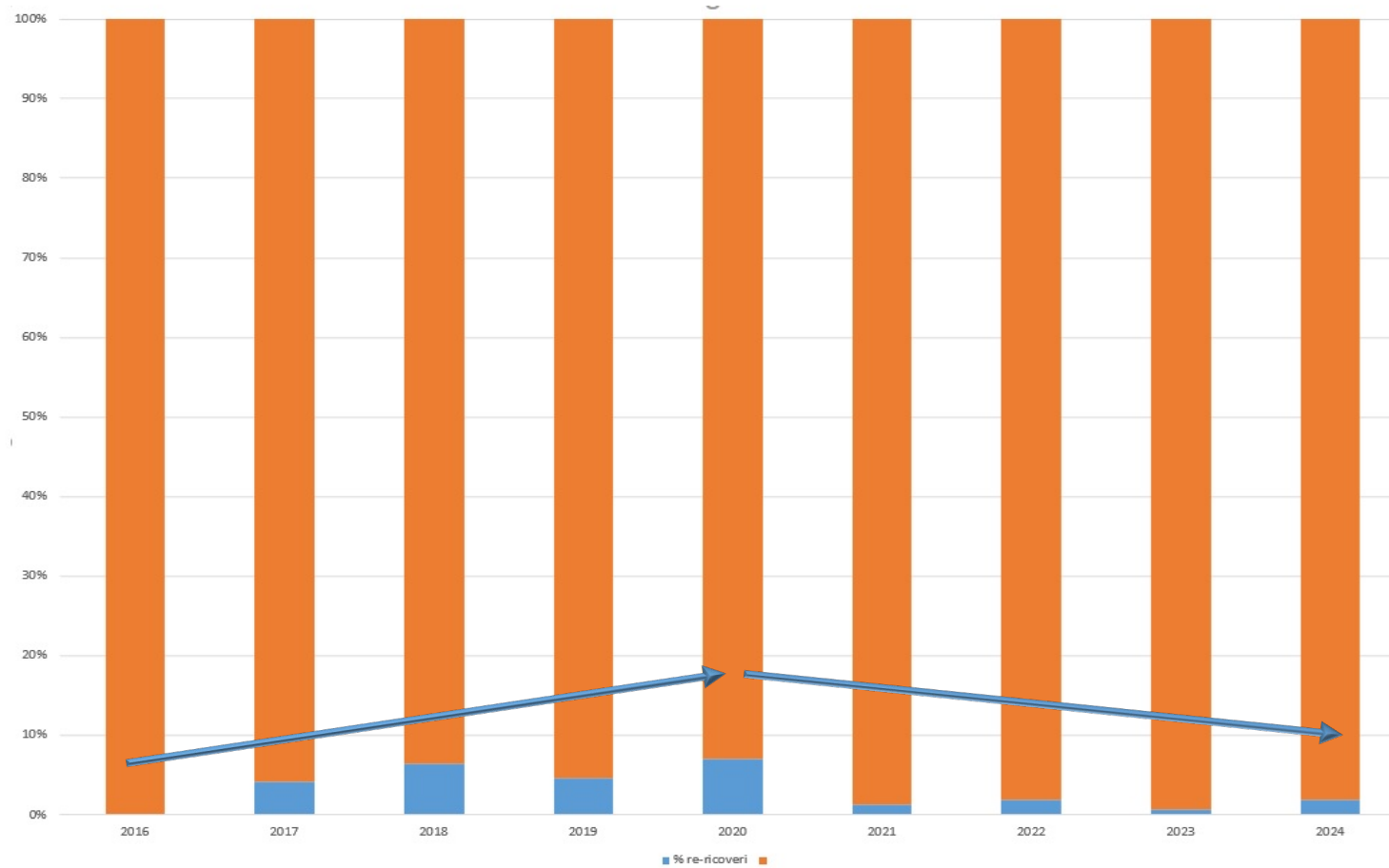
(1 leak, 1 febbre, 1 melena)

Mortalità: 1 pz (0,12%)

Complicanze



Re-ricoveri



2023
Re-ricoveri 0,75 %



CONCLUSIONI



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- ✓ Quali outcome cerchiamo??
- ✓ La **dimissione precoce** è sicura e fattibile
- ✓ Re-ricoveri: trascurabili
- ✓ Le complicanze **non aumentano**
- ✓ Il grado di soddisfazione *-forse-* si !!
- ✓ Audit interni periodici !

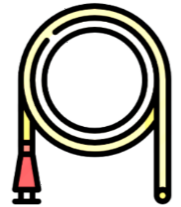


Our experience about ERABS

CONCLUSIONS



- ✓ 1st POD discharge is a safe and feasible option!
- ✓ Get the patient informed
- ✓ Do not stuck the patient to the bed (*tubes*)
- ✓ Patient status and Observations, not blood test
- ✓ Periodic internal audit





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CARLO NAGLIATI
ALESSANDRO BALANI
ELISABETTA
MARTINELLI DI MARCONI

Grazie



Ospedale di Gorizia
SC Chirurgia Generale
Direttore: prof. Alessandro Balani

SS Obesity Unit
Responsabile: dott. Carlo Nagliati



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Grazie